

Investigating the relationship between religious attitudes and Corona virus anxiety in elderly men in Quchan city

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ABSTRACT

Religious attitudes are among the factors that can play an effective role in reducing and preventing mental disorders throughout life, including old age. Given that the elderly population is growing, efforts are needed to address their psychological problems. Some psychologists say that religion helps people to understand the meaning of life events that are painful and anxious and cause pleasant encouragement and satisfaction in their psyche and spirit. The results of many studies in different parts of the world have introduced religion as a supportive force in reducing stress, including anxiety caused by diseases. Because coronary heart disease virus threatens mental health and has created a very anxious situation. This disease has caused COVID-19 anxiety syndrome. It is necessary to find ways to treat and prevent it.

Method: This research is in the framework of descriptive correlational studies. The statistical population of this study is all male elderly in Quchan city and the number of samples in this study is 100 elderly people who were selected by simple random sampling method to sample the elderly who completed the questionnaire online. In order to collect data, the Religious Attitude Scale (Sirajzadeh 1378) and the Corona Virus Anxiety Questionnaire (Alipour 1398) were used. For data analysis there is a statistical test such as Pearson correlation coefficient and regression test simultaneously. In addition, religious attitudes have the power to predict the reduction of anxiety about coronavirus disease.

Results: According to the results of this study, Pearson correlation coefficient was 0.40 and the significance level was 0.05, indicating that religious attitudes have a significant relationship with coronavirus anxiety, ie the higher the religious attitudes, the greater the mental health and possibly Reduces anxiety in people.

Conclusion: Religious attitudes and Corona virus anxiety are two related concepts. Among the coping methods of the elderly, religion has an important role in filling the empty space of life and making it meaningful. Due to the growing trend of the elderly population, it is necessary to raise the level of awareness and knowledge of religious attitudes to reduce coronavirus anxiety in the elderly.

Keywords: Male Elderly, Religious Attitudes, Coronavirus Anxiety, COVID-19 Anxiety Syndrome, Anxiety Reduction

Introduction

Physical illness and human behavior are intertwined. On the one hand, our movements and interactions are transmission engines, and on the other hand, the detection of viruses may cause changes in our daily activities. The emergence of the corona virus has affected every social process. Travel bans, cancellations, social distances, curfews and quarantine have unfortunately become very apparent. The elderly are also more likely to be vaccinated against COVID-19. The COVID-19 pandemic is causing unprecedented distress and suffering for people around the world and causing disproportionate mortality for the elderly. The development and equitable distribution of a vaccine seems to be the most promising and sustainable way forward to reduce anxiety in the elderly. Severe COVID-19 disease increases with age and older people need more hospitalization, intensive care, mental health, and possibly reduced anxiety. COVID-19 disease has psychological, social, economic, and epidemic consequences than the general population. And the impact on the mental health of those who were vulnerable before the onset of the COVID-19 epidemic should be significantly differentiated among the elderly. (David Dragon et al. 2021) The need for preventive behaviors, including improving the mental health of the elderly, reduces their anxiety. Promoting the religious knowledge of the elderly can play a guiding role in their emotions, culture, community and spirituality, and enable them to have high mental health to reduce COVID-19 anxiety. Religion is a powerful tool for reducing COVID-19 anxiety in the elderly. Given that the elderly population is growing, efforts are needed to address their psychological problems. Aging begins at the age of 60, and changes in the function of internal and external organs occur as a result of aging and are irreversible. Anxiety is one of the most common psychological problems in old age due to lack of various disabilities, deficiencies, low self-esteem, physical dysfunction and their activities. (Stuart Gilmour et al. 2021)

Religion and religious beliefs are an important principle in mental health that is emphasized because it calms and soothes the human mind and psyche. Religious attitudes create hope and positivity in people and may lead to inner peace and mental health. God says in verse 28 of Surah Ra'd: "Those who are safe and secure in their hearts by the remembrance of God, except in the remembrance of God, are assured of their hearts." Candler concludes that people who do not have religious beliefs in life have a negative attitude toward life, which increases the risk of mental illness, and anxiety may be more common. William James believes that when people believe in God, an extraordinary force is created that gives people a kind of spiritual power that helps them endure the hardships of life. In the present age, due to technology, human beings have had negative aspects in life, which disrupts peace of mind and mental health, which according to the World Health Organization is one of the basic elements of health and the basis of a happy life. And their mental disorders are added. Problems such as disorder, anxiety, depression and hopelessness, and other mental illnesses require more attention to religious beliefs. The discussion of religion and prevention of diseases has been said for centuries. In BC, the cause of the disease was considered to be the sin of the individual, and most people solved their problems by following the commands of the Qur'an and the prophets, such as the holy verse "Kaloo wa Sherboa wa Tasrafwa".

Religion has a long history. Archaeological and anthropological research suggests that religion has been an integral part of human life at all times. Religious practices such as pilgrimage, worship, trust in God Almighty, can create hope and encourage positive attitudes and bring inner peace. Religious people, with the benefit of spiritual and social support, feel that they belong to a high source who are less stressed in the face of harmful events such as the corona virus. (Nasser Sedghi et al. 2012)

Problem statement

The role of religion in relation to health and healing has been discussed for centuries. Religion and medicine have also been partners in the treatment and reduction of human suffering. Many studies indicate that religious principles have a positive and significant relationship with the physical and mental health of people, including anxiety. With scientific and industrial advances, fertility control, population pyramids in industrialized countries have become cylindrical, indicating an aging population. The aging of the population means an increase in people aged 60 and over. Was. In the elderly, the psychological dimension, including anxiety disorders, needs special attention. The elderly are vulnerable to mental health, so that

every decade with increasing age, mental disorders such as anxiety increase. Increasing religious attitudes are useful for delaying the disorders of the elderly. (Marzieh Arman 2014)

Humans have four dimensions: biological, mental, social, spiritual and spiritual. All dimensions, by combining and interacting with each other, rule states in human beings. Religion is a psychological force that can affect the functioning of human life. Numerous studies have been conducted in relation to religion and mental health and the results have shown the effect of religion and mental health and its reducing effect on the symptoms of the disease. (Afsaneh ValiPouzan 2020)

Coronaviruses are a large family of viruses that can cause a simple cold to acute respiratory illnesses such as SARS. The new coronavirus is also from this family. Pneumonia caused by the new coronavirus on February 11, 2020 by the World Health Organization (WHO) based on the year of outbreak and its infectious agent, is called coronavirus 2019 or (COVID-19). This disease has caused coronavirus anxiety syndrome, which disrupts life, especially in the elderly, who are more vulnerable people in society. Do religious attitudes soothe the hearts of older people, increase their mental health, and reduce their coronavirus anxiety?

Method

In this study, Sirajzadeh Religious Attitude Questionnaire (2008) and Corona Virus Anxiety Questionnaire (Alipour2019) were used.

Sirajzadeh Religious Attitude Questionnaire (2008) obtained a credit coefficient of 0.45, which is significant at the level of $p < 0.0001$. For scale reliability, both the re-scale re-implementation method and the homology method have been used. The standard coefficient of 4 scales related to 4 dimensions of religiosity ranged from 0.87 to 0.92, with the exception of the dimension of religious emotions, whose alpha coefficient was 0.56.

The Questionnaire for Measuring the Religious Attitudes of Muslims by Sirajzadeh (1998; quoted by Sharifi, 2002) and based on the Glock and Stark model (1695; quoted from the same source) has been adapted and adapted to Islam, especially Shiite Islam. This questionnaire has 26 terms that measure four dimensions (subscale) which include:

- 1- Belief dimension (phrases 1 to 7): Beliefs that the followers of that religion are expected to believe.
- 2- Experiential dimension or religious emotions (phrases No. 8 to 13): which refers to the emotions, perceptions and feelings related to having a relationship with a spiritual essence such as God.
- 3- Consequential dimension or religious effects (phrases No. 14 to 19): which refers to the impact of religious beliefs, practices, experiences and knowledge on the daily life of the followers of that religion.
- 4- Ritual dimension or religious practices (phrases 20 to 26): which include specific religious practices such as worship and prayer, participation in certain religious rituals, fasting and وحدت that are expected to be performed by followers of any religion. Be.

The subject should rate his / her belief in each of the statements on a five-point Likert scale. To grade this questionnaire for the subject's answers in two ways, so that for scoring expressions 7, 14, 16, 17 and 19 as a score of zero (strongly agree) to four (strongly disagree) and for other expressions vice versa and zero (strongly disagree) to Four (completely agree) is done. Obviously, the subject's score in each of these subscales, as well as the individual's score in the total score index, is interpreted as the intensity of the individual's overall religious attitude or its intensity later. The higher a person's score in the next dimension, the greater the intensity of the individual's religious attitude in that particular dimension. The same interpretation applies to scores in the total score index. Sirajzadeh (1998; quoted by Sharifi, 2002) obtained the formal validity of this questionnaire by interviewing a number of PhD students who were fully acquainted with Islam. Initially, respondents were asked to specify their religious affiliation on a ten-part linear spectrum. The relationship between their religiosity scores on the Glock and Stark scales and their own evaluation score of their religiosity was reported through Pearson correlation coefficient of 0.61. This rate was considered as external validity. In Sharifi's research (2002), the total reliability of this test by bisection method and Cronbach's alpha were estimated to be 0.75 and 0.78, respectively, and its validity was estimated to be 0.45. ($p < 0/001$). It should be noted that the reliability and validity of all dimensions were also significant ($p < 0.001$) and at a satisfactory level.

Coronavirus Anxiety Scale Questionnaire (CDAS) (Alipour 2019) A tool for measuring anxiety caused by the outbreak of Coronavirus in Iran has been prepared and validated. The final version of this tool has 83 items and 2 components (agents). Items 8 to 2 show psychological symptoms and items 80 to 83 measure physical symptoms. This tool is scored in a 4-point Likert scale; Therefore, the highest and lowest scores that respondents receive in this questionnaire are between 0 and 54. High scores in this questionnaire indicate a higher level of anxiety in individuals. The reliability of this tool was obtained using Cronbach's alpha method for the first factor ($\alpha = 0.879$), the second factor ($\alpha = 0.861$) and for the whole questionnaire ($\alpha = 0.919$). Also, the value of Guttman λ -2 was obtained for the first factor (λ -2 = 0.882), the second factor (λ -2 = 0.864) and for the whole questionnaire (λ -2 = 0.922). To evaluate the correlation-dependent validity of the owner of this questionnaire, correlation of this instrument with GHQ-28 questionnaire was used. The results showed that the corona anxiety questionnaire with the total score of GHQ-28 questionnaire and the components of anxiety, physical symptoms, social dysfunction and depression The order was equal to 0.483, 0.507, 0.418, 0.333, 0.269 and all these coefficients were significant at the level of 0.01.

Findings

The research method in this research is correlational which is one of the descriptive (non-experimental) research methods. In this type of research, the relationship between variables is analyzed based on the purpose of the research. Our statistical population is all elderly men over 60 years old in Quchan city. The statistical sample includes 100 elderly men in Quchan city who were selected by simple random sampling.

Table (1) Mean and standard deviation of age of study participants Sample sample mean standard deviation

Sample size	Average	Standard deviation
100	65/57	5/80

According to the table above, the average age of the participants in the study is 65.57, the standard deviation is 5.80.

Table (2) Correlation coefficient between Coronavirus anxiety and studied religious attitude variables

Variable	The correlation coefficient	The coefficient of determination	Significance level
Religious attitude	0/40	0/16	0/00
The doctrinal dimension	0/42	0/17	0/00
Experimental dimension	0/35	0/12	0/00
The aftermath	0/32	0/10	0/00
Ritual dimension	0/28	0/08	0/00

The results of the correlation coefficient study show that the correlation coefficient of religious attitudes (0.40), doctrinal dimension (0.42), experimental dimension (0.35), consequential dimension (0.32) and monastic dimension (28) / 0) and the level of significance (0.05) indicates that there is a significant relationship with Corona virus anxiety. Therefore, as religious attitudes increase in older people, it will increase their mental health and possibly reduce anxiety.

Table (3) Results of Simultaneous Regression Test to Predict Life Satisfaction of Elderly Men Based on Dimensions of Religious Attitude

Predictor variables	Beta	T	P<	R ²	F	Df	P<
Belief	0/28 0/31	2/15 2/42	0/04 0/04	0/18	19/06	97/5	0/000
Anexperie	0/29	6/99	0/001				
Consequence Rituals	025	3/35	0/00				

Table 3 shows that the dimensions of religious attitudes at the level of 0.05 play a significant role in predicting coronavirus anxiety in the elderly. Which has a consequential and predictive dimension of 0.01 for coronavirus anxiety and a belief and experience of 0.05 and in total can predict 18% of the variance of coronavirus anxiety.

Discussion

This study showed that religious attitudes have a positive effect on increasing mental health and reducing mental disorders (problems) including anxiety. In other words, to the extent that older people have high religious attitudes, they have high mental health, thus reducing mental disorders such as anxiety and having a positive effect on their survival. In the study of Seyed Kamal et al. (2011) showed that there is a correlation between religious orientation and mental health. In the study of Naser Sadeghi et al. (2011) showed that there is a significant and direct relationship between religious attitudes and mental health. In the study of Seyed Reza Jarchi et al. (2017) showed that group meaning therapy training has a significant effect on religious orientation and mental health of students. In the study of Abolghasem Yaghoubi (2015) showed that due to the high relationship between religious orientation and mental health, programs appropriate to the religious orientation of individuals can be developed to promote health and treatment of disorders. Religious beliefs have a significant and inverse relationship with social anxiety. A review by Luang Au et al. (2021) found that there are clear guidelines for effective interventions to reduce excessive health confidence, especially in non-controllable situations such as the COVID-19 epidemic.

A study by Shohi Nomura et al. (2021) showed that public health messages based on the socio-demographic and psychological characteristics of those who are unsure about whether or not they want to be vaccinated against COVID-19 may increase vaccine absorption among these Help the crowd. A study by Kamalband and Clanidi et al. (2021) found that individuals had a significant level of fear and anxiety associated with COVID-19. Positively highlighted it as the introduction of restrictive protection of individual freedom. In the study of Nasser Valaei and his colleague (2015) showed that semantic therapy significantly reduced the mean score of anxiety and worry in the experimental group. In the study of Masoud Ghorbanalipour and his colleague (2012) showed that the death anxiety of the elderly experimental group in the post-test and follow-up stages is significantly lower than the control group. In the study of Mostafa Zeraati et al. (2016) showed that depression and death anxiety were significantly higher among the elderly living in nursing homes than non-resident elderly. In the study of Vahid Rashedi et al. (2013) showed that social support has a negative and significant relationship with anxiety and all its subscales, among which the cognitive subscale shows the highest correlation. In the study of Nastaran Gholami Meridani (2017) showed that there is a relationship between the components of religious orientation and happiness with death anxiety. In the study of Mohsen Golmohammadian et al. (2016) showed that there is a significant difference between the experimental and control groups in terms of anxiety, death and social adjustment. In the study of Sahar Safarzadeh et al. (2016) showed that spirituality education based on Islamic teachings has reduced the feeling of loneliness and death anxiety in the experimental group. In the study of Mahmoud Kazemi et al. (2017) showed that there is a negative and significant relationship between attachment styles to God and resilience with death anxiety. In the study of Shabnam Sharghi et al. (2017) showed that mental well-being and spiritual health were significant predictors of death anxiety in the elderly. In the study of Aref Majidi and his colleague (2009) showed that teaching the components of spiritual intelligence is effective in reducing death anxiety. In the popular research of Askari et al. ()

Showed that spiritual-religious psychotherapy had a significant effect on increasing the quality of life and reducing anxiety and depression in the elderly. One of the limitations of this study is the lack of physical presence among the respondents.

Conclusion

The health risks of the COVID-19 epidemic, combined with drastic mitigation measures in many countries, pose a clear threat to public mental health. One of the groups most vulnerable to this psychological distress is the elderly. It is suggested that books be written to promote religious attitudes and reduce anxiety, which have a strong content of persuading the elderly. Religious media should also talk more about the relationship between this disease and religion. Among the coping strategies of the elderly, religion plays an important role in filling the empty space of life and making it meaningful. There is also a psychological characteristic such as anxiety about the intention to get the vaccine for the elderly. Therefore, in order to identify the psychological factors of the elderly's uncertainty and unwillingness to be vaccinated against COVID-19, better religious information messages about increasing belief in God Almighty and with the aim of increasing the absorption of the COVID-19 vaccine, the elderly should be anxious. Reduce. Numerous studies have been conducted on religion and mental health and the results show the positive effect of religion on mental health and its reducing effect on the symptoms of the disease. Religious attitudes are necessary to reduce coronavirus anxiety in the elderly.

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