The relation between religious attitude, psychological resilience and hope in female heads of households in Sirjan, Iran

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Abstract

Background

Female heads of households struggle with many problems and may encounter a lot of psychological pressure. Religious attitude may alleviate psychological pressures, and improve resilience. This study aimed to determine the relation between religious attitude, psychological resilience and hope in female heads of households in Sirjan in 2021.

Methods

This descriptive-analytical study used convenience sampling to enroll 400 eligible female heads of households covered by the Imam Khomeini relief committee in Sirjan in 2021. The Golriz-Barahani religious attitude questionnaire, the Connor-Davidson resilience scale, and the Snyder’ hope scale were used to collect information. Data were analyzed using SPSS 26, and descriptive statistics and Spearman's correlation coefficients were reported.

Results

The mean age of the participants was 43.22 ± 9.78 years. The mean scores of religious attitude, resilience, and hope were 66.03 ± 7.57 (from 100), 75.74 ± 8.93 (from 100), and 32.22 ± 3.50 (from 60), respectively. The results showed a significant positive relation between religious attitude and psychological resilience (P < 0.001) and between religious attitude and hope (P < 0.001).

Conclusions

Increasing religious attitude may help improve resilience and hope among female heads of households.

Introduction

The number of female-headed households has risen in recent years. Female heads of households refer to women in charge of managing the family in addition to motherhood and housewifeliness; they maybe under a lot of pressures due to their high burden of responsibility, poor economic status and concern about future. Thus, they may lose their peace of mind and have poor resilience (1, 2).

Psychological resilience is the ability to deal with stressors and adapt to difficult situations, which helps a person to overcome problems and obstacles easily (3), so those with high resilience are optimistic and hopeful about the future and have a better psychological and physical health compared with those with poor resilience (4). Psychological resilience can adjust a person's stress levels in difficult events and
gradually diminish the negative consequences of anxiety and depression. Therefore, resilience is a kind of resistance against stressors and many factors are helpful in its growth (3).

According to some research, religion can make a person resilient and resistant to psychological pressures (5), failures, and disappointments. Researchers think belief in God gives a person hope and enough strength to endure problems; therefore, she/he does not despair or feel useless, and keeps trying hopefully (6). Hope encourages a person to strive for a better future (7). Hopeful people know that there are different ways to achieve their goals, and focus on positive emotions to choose the best way (8).

Some researchers reported that religious female heads of households felt more hopeful and calm during hardship by strengthening their resilience (6). Other studies indicated that religious female heads of households coped with problems more easily through improving their resilience and acceptance of reality (5) and that religious people perceived the meaning of life deeply and could cope with their problems (9).

This study aimed to determine the relation between religious attitude, psychological resilience and hope in female heads of households in Sirjan in 2021.

**Method**

This descriptive-analytical and cross-sectional study was conducted on female heads of households covered by the Imam Khomeini Relief Committee. Four hundred (400) female heads of households who met inclusion criteria were selected by convenience sampling. The inclusion criteria were the participant’s willingness to participate in the research, being the head of household at the time of completing the questionnaire, and not having physical problems or being diagnosed with mental disorders. The exclusion criterion was failure to answer more than one-third of the questions.

Data were collected by a four-part questionnaire: the first part was demographic characteristics, including age, coverage reason (the reason they were receiving stipend from the Relief Committee), number of children, education level, housing, and place of residence.

The second part was the Golriz-Barahani religious attitude questionnaire (10), which contains 25 items on a five-point Likert scale ranging from 0 to 4, and the total score of 100. In this questionnaire, 76-100 mean excellent religious attitude, 51–75 means good religious attitude, 26–50 means moderate religious attitude, and < 25 means poor religious attitude. The validity and reliability of this questionnaire in Persian were confirmed in previous study. The reliability coefficient of Cronbach's alpha method in this research was 0.78 (11).

The third part was the Connor-Davidson resilience scale, which includes 25 items rated on a five-point Likert scale ranging from 0 to 4; and is scored as not true at all (0), rarely true (1), sometimes true (2), often true (3), and true nearly all the time (4), with a higher score indicating a higher level of resilience. The highest total score of the scale is 100. Dehghani standardized and validated this scale in Persian, in
2005 and reported the reliability of 0.89 using Cronbach's alpha coefficient and the construct validity of 0.87 using factor analysis (12).

The fourth part was the Snyder' hope scale, which has 12 items to measure the level of hope on a five-point Likert scale ranging from strongly agree to strongly disagree (a score of 1 to 5). The adult hope scale contains two subscales, with one measuring agency thinking (Questions2, 9, 10 and 12), and one measuring pathway thinking (Questions1, 4, 7 and 8), while four items are mixed (Questions3, 5, 6 and 11). The minimum score in this scale is 12, while the maximum score is 60. Scores of 12–24 mean poor hope, 24–36 means moderately hopeful, and 36 or higher means high hope. Snyder and Lopez reported the internal consistency (alpha Cronbach) of 0.71–0.67 and 0.63–0.8 for agency thinking and pathway thinking, respectively (13). Kermani et al. studied 371 students in Tehran and reported Cronbach's alpha coefficient of this questionnaire in Persian to be 0.86 (14), while Shareh and Robati reported the Cronbach's alpha of 0.89 for this scale (15).

Data was analyzed by SPSS26. Descriptive (mean and standard deviation) and inferential statistics (Spearman's correlation coefficient), were used to analyze the data. A significance level of < 0.05 was considered.

**Results**

The mean age of the participants was 43.22 ± 9.78 years (minimum = 24 and maximum = 65). Most of the participants were urban and divorced, had a diploma and two children, and lived in their own house (Table 1).
Table 1
Demographic characteristics of study participants

<table>
<thead>
<tr>
<th>Variables</th>
<th>Groups</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age groups</td>
<td>20–30</td>
<td>48</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>30–40</td>
<td>114</td>
<td>28.5</td>
</tr>
<tr>
<td></td>
<td>40–50</td>
<td>142</td>
<td>35.5</td>
</tr>
<tr>
<td></td>
<td>&gt; 50</td>
<td>96</td>
<td>24</td>
</tr>
<tr>
<td>Number of Children</td>
<td>0</td>
<td>27</td>
<td>6.8</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>103</td>
<td>25.8</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>141</td>
<td>35.3</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>66</td>
<td>16.5</td>
</tr>
<tr>
<td></td>
<td>&gt;=4</td>
<td>63</td>
<td>15.8</td>
</tr>
<tr>
<td>Coverage reason</td>
<td>Widowed</td>
<td>253</td>
<td>63.2</td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
<td>147</td>
<td>36.8</td>
</tr>
<tr>
<td>Education level</td>
<td>Uneducated</td>
<td>46</td>
<td>11.5</td>
</tr>
<tr>
<td></td>
<td>Middle/high school</td>
<td>97</td>
<td>24.3</td>
</tr>
<tr>
<td></td>
<td>Diploma</td>
<td>194</td>
<td>48.5</td>
</tr>
<tr>
<td></td>
<td>Higher</td>
<td>63</td>
<td>15.8</td>
</tr>
<tr>
<td>Housing</td>
<td>Personal</td>
<td>227</td>
<td>56.8</td>
</tr>
<tr>
<td></td>
<td>Rented</td>
<td>173</td>
<td>43.3</td>
</tr>
<tr>
<td>Place of residence</td>
<td>City</td>
<td>261</td>
<td>65.3</td>
</tr>
<tr>
<td></td>
<td>Village</td>
<td>139</td>
<td>34.8</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>400</td>
<td>100</td>
</tr>
</tbody>
</table>

The mean score of religious attitude was 66.03 ± 7.57, and the mean score of psychological resilience was 75.74 ± 8.93, which both were higher than the midpoint of the questionnaire (50). The mean score of hope was 32.22 ± 3.50, which was less than the mid-point (36) (Table 2).
Table 2
Descriptive statistics of religious attitude, psychological resilience and hope among participants

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Score Range of the questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious Attitude</td>
<td>66.03</td>
<td>7.57</td>
<td>48</td>
<td>83</td>
<td>0-100</td>
</tr>
<tr>
<td>Psychological Resilience</td>
<td>75.74</td>
<td>8.93</td>
<td>56</td>
<td>95</td>
<td>0-100</td>
</tr>
<tr>
<td>Hope</td>
<td>32.22</td>
<td>3.50</td>
<td>21</td>
<td>39</td>
<td>12–60</td>
</tr>
</tbody>
</table>

Table 3 shows the positive and significant relation between religious attitude, psychological resilience and hope.

Table 3
The relation between religious attitude, psychological resilience and hope among participants

<table>
<thead>
<tr>
<th>Psychological resilience</th>
<th>Hope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious attitude</td>
<td></td>
</tr>
<tr>
<td>Spearman correlation</td>
<td></td>
</tr>
<tr>
<td>coefficient</td>
<td></td>
</tr>
<tr>
<td>Significance level</td>
<td></td>
</tr>
<tr>
<td>0.380</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>0.323</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

Discussion

This study aimed to determine the relation between religious attitude, psychological resilience and hope in female heads of households in Sirjan.

The results showed more than average religious attitude in female heads of households, but Godrati et al., Kazemi et al., Jajarmi and Pourakbaran, Zareipour et al., and Azimi et al. showed moderate or poor religious attitude in most of the participating women in the cities of Mashhad, Shiraz, Rasht, Urmia and Tehran (16–20). Female heads of households are the main person in the household who supports the children to deal with personal, psychological, social, emotional, economic, family, educational and behavioral problems, and is the main role model for the children. Therefore, they need to be strong in dealing with problems and have good mental health. Religious attitude may be an effective way to increase tolerance, endurance and mental health in female heads of households (21).

In this study, we found moderate psychological resilience in women; Kteily-Hawa et al. reported high levels of resilience in women living with AIDS in Canada (22), while Abdi et al. indicated that resilience of women with breast cancer in Qom was higher than average (23). However, there are a few studies investigating the level of resilience in women, and more studies are needed.

Li et al. and Wu et al. found a moderate level of hope in women with cancer in China (24, 25), and Moqtader showed a low level of hope in women with breast cancer and healthy women in Rasht, but
healthy women had significantly higher hope than women with cancer (26). Aghajani et al. found that hope in women with breast cancer in Rasht, Iran was lower than average (27). Different target populations, and data collection tools were among the reasons for contradictory results. Patients usually have lower hope than healthy people, but we found no study that showed whether female heads of households were more or less hopeful than other women.

We found a positive and significant relation between religious attitude, psychological resilience and hope. According to some researchers, religious people experience less stress and psychological pressure and have higher mental health than others. Religious orientation is an independent factor in human personality, but it can integrate into other factors and affect personality. Some researchers think more religious people have better mental health, but the more one uses religion for welfare and social needs and forgets its principles, the less mental health he/she has (28).

Roberto et al. indicated that women improved their hope by trust in God, receiving love from others, and strengthening resilience and optimism (29). A day et al. argued that religious beliefs and spiritual activities played an important role in accepting and coping with problems(30). Manning reported that belief in and appreciation of God and a sense of purpose in life made women more resilient against life's adversities(31).

Mahmoudpour et al., Jajarmi and Pourakbaran, and Kalantar Hormazi et al. showed that religious attitude could increase psychological resilience among divorced and married women in Tehran and among students in Mashhad (18, 31, 32). Probably, belief in God increases people's tolerance to overcome life's challenges and hardships. Salimi et al. also found that religion and mental health could strengthen hope in female nurses in Tehran (33). Zokaei et al. and Purbarar and Yaghubi reported a positive and significant correlation between spirituality and resilience among female heads of households, divorced women, women whose husbands were addicted, and women whose one of their family members was admitted to the ICU, in Tehran (34, 35).

Religious beliefs and practices can be a vital source of resilience because religious people have a more optimistic attitude towards life, are better able to deal with problems and strengthen their coping skills (36), and find constructive solutions when facing life's challenges and events (37). Qiao et al. considered religion and spirituality as the main sources of resilience (38).

Religious attitude can probably give meaning and hope to people's lives and cause peace of mind. Attending religious places strengthen one's spiritual relationship with God, and may lead to happiness and people who are more religious may have more peace of mind and satisfaction with life (11).

This study had several limitations. The study participants of this study were only the female heads of households in Sirjan, Iran chosen through convenience sampling; therefore, we have to generalize the study results to others with caution.

**Conclusion**
The study results showed a positive and significant relation between religious attitude, psychological resilience and hope. Religious adherence may increase women's resilience and hope and improved mental health.

Declarations

Ethics approval and consent to participate

After receiving the code of ethics No. IR.KMU.REC.1400.688 and an official introduction letter from Kerman University of Medical Sciences, the researcher (first author) went to the Imam Khomeini Relief Committee in Sirjan, coordinated with the relevant authorities, and explained the study objectives to the participants. Written informed consent was obtained from all participants. All participants were assured that the questionnaires would be anonymous and their information would be confidential. Also, all methods were performed according to the relevant guidelines and regulations contained in the Declaration of Helsinki. All protocols of study were approved by an ethics committee of Kerman University of Medical Sciences.

Consent for publication

Not applicable.

Availability of data and materials

All data generated or analysed during this study are included in this published article.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

All authors equally contributed to preparing this article.

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