

RELIGIOUS ORIENTATION AND MENTAL HEALTH AMONG UNIVERSITY STUDENTS WITH REFERENCE TO TYPE OF FAMILY.

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ABSTRACT

The present study was an attempt to study the religious orientation and mental health among university students belonging to different family backgrounds like nuclear or joint family. The data for the present study was obtained from university students [N=200 (Males 105 & Females 95)] belonging to various departments of Aligarh Muslim University. The data collected was analyzed by using appropriate statistical techniques like mean, SD and t-test. A significant difference was found among university students on mental health with respect to their family type. However, no significant difference was found among them on intrinsic religious orientation and extrinsic religious orientation.

Keywords: *Intrinsic Religious orientation, Extrinsic Religious Orientation, Mental Health, Family Type, University Students*

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Introduction

Over the history of man, religion had been confirmed as the important human need. While researchers initially measured religion as a uni-dimensional entity and it soon became evident that there were two distinct types of religiousness. There were those individuals who emphasized the tangible, ritualized and institutionalized aspects of religion and there were those who accentuated the vision, commitment and purity of heart without which the rituals were meaningless. Since, the first type was more amenable to empirical study, the second type was generally ignored until Adorno, Frenkel-Brunswick, Levinson and Sanford (1950) choose to study the responses of both types of religiousness in relation to ethnocentric attitudes. Influenced by Adorno et al., (1950) findings, Allport (1954) first identified the contrasting religious outlooks as 'institutionalized' and 'intercrossed.' Later Allport (1959) introduced the concept of extrinsic and intrinsic religious orientation & also distinguished between the intrinsically and extrinsically orientated as those who adopt a religion as 'living' or 'using' religion, respectively (Pollard & Bates, 2004). According to Allport and Ross (1967) intrinsic religious orientation people consider their religion as their ultimate goal and their basic motive. These individuals embrace a religious creed, internalize it, and attempt to follow it. Other needs, strong as they may be, are regarded as being of less ultimate significance, and are, so far as possible, therefore, met only to the extent that they correspond with the religious beliefs (Masters, Hill, Kircher, Benson, & Fallon, 2004). Their attendance at church may be thought of as motivated by spiritual growth. Those with an intrinsic

religious orientation are wholly committed to their religious beliefs and the influence of religion is evident in every aspect of their life (Hettler & Cohen, 1998; Lewis, Maltby & Day, 2005).

On the other hand Allport and Ross (1967) define an extrinsic religious orientation as being characterized by those, 'using religion for their own ends, with values that are always instrumental and utilitarian'. Persons with this orientation endorse religious beliefs and attitudes or engage in religious acts only to the extent that they might aid in the achievement of more mundane goals, which may include social prestige, approval, providing self-justification for actions, promoting social or political aims, comfort and protection (Hettler & Cohen, 1998; Navara & James, 2005). Their church attendance is less motivated by a desire for spiritual growth and more influenced by other factors (Masters et al., 2004). The extrinsic type turns to God, but without turning away from self (Allport & Ross, 1967). In essence, an intrinsic orientation can be seen as 'a faith in its own ends' whereas an extrinsic orientation can be seen as 'a means to an end, other than faith itself' (Allport & Ross, 1967).

Psychology, as the eminent German psychologist Herman Ebbinghaus described it, has a long past but a short history. Over the past approximately 120 years the focus in psychology was on so-called negative psychology topics, such as anxiety, depression, maladjustment, deviation, aberration and psychopathology in general. In the past two decades, however, positive psychology has shown a new growth pattern and is blooming now with a steady speed (Gillham, 2000; Seligman, 2000). In particular, the effects of positive thinking have received growing attention of psychologists and health professionals



(Snyder & McCullough, 2000). Wilkinson and O'Connor (1982) defined mental health as a congruent relationship between a person and his/her surrounding environments. According to statistics from the World Health Organization (2003), 12% of global diseases (121 million people suffer from depression, 70 million from alcoholism, 24 million from schizophrenia and 37 experiences dementia) were a result of mental health problems. As per the report published by WHO (2003) by 2020 the mental health burden will increase at least 15% and it will consequently impact badly on the prone young adults in developing countries. Uner, Ozcebe, Telatar and Tezcan (2008) revealed that 56.8% of students were found to be at risk for mental health problems. According to Yen, Hsu, Liu, Huang, Ko, Yen and Cheng (2006), mental health is largely determined by demographic characteristics, a high level of family conflict and a low level of family support.

As we know university students are the expected leaders of tomorrow, a good and sound mental health for them has remained a kind of hotspot among psychologists, educators, and sociologist for the last few decades. The transition from college to university is a very challenging and demanding period, as students have to face stress and psychological difficulties to attain their future goals of life. Mental health problem in students may disrupt emotional, psychological, and educational development of students, so the ways through which students' mental health could be enhance are very important. Therefore, developments of positive personality characteristics are more important than avoiding negatives, e.g., depression (Salami, 2012).

Objectives

To study the significance of difference of religious orientation and mental health among university students on the basis of type of family.

Hypothesis

Ho₁: University students do not differ significantly on intrinsic religious orientation with respect to their family type.

Ho₂: University students do not differ significantly in extrinsic religious orientation with respect to their family type.

Ho₃: University students do not differ significantly for mental health students with respect to their family type.

Methodology

Sample

The sample of the present study consisted of 200 university students who were selected on purposive basis from different departments of Aligarh Muslim University. Out of 200 university students, 105 were males and 95 were females. Age of the participants ranges from 20-25 years.

Tools Used

Religious Orientation Scale (1983) as developed by Gorsuch & Vanable, (1983) and GHQ-12 as designed by Goldberg (1992).



Statistical Analysis

The information/responses collected from the respondents were subjected to various statistical treatments like Mean SD and t-test with the help of SPSS.

Results and Interpretation

Table 1

Showing Comparison of Mean Scores of Religious Orientation and Mental Health among the University students with Respect to their Family type

Variable	Family Type	n	M	SD	Df	t-value
Intrinsic Religious Orientation	Nuclear	105	21.42	1.95	198	.843 ^{NS}
	Joint	95	21.80	2.56		
Extrinsic Religious Orientation	Nuclear	105	18.01	5.28	198	.288 ^{NS}
	Joint	95	17.70	5.27		
Mental Health	Nuclear	105	15.11	8.07	198	2.48*
Total N=200	Joint	95	11.41	6.09		

NS=insignificant, *.P≤0.05 Level of significance

Table 1 reveals that there is a no significant difference in intrinsic religious orientation and extrinsic religious orientation among university students belonging to nuclear and joint families (t =.843, t= .288). Therefore, the hypotheses **H₀₁**, which states that “*University students do not differ significantly on intrinsic religious orientation with respect to their family type*”, and **H₀₂**,

which states that “*University students do not differ significantly in extrinsic religious orientation with respect to their family type*” stands accepted.

Table 1 further reveals that there is a significant difference in mental health among university students with respect to their gender (t=2.48). The results show that students belonging to nuclear families have more mental health than students belonging to joint families. Thus, our null hypothesis **H₀₃**, which states that “*There is no significant difference in mental health among the university students with respect to their family type*”, stands rejected.

Discussion

The present revealed that there is a significant difference in mental health among university students with respect to their family type. Students belonging to nuclear families have good mental health as compared to students belonging to joint families. Regarding the above findings, there is hardly any study available in the literature which has focused on mental health among university students with respect to their family type. Moreover, no significant difference in intrinsic religious orientation and extrinsic religious orientation was found among university students with respect to their family.

Conclusion

1. The present study focused on religious orientation and mental health among university students. After analyzing the data, the main findings obtained from the study area, university students with respect to their family type of intrinsic religious orientation, extrinsic religious orientation and mental health, significant

differences were found among them on mental health; whereas, no significant difference was found on intrinsic religious orientation and extrinsic religious orientation. Students belonging to nuclear families were found high on mental health as compared to the students belonging to joint families.

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