A Comparison of Religious Orientation and General Health in Runaway Girls and Normal Ones

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Abstract

Background and Objectives: Due to the negative consequence of girls' escape, this study was conducted to compare personality, demographic, and religious characteristics of runaway girls and normal ones in Qom city.

Methods: In a case control study, 66 single runaway girls and 66 normal girls were selected as experimental group and control group, respectively. Data was culled using interview method, demographic information questionnaire, Allport religious orientation, and general health questionnaires (GHQ). Chi square and independent t-test were applied to analyze final data.

Results: Average general health scores were calculated to be 13.9±11 and 9±6.2 in runaway and normal girls, respectively. The score of religious orientation is significantly lower in runaway girls than normal girls ($p<0.05$). Moreover, disorders in general health as well as fields of physical and mental health (anxiety and insomnia) are higher in runaway girls than normal girls ($p>0.05$).

Conclusion: Religious orientation was found to be lower in runaway girls than in normal ones. Since runaway girls are subject to physical and sexual abuse, their psychological health is highly vulnerable—the fact which might pave the way for other social abnormalities.

Keywords: Anxiety, Female Adolescents, Religious, Runaway Girls, Women Health.

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Introduction

According to the WHO, more than 1.7 million adolescents 7.6% of total teenagers choose to runaway from their homes annually (1). A considerable percentage of these individuals (74%) are females (2), whose getaway is experiencing a sharp rise (3). In the US, prevalence of home runaway in adolescents is 6%, and 8% of adolescents have experienced at least one night away from their homes. Even though, around 70% of American girls get back to their homes within six months (4,5).

In Iran, feminine home runaway has been changed into a controversy due to the multitude of problems it creates for families and community (3). Recent studies have reported that the minimum age of feminine runaway is as low as 12 years old in Iran (6). According to the Police Datacenter, in addition, more than 2,500 Persian girls annually run away from their homes in average (3). Different age ranges from 12 to 19 years old have had the highest home runaway rates (6). Runaway adolescents are exposed to a range of problems including sexually transmitted diseases, skin disorders, weakened immune system, malnutrition, AIDS, psychiatric disorders such as depression, lowered self-esteem and inadequacy levels, addiction, drug abuse, conduct disorders, and anti-social behaviors (7,8).

Different factors such as emotionally detached parents, orphanage, domestic violence, economic and cultural poverty, addiction,

increased psychological and social disorders are among the most significant agents that provoke senses of home runaway in girls (3,9,10). It is noteworthy that most studies have focused on familial and social factors as well as physical and sexual abuse experienced by teenage runaways rather than religious aspects and harassments induced by inattention and emotional abuse (11). That is while various studies have proved impacts of religious orientations and beliefs on health, showing that high degrees of spiritual health could be applied as powerful preventive agents in most social and health phenomena (12,13). Effects of religious beliefs on health on somewhat unknown, while there is an agreement that emotional supports ensuing from having faith in one object of worship might dilute environmental stresses (14).

The Department for Social Pathology at the Organization for Social Welfare has reported the highest feminine runaway rates to be happening in Qom, Semnan, and Tehran, so that Qom Province encompasses 21.53% of overall runaway girls, with Semnan and Tehran occupying the second and third ranks with 18.14% and 17.55%, respectively (3). Hence, given negative consequences of feminine runaway as a social problem in personal, familial, and social levels, and corruption of girls as a factor of debilitation of families and communities, we decided to compare demographic and religious features of runaway girls and normal girls in Qom city in the framework of a case study.

Methods

The present research is an observational-analytical study that was conducted in Qom City's runaway girls and normal girls in the framework of a control, case study. Sampling methods for runaway girls and normal girls were different in this study. Convenience Sampling Method was applied for sampling of runaway girls. Sampling of normal girls, on the other hand, was random sampling method, which was applied on girls who were matched with control group according to the age variable. In this study, statistical population of normal girls included non-runaway girls who

had referred to sewing and beauty schools, Holy Shrine of Hazrat Masoumeh, and parks.

Accordingly, for each single runaway girl, one control girl was selected from among those girls who been in beauty schools, Holy Shrine of Hazrat Masoumeh, and parks. These girls were matched for their age and entered the investigation. Selection of control group members was performed in conscious manner and in simple convenience sampling method. Cases and controls were matched in a group-based mode based on age variable (±1 year).

In this study, normal and runaway girls were interviewed by a team of two women, who were instructed on the manner how to interview a sampling population and were mindful about intended sensitivities. Interview team members included a student of Health School and a consultation expert of Welfare Organization, who were closely familiar with runaway girls. Inclusion criteria were having a minimum and maximum ages of 12 and 35 years old. A runaway girl was defined as one who leaves her home for 24 hours without informing her parents/guardians.

In this study, three questionnaires were employed, including demographic information questionnaire and religious orientation and general health. In the former questionnaire, the demographic items which were asked from the individuals under study included age, academic levels, parents' academic levels, place of birth, place of parents' residence, and causes of residence in Qom. Allport Religious Orientation Questionnaire (15) was applied as the second questionnaire. Allport Scale of Religious Orientation (internal-external) (ROS) is one of the scales which is constructed in this regard. It is a scale of 20 items, whose 11 and 9 items refer to external and internal religious orientations, respectively. Feagin constructed a 21-item version, in which all options made by Allport were selected. Feagin added an additional option as "Religion does what my membership in fiends group does; it helps me keep my life balanced and stable." This option had a high positive correlation (0.61) with Allport's external scale. Thus, Feagin's questionnaire included 21 items, assessing two internal and external religious orientations.

This questionnaire was employed in this study. This test is translated and normalized in Iran, and its reliability coefficient is calculated by Jan Bozorgi (16) to be 0.71 and by Mokhtari et al. (17) to be 0.74. Items 1 to 12 evaluate external religious orientation and items 13 to 21 assess internal religious orientation. To evaluate validity of this test in Iran, Feagin's internal and external religious orientation scale was translated into Persian language. Accuracy of its translation is checked by another board of experts, and is context is made congruent with the religio-cultural backgrounds of the Persian community (16,18). Options are arranged based on Likert scale: 1: I wholly disagree, 2: I almost disagree, 4: I almost agree, and 5: I wholly agree (for external religious orientation evaluation); and, 5: I wholly agree, 1: I almost agree, 2: I almost disagree, and 1: I wholly disagree (for internal religious orientation evaluation). Hence, higher scores at Allport's scale are indicative of one's better conditions in his/her religious orientations. The third questionnaire was the 28-item general health scale that are to evaluate different aspects of physical, mental, and social health as well as anxiety in the framework of four 7-item subscales.

This questionnaire is applied by various scholars in different environments, and its reliability and validity are acceptable (19,21). In this study, the 28-item format was employed, and scoring was performed in Likert mode: at all equal to zero, normally equal to one, very equal to two, and very extremely equal to three. Scores of each subject are separately calculated, and then scores of the four scales are aggregated to find an overall score in order to be used for assessment of mental conditions. In this instrument, the worst condition in mental health obtains the highest score, and its best condition achieves the lowest score. This questionnaire has four scales including physical indications, anxiety and insomnia, social functions, and depression. Aggregation of the scores results in an overall score, and maximum score of the test is 84. The cutoff point of the questionnaire is determined to be 21 to 23 in several studies conducted in the country. In this study, the cutoff point 23 was used to indicate mental disorders, and the score 14 was utilized for each minor scale of the questionnaire. Scores higher than 23 are illustrative of mental disorder, and lower than 23 are indicative of mental health (19,20).

To perform the project and find runaway girls in Qom, required collaborations were made with the Qom City Welfare Organization after the design was affirmed and needed letter of introduction was received from the University Research Deputy. When objectives of the design were delineated and subjects were assured to take part in the study, welfare expert asked case group members to complete the questionnaires in an interview. Sampling from control group members was conducted in convenience mode from among those who had attended sewing and beauty schools, Holy Shrine of Hazrat Masoumeh, high schools, Qom universities, and parks. Information related to all participants was kept wholly confidential, and participants were not asked to mention their names. In addition, the moral testimonial attached to the design was sanctioned by the University Committee of Morality. All participants were asked to sign the letter of informed participation.

After they were distributed and filled out by participants, questionnaires were collected and

Table 1: Comparison of personal factors among runaway and normal girls under investigation

Variables		Runaway girls	Normal girls	P-Value
Level of education; n(%)	Elementary and lower	23(34.8)	3 (4.5)	<0.001
	Secondary school	16(24.2)	10(15.2)	
	High school	13(19.7)	28(42.4)	
	University degree	14(21.2)	25(37.9)	
Smoking; n(%)	Yes	17(25.7)	1(1.5)	<0.001
Records of escaping; n(%)	Yes	3(4.5)	0	0.120
Drug addition; n(%)	Yes	13(19.7)	1(1.5)	<0.001
Physical abuse; n(%)	Yes	17(25.7)	7(10.6)	0.019
Sexual abuse; n(%)	Yes	11(16.7)	1(1.5)	0.008

Comparison of Religious Orientation and

Table 2: Comparison of familial factors among runaway and normal girls under investigation

Variables		Runaway girls	Normal girls	P-value
Father's level of education	Illiterate	24(36.4)	14(21.2)	0.044
	Elementary school	14(21.2)	28(42.4)	
	Secondary school	12(18.2)	8(12.1)	
	High school and higher	16(24.2)	16(24.2)	
Mother's level of education	Illiterate	26(42.4)	20(30.3)	0.036
	Elementary school	16(24.2)	27(40.9)	
	Secondary school	8(12.1)	13(19.7)	
	High school and higher	14(21.2)	6(9.1)	
Place for night stays	Parental home	11(16.9)	65(98.5)	<0.001
	Governmental centers	15(23.1)	0	
	Relatives' and friends' homes	24(36.9)	1(1.5)	
	Sexual partner	15(23.1)	0	
Condition of mother's existence	Alive and with the family	46(69.7)	65(98.5)	<0.001
	Alive, but separated	4(6.1)	1(1.5)	
	Demised	16(24.2)	0	
Condition of father's existence	Alive and with the family	40(60.6)	57(86.4)	0.003
	Alive, but separated	6(9.1)	3(4.5)	
	Demised	20(30.3)	6(9.1)	
Parental addiction	Yes	14(21.2)	5(7.6)	0.023

analyzed using SPSS. In final analyses, Spearman's correlation test, chi-square, and t-test were applied. Tests' level of significance was regarded to be 0.05.

Result

In this study, a number of 132 single girls were investigated, a half of whom being runaway girls and another half being normal ones. As for their age, 25.8% (34 persons) were lower than 18 years of age, 50% (66 persons) were in age range of 18 to 26 years of age, and the rest were older than 27. The two case and control groups were matched respecting their age. As for their academic levels, 19.7% (26 persons) had elementary education degrees, 19.7% (26 persons) had secondary-school degrees, 31.1% (41 persons) has high-school degrees, and 29.5 (39 persons) had university degrees. Higher than 60% of parents had their education levels lower than elementary degrees, and most girls under the study were living in their paternal house.

Results showed that birth place of 30.3% of runaway girls and 84.8% of normal girls was Qom. Residence place of runaway girls' and normal girls' parents in Qom was 37.9% and 95.5%, respectively (P<0.001). 13.6% expressed that they have tried smoking, and 14.4% reported that at least one of their parents are addicted to drugs. In addition, 10.6% (14 persons) said that they have an experience of drug use.

Tables 1 and 2 indicate that some demographic variables investigated in the two groups runaway girls and normal girls express a significant statistical difference so that smoking, parental drug abuse, history of drug abuse, physical abuse, sexual abuse, low education levels of parents, demise of parents, and living at homes other than parental ones were among the factors impacting on feminine home runaway.

Table 3 shows that average total scores of religious orientation and external religious orientation are significantly lower in runaway

Table 3: Comparison of average scores in the two groups runaway girls and normal girls in Qom

Variables	Total score	Runaway girls	Normal girls	P-Value
Religious score	59.7±17.1	53.3±19.2	66.1±11.6	<0.001
External religion	32.1±11	30.9±12	33.1±8.59	0.249
Internal religion	27.9±9.8	22.4±10.2	33.4±5.1	<0.001
Score of general health	11.5±9.2	13.9±11	9±6.2	0.002
Physical health	3.7±3.5	4.6±4.2	1.4±1.7	<0.001
Mental health	2.7±3.9	3.7±4.9	1.8±2.2	0.004
Social health	3.7±3.6	3.3±3.5	4.1±3.6	0.190
Depression	2.1±3.5	2.4±3.8	1.8±3.2	0.350

Table 4: Results of logistic regression test in prediction of the factors impacting on feminine runaway

	Beta coefficient	Beta standard deviation	Odds ratio	P-value	Lower limit	Upper limit
Separation of parents	1.63	0.584	5.1	0.005	1.63	16.1
Score of general health	0.092	0.030	0.002	0.912	0.859	0.967
Score of religious orientation	0.058	0.017	1.03	0.001	1.02	1.09
Smoking	1.8	1.1	6.1	0.010	1.94	9.8

girls than in normal ones (P<0.05). They, however, did not show a significant statistical difference respecting external religious orientation. Results of general health test showed that average general health and fields of physical and mental health (anxiety and insomnia) are higher in runaway girls that normal ones—the point which refers to their higher disorders. There was, even though, no significant difference concerning the two groups' scores in social health and depression (P>0.05). In addition, correlation test among scores of religious orientation, general health, and its subscales in the population under investigation showed that there is no significant statistical correlation among total score of religious orientation, internal/external religious orientation, general health, and it subscales (P>0.05). It is important to note that there was no significant correlation among above-mentioned variables even after analysis of categorization in terms of the two groups under examination (P>0.05). The correlation between internal and external religious orientation was 0.303 with a level of significance lower than 0.001.

Discussion

Results of the present study showed that smoking, parental drug abuse, runaway records, history of drug abuse, physical abuse, sexual abuse, low education levels of parents, demise of parents, and living at homes other than parental ones were among the factors impacting on feminine home runaway. Other studies (2,3,8,10) relevant to above variables indicated that educational problems, strict crackdowns on personal responsibilities, familial problems like divorce, separation of parents, parental disputes, poverty, low levels of education, parental drug abuse, forced subsistence with one of the parents after divorce, and inability to meet the spouse's basic needs are among major causes of divorce in Tehrani girls (3). Other studies maintained that tiers of anxiety and personality and mental disorders including depression are higher in runaway girls than others (6,10,22,23).

According to this study, additionally, runaway girls tend to experience higher levels of physical and sexual violence than normal girls. Similar outcomes were achieved by other domestic and abroad investigations, expressing that rates of unintended pregnancies are high in runaway girls (4, 5, and 24). Result of most studies on adolescents show that factors such as conflicts and tensions in families, divorced parents, absence of good guardians, highly populated families, emigration from villages, lack of awareness, and lack of high IQ rates are the most significant agents causing home runaway (25).

This study suggested that average total scores of religious orientation and external religious orientation are significantly lower in runaway girls than normal ones. According to prior sociological studies, low levels of religious beliefs and spiritual health might result in a range of social abnormalities, higher mortality rates, lower quality of life, and health-related consequences (26,28). Since 1990s, in the aftermath of relative failure of mental health professionals in application of conventional intervention methods that displayed a positive impact of religion on mental health, there was an increasing amity toward religion (25).

Generally speaking, spirituality plays a large-scale role in mental and physical health of individuals and is held as a frequent key to eliminate problems (29). In addition, spiritual care might be of avail for patients to find the appropriate strategy for better conformity (30). And, being spiritual is the first step in spiritual care (31). Research has shown that religious approaches to treatment of patients' mental disorders might lead to improvement of the processes which they have to pass to get healed

(31,32). In addition, a cross-cultural study among 19 western countries on 28,085 subjects showed that the higher people are inclined to religion, the lower their tendency to suicide would be (33).

About anxiety as a common mental problem, studies indicate that participation in religious ceremonies reduces anxiety levels (16,33). Jan Bozorgi (16), in his study, referred to a significant correlation between scores of Allport's religious orientation and general health scale together with its subscales. He suggests that increased scores of religious orientation cause a higher score in general health. Simply put, individuals are more exposed to health disorders (16). Maltby et al. (34) investigated religious orientation on mental health as an adaptation mechanism. Maltby examined three religious orientations including internal and external religion as well as three mental factors containing depression, anxiety, and self-esteem indications. His results showed that there is positive significant relationship between mental health and religion, so that internal religious orientations impact on abnormal mental indications (34). Other studies approved positive effectiveness of religious orientations on mental health (18,24,34).

Average scores of general health and fields of physical and mental health (anxiety and insomnia) are higher in runaway girls than in normal ones—the point which refers to their higher disorders. Highness of general health scores in runaway girls does not indicate their better health conditions; it, on the contrary, reveals deterioration of runaway girls' health compared to normal girls. It shows that runaway girls are suffering from higher tiers of anxiety and sleep disorders despite inexistence of any significant difference concerning their depression and disorders associated with social activities as compared to normal girls. Similar outcomes have been achieved in other examinations (35,36).

Bringing about disruptions in social order, home runaway constitutes the origin of many delinquent behaviors such as dependence on narcotics and psychoactive drugs, sexual and moral misconducts, prevalence of sexually transmitted and infectious diseases, suicidal behaviors, homicide, and robbery (25). Hence, problems confronted by runaway girls after their departure from parental home include physical and sexual abuse, slavery, addiction, lack of supports, homelessness, and lack of appropriate mental health—the issues which are of great impact on reduction of general health degrees (37,38).

Sakil et al. (25) maintained that there is a significant relationship between feminine home runaway and variables such as disputes with parents, forced marriage, illiteracy, low educational levels of parents, unemployment, lack of parental income, and low household economic levels. There was, moreover, a significant relationship between personality and emotional features, on the one hand, and home runaway, on the other.

Results of this study showed that 19.4% and 16.7% of runaway girls have been exposed to physical and sexual abuses—the harassments which would naturally leave them with dangerous mental and physical consequences. Prior research expressed that around 6% of young American girls experience home runaway (8). And, many of them experience unintended pregnancy in streets and haunts as a result of sexual abuse (39). Around 7% to 12% of runaway girls, as prior studies maintain, get pregnant during their escape (5). Other studies, nonetheless, have reported prevalence of pregnancy in girls resorting to haunts to be 33 percent and to streets 47 percent (5,40).

Results showed that 42.5% of girls under study had been born outside Qom. Moreover, 32.6% of their parents did not live in Qom. In other words, birth place of 84% of normal girls was in Qom, while this ratio was 30% for runaway girls. These outcomes suggest that a high proportion of Qomi runaway girls is composed of emigrated girls who have chosen to live in Qom due to its religious context. Given these results, it is proposed to take measures to make effective intraorganizational collaborations in order to reduce feminine home runaway rates in the country. A normalization of families' environments and reduction of young girls' concerns would be able to principally diminish prevalence of

feminine home runaway. Instruction of living and parenting skills, involvement of adolescents in socially useful activities, and use of different classes to fill leisure time of juveniles might greatly lessen the rates of feminine home runaway. An assortment of psychotherapy and cognitive trainings for feminine runaways in collaboration with relevant organizations such as the Crisis Committee, Social Welfare, Health Deputy at the University of Medical Sciences, Correctional Facilities, and related organizations might effectively contribute to return of runaway girls. It is also suggested to undertake similar studies to determine long-term consequences of the phenomenon feminine home runaway in their personal and social lives in a futuristic mode in order to enable playing documentary clips on probable future of home escapes.

Conclusion

The present study, in addition to determining personal and familial factors as determining factors for feminine home runaway, maintained that the score of religious orientation is lower in runaway girls than in normal ones. Since such runaway girls would be highly exposed to physical and sexual abuses, their mental health would be hurt and other social abnormalities would be accordingly given rise. Moreover, given the fact that more than two third of Qom runaway girls are emigrated from other cities, intra organizational collaborations are mandatory in order to reduce social consequences and health-related risky behaviors.

Conflict of interest

The authors declare no conflict of interest.

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