

THE RELATION OF RELIGIOUS ATTITUDES AND BEHAVIOURS WITH DEPRESSION IN BOARDING QURAN COURSE STUDENTS

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SUMMARY

Background: Boarding Quran courses are religious institutions where course attendees spend large part of the year. Depression is an ever-increasing health problem. So, it is worth to study on the effects of religion concept and religious belief and behaviours' that religion concept brings, on depression. The main purpose of this study, is to analyse the effect of religious attitudes and behaviours on depression in Quran course / hafiz students.

Subjects and methods: The study is a cross sectional, case-control survey research. Boarding Quran courses and high schools were visited in Samsun city. A total of 956 participants enrolled between June 2015 and December 2015 were included into study from Samsun city of Turkey. Volunteers, 13 years and over ones without any psychiatric disorders were included in the study. Religious attitude-behaviour inventory and Beck's depression inventory were used in the study.

Results: Median point of case group attitude scale was 49, control group's was 57 and difference among both has a statistical meaning ($p < 0.001$). Beck's depression score average of case group is 12.93 ± 9.33 , its control group's average is 13.74 ± 11.14 and difference between them is not important. Median score of both groups are 11. When scores of attitude and depression scales compared with each other in terms of demographic parameters, there is a difference among group, gender, age and education parameters ($p < 0.001$).

Conclusions: It was seen that religious attitudes and behaviours can be protective for boarding Quran course students but it cannot be enough by itself.

Key words: Quran course – depression - religious attitude - behaviour

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INTRODUCTION

Boarding Quran courses are religious institutions where course attendees spend large part of the year by leaving from their homes, where they stay, where education of reading, understanding and memorisation of Holy Scripture Quran is given. Also, those who are selected among these students, can start hafiz education if they want. Moreover, primary purpose of these courses, is to educate hafiz. The meaning of the word "hafiz" is the ones who word perfect of Quran entirely and strictly (Nawaz & Jahangir 2015). In many countries, especially in Muslim countries, similar institutions are available for centuries. Registration to these institutions, are working on a voluntary basis and it is required to pass the stage of compulsory elementary education age (>10 age). It is known that there are around a hundred of thousand hafizs in Turkey (Ata 2009), this rate is almost 1/800 of the population of Turkey.

Nowadays, depression is an ever-increasing health problem. World Health Organization (WHO) states that unipolar major depression is fifth most important health problem in world in 1990, and WHO anticipates that it will be second most important health problem after ischemic heart disease in 2020 (Michaud et al. 2001). In some conducted researches, relation between depression

and religion, is examined, it is indicated that in general, religious people have less depressive disorder or they have depressive symptom and their time of recovery are shorter (Koenig 2009, Dein et al. 2012). The main purpose of this study, is to analyse the effect of religious attitudes and behaviours on depression in Quran course / hafiz students.

SUBJECTS AND METHODS

The study is a cross sectional, case-control survey research. The study was started in accordance with approval from Ondokuz Mayis University clinical studies ethics committee dated 29.05.2015 and permits from related institutions, visits were held to state boarding Quran courses for girls and boys in Atakum, Ondokuzmayis, Canik, Bafra and Carsamba counties of Samsun city, voluntary students at the age of 13 and over, filled survey forms under their own educators and authors of the study supervision. On participants, Beck's depression scale, religious attitude and behaviour inventory and a personal information form, were applied.

Universe of study constitutes 1057 students, in total, who stay in governmental boarding Quran courses. According to analyse that was conducted, it is required to reach at least 408 people with 99% confidence interval and 5% error margin. In this study that was

conducted between June 2015 and December 2015, as a result of visits that were done to related courses, it was reached 482 students, in total. Because 29 of this students did not accept to participate in the study, 9 of them were under 13 years old and 25 of them partially filled the survey form or previously they have a psychiatric diagnosis, they were not included into study, the rest of them, 419 people, consisted the case group (G1). In control group (G2), by the reason of having peer age group, high schools were visited in same counties and determined with randomisation, and 593 students were reached. Because 36 of this students did not accept to participate into the study, 20 of them partially filled the survey form or previously have a psychiatric diagnosis, they were not included into study, rest of them, 537 people consisted the control group, in total, and 956 participants were included into study. Data was analysed by using SPSS 20.0 packaged software. Whilst nominal variables were compared, Fisher and Pearson's Chi-Square tests were used. Whilst measuremental data is calculated, Spearman correlation analysis was used because data did not show normal distribution. Because scale points did not show normal distribution, in paired comparisons, it was analysed with Mann Whitney U test and for more than 2 groups, it was analysed with Kruskal Wallis test, and it was presented with median (middle), minimum and maximum values.

Measures

Religious attitude and behaviour inventory

This scale that was developed by Kaya, consists of 36 questions and answers for each questions have four optional as; Completely match (1 point), A little match (2 points), Not match (3 points), Never match (4 points). The highest point that can be taken from scale, is 144 and the lowest one is 36. Whilst survey score increases, religious attitudes and behaviours decrease (Kaya 1998).

Beck's depression inventory

It is a self-evaluation kind scale that consists of 21 items and that is used to measure the symptoms which occur in somatic, affective, cognitive and motivational domains that appear in depression. Validity and reliability studies were done by Tegin and Hisli (Kaya et al. 2005). Beck's Depression Inventory is being used for the individuals at the age of 13 and above because for the kids under 13, 'Depression Scale for Children' (Kovacs 1981) that was developed by Kovacs in 1992, is used in Turkey. The highest point that can be taken from scale is 63 and the lowest one is 0. Break point for our country is accepted as 17 points (Özer et al. 2001). Increasing survey score means that depression symptoms are increasing.

Personal information form

In this form that was prepared by us, there are 5 questions that question demographic data of participants and there are 3 questions that slightly question Quran course experiences of case group.

RESULTS

419 persons as a case group and 537 persons as control group, in total 956 people attend our study. Median age of participant was determined as 16 years old (min 13-max 23), male gender was predominate both in case and control group. In school education categorisation, those who have education between 9-12 years, were predominate. Most of the ones who are taking education in Quran course (67.3%), registered this course by willingly and more than half of them were keep going this course at least for one year. Demographic data of participants is shown in Table 1.

Table 1. Definitive statistics of demographic features

	Frequency	%
Group		
Case	419	43.8
Control	537	56.2
Gender		
Women	383	40.1
Men	573	59.9
Education		
8 years	119	12.4
9-12 years	790	82.6
13 years and above	47	4.9
Income Status		
Bad	37	3.9
Medium	673	70.4
Good	246	25.7
Situation of Parents		
They both are alive and together	871	91.1
Mother died, father is alive	8	0.8
They both died	1	0.1
They divorced	47	4.9
Father died, mother is alive	29	3.0
The period being in Quran Course		
0-1 month	53	12.6
1-3 months	33	7.9
3-6 months	39	9.3
6-12 months	78	18.6
>1 year	216	51.6
Factor that affects to attend Quran course		
My own will	282	67.3
My family's will	111	26.5
Encouragement of my friends	11	2.6
Other	15	3.6
The situation of having friendship in Quran course		
I can easily have friend	366	87.3
I have difficulty to have friend	49	11.7
I can never have friend	4	1.0

When the answers that were given in attitude scale, were examined, items that were answered as 'match' oftenest, were 'I take care of being respectful to Quran' (99.1%) and 'I believe that good and bad things that happen to me, are coming from God (99.1%)'. In terms of the answer 'match', the sharpest difference among groups was 'I perform my prayer perpetually' on behalf

Table 2. Attitude scale item analysis. Distribution of answers that were given for each question, for groups

	Completely match	A little match	Not match	Never match	P value
1. I believe that good and bad things that happened to me, are coming from God.	G1: 93.8 % G2: 79.0%	G1: 5.3 % G2: 13.6%	G1: 0.0% G2: 2.2%	G1: 1.0% G2: 5.2%	<0.001
2. I often pray by believing its benefit.	G1: 88.3 % G2: 72.8 %	G1: 10.5% G2: 19.7%	G1: 1.0% G2: 5.2%	G1: 0.2% G2: 2.2%	<0.001
3. I take care of being respectful to Quran.	G1: 87.4% G2: 93.5%	G1: 11.7 % G2: 3.0 %	G1: 0.2 % G2: 0.7%	G1: 0.7% G2: 2.8%	<0.001
4. I get quite angry for the things that were said against religion and that were done against religion.	G1: 78.5 % G2: 59.0%	G1: 13.1 % G2: 22.0 %	G1: 1.9% G2: 6.7%	G1: 6.4 % G2: 12.3%	<0.001
5. When I face with a bad action. I oppose it or I warn. If I do not that, I go away from there.	G1: 56.3% G2: 49.5%	G1: 38.7 % G2: 36.1 %	G1: 2.9 % G2: 8.2%	G1: 2.1 % G2: 6.1%	<0.001
6. I studiously try to practice the orders of God.	G1: 63.5% G2: 55.3%	G1: 33.7 % G2: 38.4 %	G1: 1.9% G2: 3.7%	G1: 1.0% G2: 2.6%	<0.05
7. I avoid to do the things that were forbidden by religion.	G1: 67.1% G2: 62.0%	G1: 29.1 % G2: 28.5 %	G1: 1.7 % G2: 4.8%	G1: 2.1% G2: 4.7%	<0.01
8. I perform my prayer perpetually.	G1: 57.8% G2: 14.0%	G1: 40.1 % G2: 56.4 %	G1: 1.7 % G2: 17.5%	G1: 0.5% G2: 12.1%	<0.001
9. I fast during Ramadan completely.	G1: 78.0% G2: 64.1%	G1: 19.1 % G2: 26.3 %	G1: 2.1 % G2: 6.0%	G1: 0.7 % G2: 3.7%	<0.001
10. I go on pilgrimage if I have financial opportunity.	G1: 81.4% G2: 68.9%	G1: 12.6 % G2: 17.5 %	G1: 2.6% G2: 7.1%	G1: 3.3 % G2: 6.5%	<0.001
11. I help poor ones as much as I can.	G1: 64.4% G2: 55.9%	G1: 30.1 % G2: 35.0 %	G1: 3.3% G2: 6.0%	G1: 2.1 % G2: 3.2%	<0.05
12. I never drink alcohol.	G1: 92.8% G2: 62.8%	G1: 1.7 % G2: 11.4 %	G1: 0.7 % G2: 9.3%	G1: 4.8 % G2: 16.6%	<0.001
13. I never commit adultery.	G1: 79.2% G2: 65.2%	G1: 13.1 % G2: 11.7%	G1: 1.9% G2: 8.4%	G1: 5.7% G2: 14.7%	<0.001
14. I never play gambling kinds of games.	G1: 84.5% G2: 62.0%	G1: 8.6 % G2: 15.5 %	G1: 1.4% G2: 8.4%	G1: 5.5% G2: 14.2%	<0.001
15. I never cheat on people.	G1: 74.2% G2: 62.8%	G1: 19.6 % G2: 19.7 %	G1: 2.6% G2: 7.6%	G1: 3.6 % G2: 9.9%	<0.001
16. I never say lie.	G1: 41.1% G2: 27.9%	G1: 51.6 % G2: 53.1 %	G1: 5.7% G2: 11.2%	G1: 1.7% G2: 7.8%	<0.001
17. I always keep my promises.	G1: 66.1% G2: 55.7%	G1: 31.0 % G2: 36.5 %	G1: 2.1% G2: 4.1%	G1: 0.7% G2: 3.7%	<0.001
18. I never talk behind someone's back.	G1: 40.1% G2: 43.2%	G1: 52.5 % G2: 41.9 %	G1: 6.0% G2: 8.4%	G1: 1.4% G2: 6.5%	<0.001
19. I never envy anyone because of what they have.	G1: 68.0% G2: 59.4%	G1: 26.5 % G2: 26.8%	G1: 3.6% G2: 6.5%	G1: 1.9% G2: 7.3%	<0.001
20. If I see someone gets a raw deal, I help him/her.	G1: 75.9% G2: 65.5%	G1: 20.8 % G2: 26.8%	G1: 2.6% G2: 3.5%	G1: 0.7% G2: 4.1%	<0.001
21. Up until now, I have read Quran completely with its meaning.	G1: 28.2% G2: 13.4%	G1: 41.3 % G2: 33.7%	G1: 13.8% G2: 26.8%	G1: 16.7% G2: 26.1%	<0.001
22. I love all Muslims.	G1: 70.2% G2: 61.6%	G1: 26.0 % G2: 26.6%	G1: 2.6% G2: 5.8%	G1: 1.2% G2: 6.0%	<0.001
23. I never behave people offending or disrespectful.	G1: 46.5% G2: 44.5%	G1: 48.2 % G2: 44.7%	G1: 3.7% G2: 7.4%	G1: 1.7% G2: 3.4%	<0.05
24. I patient no matter how bad things happen to me because doing so is good deed.	G1: 58.0% G2: 40.2%	G1: 37.7 % G2: 44.7%	G1: 3.3% G2: 9.1%	G1: 1.0% G2: 6.0%	<0.001
25. Often, I think about death and the life hereafter.	G1: 57.8% G2: 46.7%	G1: 33.9 % G2: 31.8%	G1: 4.8% G2: 12.1%	G1: 3.6% G2: 9.3%	<0.001
26. I worship and prayer in sacred days and nights.	G1: 77.6% G2: 67.8%	G1: 19.8 % G2: 23.1%	G1: 2.1% G2: 5.0%	G1: 0.5% G2: 4.1%	<0.001
27. I attend collective worships.	G1: 71.6% G2: 44.7%	G1: 23.4 % G2: 38.9%	G1: 3.3% G2: 9.1%	G1: 1.7% G2: 7.3%	<0.001
28. I want to tell religion to those who do not believe and I try to convince them.	G1: 70.9% G2: 44.1%	G1: 23.2 % G2: 37.6%	G1: 4.1% G2: 10.1%	G1: 1.9% G2: 8.2%	<0.001
29. I regret because of my bad deeds, I ask for forgiveness from God.	G1: 89.0% G2: 75.8%	G1: 9.5 % G2: 18.8%	G1: 1.0% G2: 2.6%	G1: 0.5% G2: 2.8%	<0.001
30. When I find a chance, I read some other religious books apart from course books to improve my religious knowledge.	G1: 51.6% G2: 36.3%	G1: 40.3 % G2: 40.0%	G1: 6.0% G2: 13.4%	G1: 2.1% G2: 10.2%	<0.001
31. I never neglect respecting my elders.	G1: 80.9% G2: 70.0%	G1: 16.7 % G2: 22.5%	G1: 1.4% G2: 4.7%	G1: 1.0% G2: 2.8%	<0.001
32. I never stand up to my parents for their requests which do not contradict with Islam.	G1: 82.8% G2: 59.0%	G1: 13.8 % G2: 29.1%	G1: 1.4% G2: 5.4%	G1: 1.9% G2: 6.5%	<0.001
33. I never waste anything.	G1: 38.4% G2: 33.5%	G1: 55.6 % G2: 52.1%	G1: 5.3% G2: 9.1%	G1: 0.7% G2: 5.2%	<0.001
34. I never mock people.	G1: 57.5% G2: 48.6%	G1: 35.3 % G2: 35.9%	G1: 4.1% G2: 9.7%	G1: 3.1% G2: 5.8%	=0.001
35. I control my anger, when I am angry and I forgive deficiencies of people.	G1: 45.1% G2: 31.7%	G1: 40.6 % G2: 37.6%	G1: 9.1% G2: 14.2%	G1: 5.3% G2: 16.6%	<0.001
36. I do not strive with empty words and empty works.	G1: 51.3% G2: 53.1%	G1: 41.3 % G2: 33.5%	G1: 6.2% G2: 8.4%	G1: 1.2% G2: 5.0%	=0.001

of case group and it was almost three times of control group. The question that both group oftenest answered as 'not match' was 'Up until now, I have completely read Quran with its meaning.' (G1: 30.5%, G2: 52.9%) (Table 2). Median point of case group attitude scale was 49, control group's was 57 and difference among both has a statistical meaning ($p < 0.001$). Attitude scale scores were different among groups meaningfully in every 36 items. Attitude scale median point found low in women participants in both groups ($p < 0.001$). For those who had education for 13 years and more, attitude scale median points are at the lowest level. As the level of income of the family of students are higher, so attitude scale points were found low ($p = 0.003$). Children who both their mother and father are alive and together, have lower scale points ($p = 0.003$), this difference was more clear in case group ($p < 0.001$). For the ones who have just started Quran course (0-1 month) and for the ones who have education in Quran course more than 6 months, attitude scale points were found higher ($p = 0.017$). Scale points of the ones who continue to course with the will of their family, are higher than the ones who continue with their own will ($p < 0.001$). Scale points of the ones who can have friendship in course, are determined lower, but it does not hold a statistical meaning. There is a negative, weak and meaningful relation between age and attitude scale point ($r = -0.110$, $p = 0.001$) (Table 3).

Beck's depression score average of case group is 12.93 ± 9.33 , its control group's average is 13.74 ± 11.14 and difference between them is not important. Eleven is the median score of both groups. 121 (28.9%) of case group and 179 (33.3%) of control group took 17 score and above according to Beck's scoring, difference between them has no importance.

When scores of attitude and depression scales compared with each other in terms of demographic parameters, there is a difference among group, gender and age parameters ($p < 0.001$). Intermediate positive correlation accompanied this difference in control group ($r = 0.361$) and in women ($r = 0.350$). According to age, a meaningful difference that shows intermediate positive correlation, was determined among scales ($r = 0.323$, $p < 0.001$). For the ones who have education less than 13 years, relation between scale scores was meaningful ($p < 0.001$) and intermediate positive correlation was determined. Also, for those who have not parent models in home (divorcing or death) positive correlation between scales was determined. For the ones who attended the course with their own will, also for the ones who can have friendship in course, relation with the scale scores was meaningful (Table 4). Determination coefficient in linear regression model that was created between religious attitude and Beck's depression scale, is low and it is seen that scale point of religious attitude is not sufficient to explain Beck's depression point (R^2 Linear = 0.096, $y = 1.59 + 0.21 * x$).

Table 3. Obtaining attitude scale total scores and comparing this scores with demographic features

Group	Median (min-max)	p value
Case	49 (36-122)	<0.001
Control	57 (36-142)	
Gender		
Women (G1)	48 (36-94)	<0.001
(G2)	58 (36-118)	
Men (G1)	49 (36-122)	<0.001
(G2)	57 (36-142)	
Education		
8 years	51 (36-123) ^B	<0.001
9-12 years	54 (36-142) ^A	
13 years and above	48 (36-122) ^B	
Income status		
Bad	58 (36-90) ^A	0.003
Medium	54 (36-142) ^A	
Good	51 (36-133) ^B	
Situation of Parents		
They both are alive and together	53 (36-142) ^A	0.003
Mother died father is alive	63.5 (48-123) ^B	
They divorced	58 (41-107) ^{AB}	
Father died, mother is alive	54 (36-107) ^{AB}	
The period being in Quran Course		
0-1 month	49 (36-86) ^{AB}	0.017
1-3 months	45 (36-64) ^A	
3-6 months	47 (36-70) ^{AB}	
6-12 months	51 (36-94) ^B	
>1 year	49 (36-122) ^{AB}	
Factor that affects to attend Quran course		
My own will	47.5 (36-122) ^A	<0.001
My family's will	54 (36-102) ^B	
Encouragement of my friends	48 (37-64) ^{AB}	
Other	46 (39-76) ^{AB}	
The situation of having friendship in Quran course		
I can easily have friend	49 (36-122)	0.810
I have difficulty to have friend	50 (36-82)	
I can never have friend	50.5 (40-56)	

*A: $p < 0.05$, different from B; B: $p < 0.01$, different from A; AB: Not different from others

DISCUSSION

It is worth to study on the effects of religion concept and religious belief and behaviours' that religion concept brings, on depression. It is possible to reach similar studies that were done with the members of different religions. In this study, for students in boarding Quran course, it means the individuals who take hafiz education which is a unique concept for Islam religion, the effect of religion perception and religious environment and moves on depression was examined. Being a group that was not studied much in literature, increases the value of the article. As age group, adolescents and young adults were our target population.

Table 4. According to demographic features, examining the relation between attitude scale and Beck's depression scale

	Correlation	p value
Group		
Case	0.268	<0.001
Control	0.361	<0.001
Gender		
Women	0.350	<0.001
Men	0.291	<0.001
Education		
8 years	0.349	<0.001
9-12 years	0.307	<0.001
13 years and above	0.132	0.370
Income Status		
Bad	0.185	0.270
Medium	0.297	<0.001
Good	0.281	<0.001
Situation of Parents		
They both are alive and together	0.296	<0.001
Mother died father is alive	-0.323	0.430
They divorced	0.319	0.029
Father died, mother is alive	0.422	0.022
The period being in Quran Course		
0-1 month	0.327	0.017
1-3 months	0.283	0.110
3-6 months	0.131	0.420
6-12 months	0.303	0.007
>1 year	0.251	<0.001
Factor that affects to attend Quran course		
My own will	0.267	<0.001
My family's will	0.139	0.147
Encouragement of my friends	-0.185	0.580
Other	0.203	0.460
The situation of having friendship in Quran course		
I can easily have friend	0.273	<0.001
I have difficulty to have friend	0.278	0.053
I can never have friend	-0.400	0.600

Religious attitudes and behaviours can be unique for itself in every religion. In general, people operationalise their religious beliefs with motivational or physical moves. The common purpose is to do the duty and praying or thankfulness for God.

Nowadays, depression is one of the most important global health problems and it can affect people from all strata. It is seen in 20% of women and 10% of men in a period of their lives (Kessler et al. 2003). According to some researches that were done in Turkey, prevalence of depression is between 14-25% (Kırpınar et al. 2012, Unsal et al. 2011). A systematic review of the religious content of DSM-III-R found that over 22% of all cases of mental illness included religious descriptions (Larson et al. 1993). According to study of Kennedy et al., approximately 10% of Catholic reverends, more than 20% of Jewish reverends and 12% of Muslim reverends stated that they lived through depression (Kennedy et al. 1996). This rates are not above general society averages.

In the study that we conducted, depression percentage in each group, were found higher than the literature data that we benefit from, it is relatively lower in participants that stay in boarding Quran course. Meaningful difference in those who stay in course more than 1 year, provides the prediction that whilst religious education period increases, depression will be lower. Thus, depression percentage in participants can fall in the percentage at the reverends in the years ahead.

Religious education in childhood period, provides benefit in further period in terms of psychosocial (Levin 2012). In studies, mainly it is esteemed that religious practices has an effect to prevent depression and /or it has a curative effect (Blazer 2010, Ronneberg et al. 2016, Hayward et al. 2012). In addition to this, it is notified that it affects general state of health and welfare (Garfield et al. 2013). In a systematic collected work that was done by Bonelli et al. (Bonelli et al. 2012), 444 articles were analysed and in 60% of them, a reverse relation was found between religious tend and depression. Only 6% of articles determined that there is a directly proportional in this relation. Dew et al. examined 21 studies that were done about the relation between religious variables and depression on adolescents, in an important part of this studies, they found a negative correlation and a neutral relation between this concepts (Dew et al. 2008). In this study of ours, it was seen that depression decreases when religious behaviours increase for both who take Quran education and normal high school students. But when we consider our results by only at the basis of depression, there is not an important difference between groups. The result can be obtained from here, is that; religious thought and practices can be important in fighting against depression but it is not enough singly.

As opposing view, there are also some studies that reached the result that there will not be effect of religious attitude and behaviour on depression (Koenig et al. 2014) or there can be religious attitudes or behaviours that can trigger depression. For instance, in a study that was conducted in Korea, lifelong depression prevalence in Catholics was found higher than atheists (Park et al. 2012). Again, there are available studies that mention burnout and depression which raised from religious rituals for Catholic priests (Doolittle 2007, Knox et al. 2005, Raj & Dean 2005). Seeing that things that happened to one's as a punishment of God, can support the hypothesis of that religion can cause depression (Pargament et al. 1998). In the cure of depressive symptoms, Koenig thinks that religious barriers reduces the belief on psychotherapy (Koenig 2005). The reason of the differences between studies, can be method differences that used in determining religiousness or cultural differences that groups attributed to religiousness.

It is being thought that in adaptation to hard living conditions, religious belief can be helpful (Koenig 2007b). In studies conducted, it was determined that religion reduces negative effects of intensive stress and

depression by giving hope and self-confidence (Yapıcı 2007, Peale 2001). Religious people with HIV positive, have less hopelessness than other unreligious patients (Young et al. 1996). According to our results, respecting God and accepting what happens in life, are the most common religious attitudes in case group, performing prayer is the item that creates the most clear difference, this religious practices can have a role to prevent depression. In the studies that was conducted on cancer patients who are member of different religions, it was seen that home visits that were done by reverends, and various religious rituals, palliated depressive symptoms in patients (Hays et al. 2011, Haghghi 2013). Attitude scale points were found lower for the ones who are in situations that can make its effect in course in terms of psychological, such as; whose family income is good, parents are alive and together, and who can have friendship in course, and a meaningful relation and positive correlation were found with Beck's depression scores.

It was stated that religious behaviours that were done together, are more effective (Bjorck & Thurman 2007, Koenig 2007a). Some studies that religious temple visits were evaluated, have guiding feature. Bobat mentioned positive effect of mosque visit on mental health in Muslims (Bobat 2001), Levin mentioned positive effect of synagogue visits on mental health in Jewish (Levin 2012), and Braam et al. mentioned positive effect of church visits on mental health in Christian (Braam et al. 2001). Besides, Yohannes and et al. addressed that the things reduces depression is not the temple visits but the inner religious activities (Yohannes et al. 2008). Maybe, because boarding Quran course students are living, having educate and perform their religious practices together, this situation might be reflected on their scale scores.

In some studies in Islam world, positive effect on mental health of reading Quran and the musical voice that is felt when someone is reading Quran, were mentioned (Moazedi & Asadi 2012, Mahjoob et al. 2016, Mottaghi et al. 2011). A meaningful difference could not been found in terms of depression occurrence interval between the ones who have education in Quran course and the ones who have education in normal high school, however, relatively depression was found less in Quran course students. This holy tone that is heard during memorization practices, can contributed to this relative difference.

There are some limitations in available studies. Because this studies were conducted in one city, it cannot be generalized. In different countries, educator profile and the quality of life that was presented to students, can be different. This can affect both attitude scores and depression scores. Besides, because we study on youth, our implications cannot be generalized for every age group students who take Quran and /or hafiz education. Still, because it is a specific subject for Islam religion, comparing results with other religions might not be suitable.

CONCLUSIONS

In this study, it was seen that religious attitudes and behaviours can be protective for boarding Quran course students who are very specific group of people, but it cannot be enough by itself. Religious education that will be given to students from the early ages, can be helpful for them in many aspects. This education that can cause reduce in depression prevalence, can make society stronger in terms of psychosocial.

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Contribution of individual authors:

Dr. Onur Ozturk: Design of the study, literature searches, interpretation of data, writing the paper;
Dr. Maksut Alper Celik: Interpretation of data, Collecting data;
Dr. Eylem Isik Uyar: Collecting data, statistical analysis.

References

1. Ata U: *Hafızlık ve eğitimi. Diyanet Aylık Dergi* 2009; 222:9-11.
2. Bjorck JP & Thurman JW: *Negative life events, patterns of positive and negative religious coping, and psychological functioning. Journal for The Scientific Study of Religion* 2007; 46:159-167.
3. Blazer DG: *The origins of late-life depression. Psychiatric Annals* 2010; 40:13-18.
4. Bobat H: *A user-led research project into mosque. Exploring the benefits that muslim men with severe mental health problems find from attending mosque. The Mental Health Foundation* 2001.
5. Bonelli R, Dew RE, Koenig HG, Rosmarin DH, Vasegh S: *Religious and spiritual factors in depression: review and integration of the research. Depress Res Treat* 2012; 2012:962860.
6. Braam AW, P Van Den Eeden P, Prince MJ, Beekman AT, Kivelä SL, Lawlor BA, et al.: *Religion as a cross-cultural determinant of depression in elderly Europeans: results from the EURODEP collaboration. Psychol Med* 2001; 31:803-14.
7. Dein S, Cook CC, Koenig H: *Religion, spirituality, and mental health: Current controversies and future directions. J Nerv Ment Dis* 2012; 200:852-5.
8. Dew RE, Daniel SS, Armstrong TD, Goldson DB, Triplett MF, Koenig HG: *Religion/spirituality and adolescent psychiatric symptoms: a review. Child Psychiatry Hum Dev* 2008; 39:381-98.
9. Doolittle BR: *Burnout and coping among parishbased clergy. Mental, Religion & Culture* 2007; 10:31-38.
10. Garfield CF, Isacco A, Sahker E: *Religion and spirituality as important components of men's health and wellness: An analytic review. American Journal of Lifestyle Medicine* 2013; 7:27-37.

11. Haghghi F: Correlation between religious coping and depression in cancer patients. *Psychiatr Danub* 2013; 25:236-40.
12. Hays JC, Wood L, Steinhauser K, Olson MK, Lindquist JH, Tulskey JA: Clergy-laity support and patients' mood during serious illness: a cross-sectional epidemiologic study. *Palliat Support Care* 2011; 9:273-80.
13. Hayward RD, Owen AD, Koenig HG, Steffens DC, Payne ME: Longitudinal relationships of religion with posttreatment depression severity in older psychiatric patients: Evidence of direct and indirect effects. *Depress Res Treat* 2012; 2012:745970.
14. Kaya M: Communication in the religious education/din egitiminde iletisim. Samsun, Turkey: Etut Publishing, 1998.
15. Kaya E, Danacı AE, Şakar A, Yorgancıoğlu A: The effect psychological factors in smoke cessation. *Anadolu Psikiyatri Derg* 2005; 6:245-250.
16. Kennedy GJ, Kelman HR, Thomas C, Chen J: The relation of religious preference and practice to depressive symptoms among 1,855 older adults. *J Gerontol B Psychol Sci Soc Sci* 1996; 51:P301-8.
17. Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR, et al.: The epidemiology of major depressive disorder: results from the national comorbidity survey replication (NCS-R). *JAMA* 2003; 289:3095-105.
18. Kurpinar İ, Tepeli İÖ, Gözüm S, Pasinlioğlu T: Is postpartum depression a specific diagnosis? A prospective study. *Anadolu Psikiyatri Derg* 2012; 13:16-23.
19. Knox S, Virginia SG, Thull J, Lombardo JP: Depression and contributors to vocational satisfaction in Roman Catholic secular clergy. *Pastoral Psychology* 2005; 54:139-155.
20. Koenig HG: History of mental health care. In Faith & Mental Health, H. G. Koenig, Ed., pp. 17-39, Templeton Foundation Press, Philadelphia, PA, USA, 2005.
21. Koenig HG: Religion and remission of depression in medical inpatients with heart failure/pulmonary disease. *Journal of Nervous & Mental Disease* 2007a; 195:389-395.
22. Koenig HG: Research on religion, spirituality, and mental health: a review. *Can J Psychiatry* 2009; 54:283-91.
23. Koenig HG: Spirituality and Depression: A look at the evidence. *Southern Medical Journal* 2007b; 100:737-739.
24. Koenig HG, Berk LS, Daher NS, Pearce MJ, Bellinger DL, Robins CJ, et al.: Religious involvement is associated with greater purpose, optimism, generosity and gratitude in persons with major depression and chronic medical illness. *J Psychosom Res* 2014; 77:135-43.
25. Kovacs M: Rating scales to assess depression in schoolage children. *Acta Paedopsychiatr* 1981; 46:305-15.
26. Larson DB, Thielman SB, Greenwald MA, Lyons JS, Post SG, Sherrill KA, et al.: Religious content in the DSM-III-R glossary of technical terms. *Am J Psychiatry* 1993; 150:1884-5.
27. Levin J: Religion and physical health among older Israeli Jews: findings from the SHARE-Israel study. *Isr Med Assoc J* 2012; 14:595-601.
28. Mahjoob M, Nejati J, Hosseini A, Bakhshani NM: The effect of holy Quran voice on mental health. *J Relig Health* 2016; 55:38-42.
29. Michaud CM, Murray CJL, Bloom PB: Burden of disease-implications for future research. *JAMA* 2001; 285:535-9.
30. Moazedi K & Asadi A: Mental health status in the Quran. *J Ardabil Univ Med Sci* 2012; 12:85-96.
31. Mottaghi ME, Esmaili R, Rohani Z: Effect of Quran recitation on the level of anxiety in athletics. *Quran & Medicine Summer* 2011, 1:1-4.
32. Nawaz N & Jahangir SF: Effects of memorizing Quran by heart (hifz) on later academic achievement. *Journal of Islamic Studies and Culture* 2015; 3:58-64.
33. Özer SK, Demir B, Tuğal Ö, Kabakci E, Yazici MK: Montgomery-Asberg depression rating scale: inter-rater reliability and validity study. *Turk Psikiyatri Derg* 2001; 12:185-194.
34. Pargament KI, Smith BW, Koenig HG, Perez L: Positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion* 1998; 37:710-724.
35. Park JI, Hong JP, Park S, Cho MJ: The relationship between religion and mental disorders in a Korean population. *Psychiatry Investig* 2012; 9:29-35.
36. Peale NC: Olumlu Düşünmenin Gücü. (Trans: Şahin Cüceloğlu), Istanbul: Sistem Publishing, 2001.
37. Raj A & Dean KE: Burnout and depression among Catholic priests in India. *Pastoral Psychology* 2005; 54:157-171.
38. Ronneberg CR, Miller EA, Dugan E, Porell F: The Protective effects of religiosity on depression: a 2-year prospective study. *Gerontologist*. 2016; 56:421-31.
39. Unsal A, Tozun M, Ayrancı U: Prevalence of depression among postmenopausal women and related characteristics. *Climacteric* 2011; 14:244-51.
40. Yapıcı A: Ruh Sağlığı ve Din Psiko-Sosyal Uyum ve Dindarlık, Karahan Publishing, Adana 2007.
41. Yohannes AM, Koenig HG, Baldwin RC, Connolly MJ: Health behaviour, depression and religiosity in older patients admitted to intermediate care. *Int J Geriatr Psychiatry* 2008; 23:735-40.
42. Young MA, Fogg LF, Scheffner W, Fawcett J, Akiskal H, Maser J: Stable trait components of hopelessness: Baseline and sensitivity to depression. *J Abnorm Psychol*. 1996; 105:155-65.

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