Review the Impact of Adherence to Islamic beliefs Concerning Healthy life Style, General Health and Academic Achievement as well as Factors Affecting Drug Consumption

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Abstract
The studies show that university student are belong to the most intelligent and the most talented group of a society, therefore their mental and physical health would play an important role in development and progress of the society. In addition, the universities and educational institutions in every country are in charge of preparing suitable programs for protecting and promoting their health, meanwhile; as one of the four-fold crisis in 21st century has affected all nations particularly university students. Nowadays the risk of addiction has been popular among fewer than 20 years old students since the last two decades. It can be said that even these individuals as a part of top members of the society are not immune from this danger. It is always said that prevention is better and easier than cure. Most researchers believe that the impact of individual role and characteristics on drug consumption are more important than other factors. Individual’s life style is one of those characteristics. Life style is a set of decisions influencing individual’s health, and it can more or less regulate their activities. According to World Health Organization (WHO), life style is a living method along with its significant behavioral patterns which influenced by individual’s personal characteristics, social relation and environmental, social and economic life conditions. The studies show that there is a significant relationship between life style components including physical practices such as exercising and entertainment, stress control, with drug consumption. The next factor is adherence to Islamic beliefs which consists of exposing ceremonial and obvious rites and religious rituals either in private or public places. It has been shown in numerous studies that there is a negative significant relationship between religiosity and drug use.

Keywords: Drug; Religiosity; Life Style; General Health; Religious Beliefs

1. Introduction
Addiction, as one of the four-fold crisis in 21st century has affected all nations. In 1330 the number of addicts in Iran was more than 1.5 million (About 7% of the population). After the Islamic revolution and in spite of harsh fight against drug production and distribution the number of addicts remind in 2 million (about 4% of the total population). In 2001 according to official reports the number of addicts was fluctuating from 1.2 to 3.3 million. According to a epidemiology study

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which was done in collaboration with the United Nation Office of Drug Control (UNDCP) from 1998 to 1999, about 68% of the addicts were 20 to 40 years old, and the average age of starting to drug use was 22.2. Concerning the yearly addiction growth rate (8%) and population growth rate (under 3%) the number of addicts have been estimated about 6 million. On the other hand, addiction popularity among youngsters is increasing. During the past two decades, addiction age in Iran has greatly reduced to less than 20 and in some cases even to secondary school [1]. These reports show that in comparison with past few years addiction age has decreased about layers. This clarifies the inefficiency of previous done operations. Meanwhile, because of those specific characteristics of the period of adolescence and campus stresses, young students are vulnerable to addiction on the other hand having contact with drugs and addictive behaviors doubles up this weak point. As a result, it is very important to analyses it carefully [2. Rajai (2009) in their study showed that the rate of addiction among the students of Tehran state universities are as follow [3]: Letter and Humanity department 13.5% technical department 9.2% medical science department 10.4% and art department 11.2%. Therefore, nowadays even university students, as the superior members of the society, are not immune of this calamity [4]. Various factors as risk factors and protective factors are dealing with tendency to drug consumption. According to collaborative theories, plenty of personal and ultra-personal reasons and factors play role in drug consumption, but here the latter is more important than the former one. In addition, some domains of factors are separable from each other at the highest level of abstraction. These domains are classified as; biologic; interpersonal, ultra-personal and cultural-social effects [5].

Adherence to Islamic beliefs: Islamic beliefs is a set of ideas, necessities and non-necessities and above all it is about those specific and generalized values emerged out of the most influential mental support and is able to make every moments of life meaningful, as well as, releases an individual from suspension and meaninglessness in a particular condition by creating explanatory supports [6]. Religious beliefs mean such credence which is expected to be done by the followers of a religion.

Healthy life style: Healthy life style means the ideologies end behavioral patterns (such as a regular order of business, leisure, and social life) that each person tries to follow it in his/her daily life. These decisions effect rising or falling of health related problems. Lalond (1974) quoted from Lyons defines life style as a series of decisions that affects individual’s health, and everybody has a limited control over it. Concerning health, bad decisions and habits are equal with risk taking. When these risks end up with death, it can be said that the victim’s life style was the reason of his/her decease or death (quoted from Salehi and et al., 2007) [7].

General health: The term public health is usually used to comment on a specific target in a society. Each culture, concerning its own particular ideals tries to define, create and extend public health. It is considered by World Health Organization (WHO), as mental health and is defined as: mental health is within the general meaning of health (hygienic) and health means having overall ability to play social, mental, and physical role accurately; health is not just lack of disease or retardation [8].

Tendency to drug consumption: Tendency means positive and negative evaluations; favorable or un favorable judgments about objects, individuals, and events; and how a person’s feeling inclined to show something.

Operational definitions of research variables

Adherence to Islamic beliefs: It this research the range of adherence to Islamic beliefs was considered according to the students score in a 45 items questionnaire. Here the measurement scale is distance.

Healthy life style: This variable was made using a 8 item question are about life style, which was prepared by Gillian medical science in order to study the students life style. Here, the evaluation rate is distance.

General health

General health is a score which is got by the students in 28 items GQH questionnaire. This variable is evaluated by distance scale.

Educational achievement: It was analyses according to average score. This score was the averages of each student’s average before answering to the question are his/her total average. The measurement of this variable is distance.

Tendency to drug consumption: Tendency to drug consumption and the rate of it is a score that the subject has got in a questionnaire which was prepared by students consulting center of the Ministry of Sciences, Researches and Technology (2006/2004). Here the measurement scale of the variable is distance. Drug abuse process is a foreseeable process, and without any kind of intervention in this trend, possibility of addiction is very high, however, specific characteristics of juvenility period [5] and stressful life condition during studying in university [9], increases students problems. A according to the findings of
cultural studies bureau of Ministry of Science, research and technology, drug prevalence rate among the students was 1% (quoted from the central counseling department of the Ministry of Science Research and Technology, 2006).

A study which was done about the rate of drug consumption among the students and its effective factors and reason in 2000-82 academic year and in 21 universities which is controlled by the Ministry of Science, Research and Technology showed that about 20% of the students had tested alcoholic drinks, and about 10% had opium consumption record. After opium hashish, opium residue and opium burnt consumption were 3.8%, 2.3% and 2.2% in respect. In addition, about 1.1% of students had used marijuana. Meanwhile, the consumption rate of other drugs are: Heroin 6%; LSD 4%, cocaine 4% and Ecstasy 4% [10]. Therefore it is necessary to find out students tendency to drug use. Because the vast frequency of the studied variables and linear analysis principles, we decided to ignore to classify the variables into internal and external studies, instead we discussed about direct and indirect bilateral relations of the variables since the main variable is the tendency to drug use and the final and dependent internalize variable is linear analysis model, therefore at first, all independent internalize variables were studied. Later bilateral relations of the other variable were analyses.

Findings related to the effective factors on tendency to drug use

Merill, Gurdner and Sezler (2001) in their study showed that some factors such as; frequently going to church, having highly religious parents and family members, and frequency of religious debates around drugs, play an important role in supporting youth and teenager against drug use [11] (quoted from khodayarifard, 2007). Religious beliefs are set of factors than can easily prevent and reduce from mental disorders, as well as, impact on solving the problems such as: committing suicide, depression, anxiety and etc [12]. Verdi por (2007) in their study about “The relationship between vulnerability before drug use and being in committing suicide state with mental health and enjoying from religious belief support among the students of universities controlled by the Ministry of science, research and technology in 2006-2007 academic years showed that there is a negative relation between religious beliefs and being in drug abuse risk [13]. In other words, the more spirituality causes less drug consumption. Shamsi Meymand (2008) in their study about the effective factors on the tendency to drug use from the viewpoint of high school students in Kerman with a sample group contained 352 members found out the factors in table 1 as the most important ones [1]:

<table>
<thead>
<tr>
<th>Percent</th>
<th>f</th>
<th>domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economy</td>
<td>193</td>
<td>20.1</td>
</tr>
<tr>
<td>Poverty</td>
<td>68</td>
<td>7.1</td>
</tr>
<tr>
<td>Unemployment</td>
<td>65</td>
<td>6.8</td>
</tr>
<tr>
<td>Wealth</td>
<td>35</td>
<td>3.6</td>
</tr>
<tr>
<td>False jobs</td>
<td>25</td>
<td>2.6</td>
</tr>
<tr>
<td>Family</td>
<td>183</td>
<td>19.1</td>
</tr>
<tr>
<td>Interpersonal relations in the family</td>
<td>102</td>
<td>10.6</td>
</tr>
<tr>
<td>Mental Health in the family</td>
<td>81</td>
<td>8.5</td>
</tr>
<tr>
<td>Inappropriate relations</td>
<td>142</td>
<td>14.8</td>
</tr>
<tr>
<td>Individual</td>
<td>74</td>
<td>7.7</td>
</tr>
<tr>
<td>Emotional</td>
<td>45</td>
<td>4.7</td>
</tr>
<tr>
<td>Social</td>
<td>23</td>
<td>2.7</td>
</tr>
<tr>
<td>Knowledge and attitudes</td>
<td>85</td>
<td>8.9</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>35</td>
<td>3.7</td>
</tr>
<tr>
<td>Positive attitude</td>
<td>28</td>
<td>2.9</td>
</tr>
<tr>
<td>Abuse treatment</td>
<td>22</td>
<td>2.3</td>
</tr>
<tr>
<td>Value</td>
<td>85</td>
<td>8.9</td>
</tr>
<tr>
<td>Less social value</td>
<td>56</td>
<td>5.8</td>
</tr>
<tr>
<td>Less religious value</td>
<td>29</td>
<td>3.1</td>
</tr>
<tr>
<td>Mass media</td>
<td>76</td>
<td>7.9</td>
</tr>
<tr>
<td>Life skills</td>
<td>58</td>
<td>6</td>
</tr>
<tr>
<td>Inability to cope with failure and disappointment</td>
<td>35</td>
<td>-3.6</td>
</tr>
<tr>
<td>Lack of self-confidence</td>
<td>15</td>
<td>1.6</td>
</tr>
<tr>
<td>Lack of uttering NO skill</td>
<td>8</td>
<td>0.8</td>
</tr>
<tr>
<td>Environmental problems</td>
<td>55</td>
<td>5.7</td>
</tr>
<tr>
<td>Inappropriate leisure times</td>
<td>45</td>
<td>4.8</td>
</tr>
<tr>
<td>Lack of macro-planning</td>
<td>24</td>
<td>2.5</td>
</tr>
<tr>
<td>Geographic state</td>
<td>9</td>
<td>0.9</td>
</tr>
<tr>
<td>Health of contaminated environment</td>
<td>4</td>
<td>0.4</td>
</tr>
</tbody>
</table>
and psychiatric disorder, neglecting the problems are mentioned as the effective factors on addiction. Later, other studies showed that being curious about the new drug (28.5%), less effectiveness of ex-used material (17.5%) as the most important factors and the fun of new material (16%); presenting of new material by the friends (13.3%), friends’ desire (12.8%), availability, cheapness, and ease of use as the place of drug use is clarified that fire end’s home (32.8%), street (23.2%) and an addicts home (13.5%) are the main sites for the first drug consumption. In addiction, night parties (9%) is the other popular place for having the first experience of drug. Ramesht (2010) in their study about the effective factors on rising of drug use based on interactive model of drug abuse among 3177 student from 42 universities showed that the following factors contribute to the students desire to drug use [5]. These factors are: peer groups, lack of self-confidence, stress and mental pressure, emotional problems, loneliness and alienation, sense of nihilism, family problems, uncontrolled freedom, lack of entertainment, lake of sufficient knowledge about drugs, trill, availability of drugs, environment of outside university and economical problems.

Findings of Ramesht (2010) about “The Relationship Between Spiritual Transcendence and the Students Probable Vulnerability to drug consumption “Which was done among 150 BA students in Shiraz University; showed that thriving of spiritual transcendence significantly decreases vulnerability against the narcotic substances. Moreover, according to this research there is a reversed relation between all the phenomena of spiritual transcendence including unity, spiritual relationship and spiritual success and drug consumption.

Kargar et al., (2010) in their study related to the relationship between mental health with vulnerability against drug use and possibility of committing suicide among 391 boys and girls students of Basic Science University of Damghan found out that there is a relationship between the scale score of general health and components of physical symptoms; anxiety and safety; insufficient social interaction and depression with the probability of drug use. Therefore, along with descending of individuals’ general health, vulnerability against drug abuse ascends. Khodayarifard, (2007) in their study on 390 boy students of Tehran university about the relationship between religiosity and low self-control with the readiness to drug abuse found out that there is a negative and significant relationship between religiosity of the whole population and readiness to drug use with drug abuse. Among the religiosity feature used in this research; religious knowledge, adherence to religious duties and religious belief has a negative and significant relationship with drug abuse. On the contrary there was no clear relationship between adherence to religious and realness to drug use.

**Adherence to religious beliefs and general health**

There are some statistical evidences from the earlier years of 19th century about the relationship between religious and physical health. However, larger part of these studies are epidemiological survey in which religiosity is considered as variable and is usually evaluated with religious is over looked. There a larger part of them were left unknown until the recent years [15]. Levin (1987), after analyzing about 200 documents in this regard found out that because of genetic or dietary including vegetarians outbreak of certain kind of diseases are significantly different among different religious groups. Against Galton’s report, the study about religious classification shows that some classes have more advantageous from the health aspect. Although after Galton died just a unique study proved that the rate of passing away among religious clergies is more than the others. In some studies (not all of them) the frequency of religious presence, self-assessed religiosity and other criteria of this kind have positive relationship with self-assessed health and death reduction.

Levin and Shiller reviewed this massive and multifarious literature accurately and suggested that it is better to introduce an alternative model and precede our research about the impact of religiosity on physical health according to this formula. They also believe that it is necessary to observe the witty criterion of religiosity particularly what all port has said and suggested in this regard. To overcome this problem Levin and his et al tried to establish a new field called “epidemiology”. On the other hand Herbert Benson (1996) and et al emphasizes on recording the positive in fluencies of “faith factor” on physical health- a combination of relaxation response with reminded health; an expression which was used by Benson instead of placebo effect [16]. Since, both religious and mental variables are multi-dementia; therefore, there is no way to connect these extremes to each other. Bernard et al., (1971) in their earlier attempt to evaluate the literature related to religious and mental health found out that against current misunderstanding differences in experimental findings cannot be called breakout, but on the contrary this is a reason for a complex unity which should be defined clearly again. They believe that there is 4 ways for bridge religious and mental health as follows: 1) Religious is a means for being free from mental disasters. 2) It may
suppress mental disease symptoms and re-socialize the individual and make him/her to obey those thoughts and behaviors that would change him/her to a more socialize and mild person. 3) Religious can be considered as a supporter for helping the individual to live free from life pressure; which would result mental disasters in the absence of religious. 4) It may create some resources for flourishing wider view points and complete fulfillment of personal abilities.

Paramount's Viewpoint (emphasize on complexity of compatibility trend) is an important challenge for those who study about religious and mental health: According to his model instead of using simple statistical method, which are used by some researchers, it is necessary to use multiple variables such as medium variables that shows how and when the other variables join to each other; using from sensitive statistical methods to curved relationship; using from qualities techniques for evaluating individual's mental features about events and his/her endeavor in the way of compatibility; and paying attention to the fact that complex results of compatibility trend might be result to make combination between positive and negative interests. For example, although joining to a petrified religious group may create self-confidence and sense of dependence, but it blocks growing up of some skills and being impatience against the others beliefs and ideas. Most religious around the world in ignore their differences in vie their followers to do positive activities. Religious is one of the most important and in fluencies factor on pressure and cognitive. Most aspects of life would emphasize on; hope optimism, unanimity, seeking connection, and forgiveness. On the other hand, in addition, in some religious it is suggested to avoid and being away from anti-social behaviors such as corruption, prostitute, thief [3].

Aspects of religious, doing positive activities and avoiding negative activities would creates positive sense in the followers religious [13], as a mediator, influences on individual's mental process and daily events evaluation. Therefore, event most number of partly negative events are evaluated positively and never allows him/her to feel despair, disappointment, and aimless against the deprivations, mental pressure and adversities. Most researchers believe that religious standing before social condition and provocation is easier [17]. Paragement and Mahoney (2002) say that voluntary religiosity is the most important factor in psychological pleasure [18]. It is impossible to study the role of religious in mental health without considering entire bases of life. Religious people are immune from mental disorders in accordance with their degree of faith. One of the main impacts of religious beliefs is tranquility. A religious belief amplifies human's excitement that stands on one extreme against the excitement that is on the other extreme. It removes disaster and dis appointment and replaces it with peace and quiet. Boston and et al (1993) analyses the results of 115 researches about the relationship between religious and mental health and reported that among these cases 37% shows positive relationship; 47% negative relationship; and 31% no relationship between these two variables. All port (1950) believed that there are two viewpoints about religious, that are: in Triassiss, and extrinsic. Therefore, his method is called "Religious orientation scale". Ros said that intrinsic people looks at religiosity as an end [8]. They really have religious beliefs and take it serious. On the contrary extrinsic people think religious is a means for the other ends. For example, they believe that taking part in religious ceremonies is a way of finding new friends. The previous done studies about this research show that there is a positive relationship between religious and mental health among intrinsic people and among extrinsic people it is vice versa. Later studies proved this finding. In her research, she found that there is a negative relationship between intrinsic religiosity and self-confidence is positive. Meanwhile intrinsic religions protect the individual before inevitable events of life that may create depression and anxiety. Diener et al., (1991) studied about 124 individuals who had experienced sudden death of a child in their family. According to their findings those who used to regularly go to church, would feel more peace and enjoy from more social support; and they found a new meaning and concept about losing their baby. On the other hand, those who respected religiosity, could finally find another meaning and concept for this disaster, have as well as, they tried to make their mind free from this problem by talking with other people.

Paragement (2002) has discovered some positive impacts of various kinds of religious coping, which means a behavior or thought which helps people to be away from stress and negative emotions of this adaptively or at least decrease it [18]. Paragement evaluated a number of related researchers and showed that most religious people, the elderly people, miserable, women, uneducated people, blacks and widows are used to benefit from this type of adaptively in their problems including bereavement and severe illness. The reason is that, those people have a few alternative resources. There are a lot of studies about the impact of religious compatibility on mental health, but their results are a little complex. About 634 out of 130 studied cases involve positive and significant impact of it on depression, anxiety and so on. On the
other hand %40 shows negative impact, while the rest deals no significant impact in this case.

In a study conducted among 163000 individuals from 14 European countries, it was revealed that about %85 of people who go to church have a satisfactory life, on the contrary just 77% of people who never go to church are in this condition (Diener, 1991). This study confirms the positive impact of church on satisfaction and rejoicing of people particularly the elders. In other study which was done on 1343 over 65 years old men and women the effect of church on aged people’s satisfaction and cheer was verified. More over, in a research which participated by Iranian residence in Canada (as the statistical group), the relationship between religiosity and peace of mind components (satisfaction, cheer and lake of depression) was studied. According to this study there is a negative relation between depression and religiosity, but on the contrary the difference between bachelor and married individuals was not significant [8]. One of the oldest research about the relationship between physical health and going to church was done by Comstock and partridge (1972), using the rate of death in a large pattern. In other study it was clarified that going to church has a close relation with respiratory, digestive disease, a number of and in reality all diseases (Levin, 1994).

There are some explanations for verifying the impact to religiosity on physical health; in this way the most probable reason for the effectiveness of this is the safe a sound behavior of religious people. Most religious people try to ban smoking, drinking and heart diseases (which caused by these materials and hard diet). Most religious people guarantee their health by not using these drugs. Imam (Ali) says in Nahjul Balagha that continence is the remedy your physical disease... Shahid Motahhari describes Imam’s words and says: in reality Imam was going to mention that a pious person keeps off from nervy, animosity, stingless, greed and other rascality's that eat away human’s soul and deprave it, therefore he is immune frame most of these kind of physical diseases. Idler and Kassel (1992) believe that the impact church rival ceremony is through experiencing collective life condition profoundly. They found out that death rate among Christians and male Jews decrease just 30 days before charismas and Jews religious festivals in respect. They relate this privilege to participating in cumulative ceremonies. It relation with God is the same as having relation with close friends and family, this kind of impact should be expected. Anyhow, positive senses and peace would have a biological-chemical in flounce. The other important reason for this expectation is relates to individuals religiosity and peace of mind and avoiding from worldly problem. Therefore he has no reason for this kind of deviations [8]. Ericson and Jensen (1979) in their classic study on 3268 high school students found out a weak relation between four religiosity criteria and 18 kinds of crimes. In this study, social class of the subjects was kept fixed. In addition participation in church religious ceremony was the most important reason for crime and deviation. This impact was more sensible among the consumers of alcoholic drinks and marijuana (0.25). Samimi (2008) studied about the relationship between internal and external religious beliefs and mental health among the followers of Islam, Christ, and Zoroaster [4]. Here the measurement scale tool was all port’s religious directing and SCL-90-R test. The sample group contained 500 Muslim, Jew and Zoroastrian mean and women who were between 55 to 57 years old. They were selected by cluster random method from 5 different districts and central district of Tehran, as well as, first clusters were selected from five other districts (6, 7 and 12). In addition some groups were selected as the second cluster and out of them one was selected as a sample. The gathered data was analyses by person’s coefficient of correlation, single and double variables variance analysis safe’s in ditching test.

As a whole the positive impact of religious on mental health are:

1) Religious can create meaning. Therefore, religious makes human’s life and death meaningful. They empirically studied 50 cases related to death and religious involvement and finally found out that enjoying from strong faith and believing in life after death has a correlation with less scare of death. More over death was less frightening for those who get higher score in religiosity criterion.

2) Religious increases hope and optimism among individuals.

3) Religious bestows a sense of control and efficiency to religious people which had divine origin and is able to make up personal control lessening.

4) Religious shows a safe way of life for people that had positive effect on mental health.

5) Religious gives a kind of supernatural sense to human, which inevitably psychological impact.

Allordo (1995) after studying about the relationship between religious conversion and reducing anxiety and depression says that cases 36 case (72%) out of 50 analyzed cases dealt with positive relationship between religious beliefs and mental health (quoted from salehi and et al., 2007). Gartner and et al (1991) analyses 6 articles about the relationship between religious and mental
health and reported that there is a positive relationship between religious beliefs and mental health in all of them (quoted from salehi et al., 2007). Vetter and et al (1985) found out that about 20 to 60 percent of full-grown mental health variables are explained by religious beliefs (quoted from salehi and et al., 2007). In Watson (1992) found out in a sample group including 1650 individuals with the average 50 years old that there is positive relationship between religious ideas and mental health [16]. Chamber Braid and et al (1987) in their series of studies found out that there is a significant relationship between religiosity/significance of life and mental health (quoted from salehi and et al., 2007).

Ghahramani (1999) in their study about the relationship between the impact of fasting on mental health condition on a group contained 200 individuals in Gonabad reported that: before and after fasting Individual's mental health is not the same [19]. Therefore it can be said that individual's mental health quality after one month fasting is better than before beginning of Ramadan. This condition is eventide in anxiety and social aspects, but concerning physical aspect, but concerning physical aspect no difference was found in individual's condition and status before and after one month fast. Sharifi (2004) in their study about religious ideology with general health and patience among the students of Azadi Islamic University, Ahwaz branch on 400 students found out that individuals religiosity and it components in clounding ideological, emotional are good criteria for significantly for see mental health and its components [8].

Rajai (2009) studied about the impact of praying on mental- physical health [3]. In this research a questionnaire contained different questions about praying and their impact was prepared. 45 university students (both boys and girls) with the average of 20 years old had to answer to the questions. The results showed that about 100% of the prayers believed that after saying their prayers, they had a sense of peace of mind, could tolerate life problems easier, the power of staying against the problems was fortified in them, as a whole they accept God's rule in order to make their life condition better, and finally saying prayers creates physical and mental health and supplying his/her social health. Rajai (2009) in their study about “fundamental beliefs, identity crises, and youth general health” on group of 440 students of Islamic Azad University (Mashad branch); found out that there is a meaningful relationship between religious beliefs including components of belief in God, belief in existence, and human belief in general health [3]. In other words as religious beliefs fortifies, general health and decease symptoms increases either.

Adherence to islamic beliefs and life style

Physical activities as a whole and sport and exercise as a specific aspect are one the main systems of Islamic principles. As it is obvious social life events before and after prophet Mohammad's appointment as God's massager are full of athletic events [20]. On the other hand the studies showed that religiosity has a direct correlation with positive emotion and reversed relationship with negative emotions [19]. Men while religiosity correlates with some mental health criteria. Hosseini (2006) in his study about the sense of mental welfare and religious activities among a group of 50 Muslims who celadon the cultural and artistic center one of the parks in shiraz showed that saying compulsory dully prayers is an excellent factor for having a strong sense of mental welfare [21]. In addition, having a religious friend, selecting a religious spouse, paying legal funds, encouraging others to religiosity having religious studies intensify sense of mental welfare.

Life style and general health

Good health is one of the most important blessings which high light individual's success. Health guarantees, human's mind, soul, emotion and though wellbeing [20]. It seems that families with regular daily activities and physical exercises less infected by heart decease, diabetic, blood pressure, osteoporosis (hollowness of bones); pod arthritis and their life span increases. In a study which was done by compel (1988) in canada, it was showed that people with higher physical activities are less depressed- and enjoy from more positive senses than ones with lower activities. A research group in Dock University studied about 32 middle-aged men and women. They group was divided into two subgroups subject group (16 members) and witness group (16 members). Based on a plan the first group had to take part in a daily 45 minutes walking and mild running program for 10 weeks; while the second group had no kind of athletic activities. The results showed that depression, anxiety, tedious, stress among the subject group was less than witness group. More over the former's physical strength was higher the latter ones. In other study 36 non- athlete women (most of them were mothers and busy with babysitting were selected). They were divided in to two athletic (walking) and non- athletic (motionless) groups. The first group had to take part in a daily 45 minute fast walking activity while the second group had no kind of athletic activities. During the research, general health of both groups was tested.
for 3 times, based on general health scale after 6 weeks.
The finding showed that women’s mental health score in the first group from 71 (mental pressure limit) rose up to 81 that shows positive and healthy sense. But no significantly change was seen in psychological health scores of inactivity group. On the other hand, psychological test showed that women in the group enjoyed from higher level of energy and tranquility and less anxiety and depression. In addition, comparing to the second group they had more sense of satisfaction and life interest. The results of a long term study on 64 unemployed men and women with the average of 25 to 42 years old showed that depression rate among the subject group who were taken part in a regular 2 hours a week physical activity, including stretch; mild exercises and swimming for fun; Volleyball and badminton was fallen down significantly (quoted from Karimian, 2007) [20]. Findings of Samimi (2006) in a study about the relationship between smoking and general health among the 1300 students of Iran Medical Science University showed that there is a significant relationship between life style and general health [22]. According to the study of Samimi (2008) about the relationship between the life style and general health which was done on 1300 students of Medical Science University as a sample group showed that life style components such as sport, nutrition, drug consumption, following safety principles, and controlling stress have impact on mental health [4]. Esfahani (2000) in his study about the impact of physical activities on mental health (physical aspect, depression, anxiety, sleep disorder, social activity of the students of Alzahra university, with a subject group contained 80 athlete and 180 non-athlete students showed that: mental health condition including physical activity anxiety symptoms and sleep disorder, social function symptoms and depression symptoms was better among athlete students than non-athlete ones [23]. In other words sport has a significant impact on the recovery of mental health. Hosseini (2006) studied about the relationship between sport and mental health of the students [21]. Their subject groups contain 70 athlete students who were members of Mazandaran Medical University teams, 70 non-athlete student from the same university. They ran their research by using SLC90 questionnaire and found out that, there is no obvious and significant difference between these groups concerning physical problems; obsession and compulsion; sensitivity in bilateral relationship; anxiety; depression; quarrel; fear; psychoneurotic. On the contrary depression and paranerotic thoughts among non-athlete students was higher than athlete ones. Samimi (2006, 2008) studied about the relationship between life style lead general health on 1300 sample students showed that there is a significant and positive connection between sport, nutrition, not smoking, being sensitive about safety principals and stress control with general health [4,22].

**Life style and educational achievement**

Benit (2002) studied the relationship between healthy behaviors with the students educational function and found out that some healthy behaviors such as sleeping, rest, suitable nutrition, sport and spirituality has positive correlation with the students average score (quoted from salehi and et al., 2007). Alfredman and Stoll (2000) showed that doing physical exercises intensifies self-confidence, self-respect and educational achievement [24].

**Adherence to islamic beliefs and educational achievement**

If learning follows a clear principle, it will be easier and fruit full. On the other hand, if we consider a Quranic method which was suggested for inviting people toward monotheism and training religious people, we can use them for changing religious individual’s behavior and teaching Islamic laws and principles. It is necessary to say that up to the earlier years of 20th century, psychologists had not known anything about Quranic principles for learning and teaching. Now we are going to analyses the following Quranic principles:


**1. Incentive**

Incentive is very important in learning procedure. If there was an outstanding incentive for an end, it is obvious that sufficient to train a spiritual person Quran suggests many different methods to provoke their incentives for learning. For example, encouragement, punishment, and storytelling method methods is used in Quran, we can see that, in order to invite people to ward monotheism and to worship one God referred to provoke individuals incentive though encouragement to the reward that will given to them in the heaven, as well as, frightening them from the punishment that will given to unbelievers in the hell. Quran never emphasizes on frightening or encouragement, but it underlines to a combination of them; fear from punishment and hope to God’s mercy and blessing. This mixed feature of fear and hope is a strong incentive for muslims to learn Islamic modern system of life and new Islamic behavior and thought.
2. Repetition
Repetition of newly learned thoughts is a freedom to people which would lead to acceptance and stabilization of them. The importance of repetition in learning process has been proved by new psychologists. We see that even in Quran repetition method is used to make people accept the realities related to beliefs and the invisible world such as unification; belief in God as the origin of all religious schools, belief in resurrection, judgment day; reward and punishment in that day. All these items is repeated in Quran just to fix them in people's minds.

3. Attention
Paying attention is an important factor for learning. For this reason the teachers and instructors asks their students to concentrate and pay attention to what is said or practiced in class. Quran uses from storytelling procedure as an important that factor to catch people's concentration to what is said in them. On the best ways to make learning process easier is teaching abstract meanings in simple and easily understandable methods. This has been done in Quran through bringing simulation, giving examples of real worlds in order to make them understandable. However, now day's teachers try to use from audio-visual instruments, and personal experiences to explain scientifisc rules and ideas.

4. Active Participation
Psychomotor skills are learnt through practicing and testing them. Above all, it is also necessary for learning in learning theoretical sciences, moral behaviors, values, virtues, and social behavior and principles. The trace of active participation method can be seen in Quran either. In Quran this process is used to teach good sensual desires, and superior ethics and behavioral habits. In reality this method is the same as training through behavior and practicable rehearsal of some habits such as saying prayers in their required time span, cleanliness, obedience, order, patience, and soon.

5. Distribution of learning
According to the recent research which was done by the contemporary psychologists distribution of learning in longer period of time interval and fill the gap by resting intensifies learning process and sticking it in mind, these studies proved that learning through distribution is more attractive and effective than concentration method. In concentration method there is no interval (and rest) in learning procedure. This method has been observed in Quran, because it was sent to the prophet in longer time intervals which lasted for 23 years. In this way people could learn it little by little and understand it and its meaning and concept accurately. Therefore, it is easier for people to read it by heart. On the other if it was sent at once, people could not learn and understand its meaning and its purpose.

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