

Parental Sexual Education Style and its Impact on Religious Attitude: The Mediating Role of Islamic Spiritual Health

Fahimeh. Rajabi^{1*}, Sadegheh. Salmanpour², Horeye. Bayramnejad¹, Parvaneh. Doodman¹

¹ Faculty member of the Department of Educational Sciences, Payame Noor University, Tehran, Iran

² Faculty member of Psychology Department, Payame Noor University, Tehran, Iran

* Corresponding author email address: Rajab.f@pnu.ac.ir

Article Info

Article type:

Original Research

How to cite this article:

Rajabi, F., Salmanpour, S., Bayramnejad, H., & Doodman, P. (2024). Parental Sexual Education Style and its Impact on Religious Attitude: The Mediating Role of Islamic Spiritual Health. *Journal of Assessment and Research in Applied Counseling*, 6(2), 36-43.

<http://dx.doi.org/10.61838/kman.jarac.6.2.5>



© 2024 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: Sexual education presents a series of essential psychological, physical, and religious information in the domain of individual sexual aspects along with providing individuals with knowledge and awareness in understanding the characteristics of the opposite gender. The current study aimed to present a structural model of sexual education style with the mediating role of spiritual health on the religious attitudes of high school students in Shiraz.

Materials and Methods: This descriptive-correlational research included all female high school students in Shiraz during the academic year 2023-2024 and their parents, with a total of 1234 students selected through cluster random sampling method according to the Morgan formula. Data collection tools included the Surajzadeh Religious Attitude Questionnaire, the Islamic Spiritual Health Questionnaire by Miri et al. (2016), and the Abdollahzadeh and Keykhosravi Sexual Education Style Questionnaire. Data were analyzed using Amos software.

Findings: The findings indicated that the permissive sexual education style has a direct negative effect on spiritual health. Furthermore, the relationship between this style and religious attitude is negatively significant considering the mediating role of spiritual health. Additionally, the authoritative style has a direct and significant effect on spiritual health, and the relationship between this style and religious attitude is positively significant considering the mediating role of spiritual health. The authoritarian style has no direct or indirect relationship with spiritual health and religious attitude. Also, spiritual health has a direct and significant effect on religious attitude.

Conclusion: In conclusion, sexual education plays a pivotal role in imparting psychological, physical, and religious knowledge. The study elucidated a structural model of sexual education, revealing the permissive style's detrimental impact on spiritual health, while the authoritative style positively influenced both spiritual health and religious attitudes among high school students in Shiraz.

Keywords: Sexual education style, religious attitude, Islamic spiritual health

1. Introduction

The family, as an important social unit, encompasses the most extensive and profound human relationships, involving duties such as ensuring the integrity of individuals' biological, psychological, social, cultural aspects, and facilitating the growth and development of its members. Adolescence is a crucial stage of human development; puberty brings about physiological, emotional, cognitive, and social changes in adolescents, impacting various dimensions of their lives (Abooei Mehrizi et al., 2021). Adolescence marks the onset of physical, psychological, social, and spiritual transformations. A teenager's growth within the family's social environment and cultural background is vital, as it significantly influences the development and well-being of adolescents, families, and parents. Families face challenges during the transition of their children from one stage of growth to the next. Adequately structured influential factors such as parents and society can prevent severe issues during this period (Farzaneh et al., 2021; Koletić et al., 2021). Additionally, one of the serious threats to health, which has received considerable attention in recent years due to rapid social changes, is the prevalence of risky behaviors among adolescents (Khakpour et al., 2021). The prevalence of risky behaviors in societies poses a serious threat to health (Joharifard et al., 2021).

One of the areas threatening adolescents and youth is the sexual domain. Sexual upbringing entails actions aimed at nurturing an individual's balanced and proportionate sexual instincts from early stages of life (Sobhaninejad et al., 2006). Sexuality was a taboo subject for years until recently when information about gender and sexual topics became recognized as one of the most crucial and essential human needs (Forozi-Azizzadeh & Mohammad-Alizadeh, 2007). From the very beginning, children exhibit signs of physical pleasure, and if this natural sensation is not nurtured correctly, the fundamental structures of psychological health concerning the satisfaction of sexual instincts do not develop properly in later stages of growth. Initially, a child's curiosity and questions are purely cognitive, but if met with suppression and prohibition from parents, this curiosity may become sexual, ultimately leading to moral deviation (Jankovic et al., 2013). In fact, sexual upbringing has become a challenging subject that is constantly grappling with numerous theoretical and intellectual ambiguities, misunderstandings, and practical obstacles. Sexual upbringing is one of the most difficult and sensitive types of

upbringing, where even slight mistakes or negligence could lead children into the abyss of corruption (Amini et al., 2019). Therefore, the sexual upbringing style holds special importance in this regard. One of the variables that appears to be associated with sexual upbringing is individuals' spiritual health. Erikson believes that trust in childhood is the foundation of faith in adulthood. Faith, as a vital human need, inclines individuals towards religious acceptance. Hence, any weaknesses in parental behavioral and educational styles towards their children lead to a sense of distrust and, according to Erikson, establishing trust or distrust in children directly affects their religious and spiritual orientation in the future (Amini et al., 2019; Amini et al., 2011).

Spirituality, derived from the Latin word "spiritus," meaning life or a way of being and experiencing, arises from gaining awareness of a non-material dimension and is characterized by its distinguishable flexibility. These values relate to others, nature, and life itself, and are attributed to anything deemed significant by the individual (Jafari Shurgol, 2013). Some researchers consider three characteristics of spirituality—hope, activity, and connection with oneself, the world, and others—as determinants of physical and mental health in individuals (Habibollahi et al., 2018). Other studies indicate that adolescents who believe in God and consider the role of religion important in their lives engage less in risky behaviors such as risky sexual relationships and substance abuse compared to their non-religious peers (Muhibbuthabry et al., 2023).

Spiritual health is a dynamic, evolving, conscious, and multidimensional process that becomes active through spiritual awareness, personal capacity, and transcendence, synchronizing and integrating individual physical, mental, and social dimensions, seeking personal harmony (Eisamorad et al., 2021). Spiritual health encompasses an individual's spiritual experience from two different perspectives: first, religious health perspective, which focuses on individuals' perception of their spiritual well-being when they have a higher connection with a higher power; and second, existential health perspective, which focuses on individuals' social and psychological concerns (Bahrami et al., 2014). Spiritual health is considered a unique force that establishes a harmonious and coherent relationship between all dimensions of health and the disruption of spiritual health leads to psychological disturbances, anxiety, depression, and a loss of life meaning, consequently resulting in ineffective and weak relationships

(Eisamorad et al., 2021). The outcome of spiritual health includes achieving inner peace, feeling comfortable, and establishing satisfying interpersonal relationships, while the absence of it leads to feelings of emptiness, dissatisfaction, and meaningless existence, ultimately resulting in ineffective and weak relationships (Jahangiri-Fard et al., 2021).

One potential influential variable on spiritual health is religious attitude. Religious attitude comprises cohesive beliefs that unify theistic principles regulating individuals' ethical values, norms, customs, and behaviors in harmony with each other and their nature (Michaels et al., 2021). Important factors that can protect our adolescents from various dimensions of harm arising from risky behaviors, such as sexual injuries, include having religious beliefs and attitudes, or in other words, religious attitude (Koletić et al., 2021). According to research conducted by Navarro Prado et al. (2023), religious ethics affect youth sexual behavior and can prevent risky sexual behaviors (Navarro-Prado et al., 2023). Based on existing research evidence and theoretical content above, the importance of incorporating variables such as spiritual health and religious attitude into sexual upbringing style is inferred. However, these evidences are preliminary and cultural conditions influence the effectiveness of various factors in sexual upbringing. The results of this research can specifically identify the communication mechanisms and variable mediation on sexual upbringing style. Therefore, the main objective of this study is to elucidate the predictive model of students' sexual upbringing style considering the role of their religious attitude with respect to the mediating role of spiritual health.

2. Methods and Materials

2.1. Study Design and Participants

The present study, considering its nature and propositions, falls under the category of applied research in terms of objectives and quantitative research based on a correlational approach in terms of data collection method, which was conducted using structural equation modeling. The statistical population of this study included all female middle school students in Shiraz city during the academic year 2024-2023 along with their parents. The total number of students was over 1234. Due to data collection challenges and the possibility of students' non-cooperation, a sample of 297 students was selected using cluster random sampling method based on the Morgan formula. For this purpose, 8 high schools were selected, and from each high school, three

grades were chosen, and from each grade, one class was selected. Before administering the questionnaire, participants were informed that their information would remain confidential and would not be disclosed to any specific organization or company.

2.2. Measures

2.2.1. Religious Attitude

The Religious Attitude Scale developed by Sarajzadeh based on Stark and Glock's model was adapted to Islam, particularly Shia Islam, and consists of 26 questions measuring four dimensions of religiosity, including doctrinal dimension or religious beliefs (questions 1 to 7), experiential dimension or religious emotions (questions 8 to 13), consequential dimension or religious effects (questions 14 to 19), and ritualistic dimension or religious practices (questions 20 to 26). The total score of this religious attitude questionnaire is measured. Participants are required to rate their level of belief on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). In various studies, the validity and reliability of this instrument have been reported at an acceptable level. In this study, the reliability coefficient of this test was calculated and confirmed through Cronbach's alpha method (Farzaneh et al., 2021).

2.2.2. Spiritual Health

This questionnaire, developed by Meiri et al. (2016), consists of twenty items and four dimensions: belief system (five items), cognitive system (five items), ethical system (four items), and lifestyle (six items), assessing the level of Islamic spiritual health. The questionnaire is scored on a five-point Likert scale from 1 (very low) to 5 (very high), and its validity and internal consistency were confirmed using exploratory factor analysis and Cronbach's alpha coefficient. In factor analysis, it was found that the twenty items of the questionnaire have a very desirable factor loading on four factors (belief system, cognitive system, ethical system, and lifestyle). The selection of items for this questionnaire was based on the higher factor loading. The developers of the questionnaire reported the reliability of the questionnaire for the whole scale and all its components to be higher than 0.80, and based on these results, it was accepted that the Islamic Spiritual Health Questionnaire could be used as a reliable and valid tool for gathering information needed for spiritual health with Islam (Bahrami et al., 2014; Eisamorad et al., 2021).

2.2.3. *Sexual Education Styles*

In this study, the Parenting Styles Questionnaire developed by Abdollahzadeh and Keykhosrovi (2020) was used. This scale consists of 33 items analyzing three styles of parenting: authoritarian (12 items), permissive (11 items), and authoritative (10 items). The items are scored on a five-point Likert scale from 0 (completely disagree) to 4 (completely agree). A higher score in each parenting style indicates the presence of that style, and the total score in this questionnaire is not meaningful. The Cronbach's alpha coefficients for the total questionnaire and parenting styles of authoritarian, permissive, and authoritative were 0.751, 0.739, 0.765, and 0.751, respectively (Abdollahzadeh & Keykhosravi, 2020).

2.3. *Data analysis*

For data analysis, descriptive statistical indices including frequency, mean, and standard deviation were used, and inferential statistical indices such as regression and canonical correlation were employed. The data obtained were analyzed using SPSS 24 and Amos software.

3. **Findings and Results**

Descriptive statistics of the model variables are presented, including information on the mean, median, maximum and minimum values, and standard deviation (Table 1).

Table 1

Descriptive Statistics Indices of the Research Variables

Variable Name	Mean	Maximum	Minimum	Std. Dev.
Authoritarian	27.32	37	20	2.59
Permissive	24.39	29	18	2.58
Authoritative	24.78	27	17	3.52
Religious Beliefs	24.78	30	23	4.34
Emotions	22.36	25	18	4.36
Consequential	22.41	26	16	3.67
Ritualistic	23.78	26	15	4.56
Religious Attitude	101.52	121	88	6.96
Belief System	17.63	20	13	2.91
Intellectual System	16.16	19	13	6.42
Ethical System	19.02	22	15	2.22
Lifestyle	18.43	20	14	2.62
Spiritual Health	71.76	78	56	6.55

The Pearson correlation coefficient also indicates the linear relationship between predictor variables and criteria (Table 2). The tolerance index of each predictor variable is greater than 0.10, and the inflation factor of variance for each

of them is less than 6; therefore, there is no multicollinearity between predictor variables, and the assumption of multicollinearity is established.

Table 2

Correlation Matrix of Research Variables

Variable	Authoritarian	Permissive	Authoritative	Spiritual Health	Religious Attitudes
Authoritarian	1				
Permissive	.425*	1			
Authoritative	.201*	.386*	1		
Spiritual Health	.152*	.219*	.427*	1	
Religious Attitudes	.249*	.345*	.318*	.591*	1

*p<0.01

As Table 2 shows, there is no significant relationship between the authoritarian parenting style and spiritual health and religious attitude (P > 0.05). There is a significant

negative relationship between the permissive parenting style and religious attitude and spiritual health (P < 0.01). The authoritative parenting style has a positive and significant

relationship with spiritual health and religious attitude ($P < 0.01$). The relationship between religious attitude and spiritual health is also positive and significant ($P < 0.01$).

In the present study, several indices were used to assess the structural model: 1) Chi-square squared 2) Ratio of Chi-square to degrees of freedom 3) Goodness of Fit Index (GFI) 4) Non-Normed Fit Index (NNFI) 5) Comparative Fit Index (CFI) 6) Incremental Fit Index (IFI) and 7) Root Mean Square Error of Approximation (RMSEA). The chi-square statistic is 65.2, which is below the threshold of 3, indicating an acceptable fit. Additionally, the goodness of fit index

(GFI) is 1.0, surpassing the criterion of 0.90, suggesting a good fit. The root mean square error of approximation (RMSEA) is 0.05, below the acceptable threshold of 0.90. Furthermore, the comparative fit index (CFI), incremental fit index (IFI), and non-normed fit index (NNFI) all exceed 0.90, with values of 0.81, 0.990, and 0.990, respectively. These findings collectively indicate that the model provides an adequate representation of the data.

In the following, the direct and indirect effects coefficients in the model are reported.

Table 3

Direct Effects Results

Paths	Parameter Estimate	S.E.	Critical Ratio	P	Standardized Effect
Permissive → Spiritual Health	0.512	0.069	3.6	0.001	0.586
Authoritarian → Spiritual Health	0.041	0.071	1.96	0.499	0.319
Authoritative → Spiritual Health	0.632	0.065	2.14	0.001	0.633
Spiritual Health → Religious Attitudes	0.691	0.079	6.95	0.001	0.693

As observed from Table 3, there is no significant direct relationship between the authoritarian parenting style and spiritual health ($P > 0.01$). Similarly, there is a significant

direct relationship between permissive and authoritative parenting styles with spiritual health ($P < 0.01$).

Table 4

Bootstrap Results of Indirect Effects

Variable	Path Coefficient	Standard Error	Significance Level	Upper Bound	Lower Bound
Permissive → Religious Attitudes via Spiritual Health	-0.196	0.050	0.001	-0.049	-0.278
Authoritarian → Religious Attitudes via Spiritual Health	0.081	0.060	0.442	0.101	0.076
Authoritative → Religious Attitudes via Spiritual Health	-0.219	0.060	0.001	-0.278	-0.186

According to Table 4, the indirect effect of the permissive parenting style on religious attitudes through spiritual health is significant at 0.196 ($P < 0.01$). Additionally, the indirect effect of the authoritative parenting style on religious attitudes through spiritual health is significant at 0.219 ($P < 0.01$). However, the indirect effect of the authoritarian parenting style on religious attitudes through spiritual health is not significant.

affects students' religious attitudes through the mediating role of spiritual health. Additionally, the authoritative sexual education style has a positive and significant effect on the spiritual health of students. Moreover, this parenting style regarding sexual matters can influence students' religious attitudes through the mediating role of spiritual health. Also, the research results showed that the authoritarian sexual education style has no direct or indirect effect on spiritual health and religious attitudes. To date, no similar study has examined the relationship between parental sexual education styles, spiritual health, and religious attitudes. Therefore, this study is the first to investigate the relationship between these variables in a statistical community, but some results can be somewhat related to the current research. For example, Byrge (2019) demonstrated in a study that sexual education can lead to an improvement in religious commitment. Additionally, the findings of this research

4. Discussion and Conclusion

The present study aimed to investigate the relationship between parental sexual education styles and the religious attitudes of students, considering the mediating role of spiritual health. The results of the research indicated that the permissive sexual education style directly influences spiritual health negatively and significantly. Furthermore, this style of sexual education negatively and significantly

indicate the role of parent-child relationships in creating intimate attitudes and their impact on increasing religious commitment (Byrge, 2019). Orus (2012) reported in a study that the relationship between adolescents and parents and sexual education by parents can influence adolescents' sexual attitudes and improve their faith and religious practices (Oros, 2012).

The family is the most fundamental institution of society in accepting children, especially in the critical early years of life. Under proper conditions, families prepare children to identify their potential abilities and assume useful roles in society as adults. Children learn imitation and emulation in the process of socialization in the family, where parents teach, normalize, and transmit values, norms, and social traditions. Most psychologists, regardless of their beliefs, consider the interactions between parents and their children as the basis of emotional development. Parental interactions with children and their parenting styles in all areas are factors related to risky behaviors.

The research results indicated that the permissive sexual education style has a significant negative effect on the spiritual health of students. Managing adolescents' behaviors and activities within the family is one of the effective strategies in sexual education. To achieve success, continuous and informed supervision over children's rights, individual freedoms, and adherence to their ethics and social norms is essential. Controlling children's behaviors and activities within the family is central to life and greatly assists parents in achieving educational goals. The permissive sexual education style, due to the unlimited freedoms it advocates for children, considers supervision futile and is unable to protect children from threats and harmful factors. In this type of parenting style, family activities are irregular, rules are neglected, and discipline is lax. Parents have little control over children's sexual behavior, and they hold conflicting attitudes toward their discipline. While seemingly sensitive to their children, these parents do not expect much from them. Lack of reasonable demands, coupled with avoiding providing reasons and dialogue with the child, are characteristic features of this approach. These parents rarely provide their children with accurate information or detailed explanations. Additionally, permissive parents tend to be coercive and oppressive. They use guilt and deviation tactics and often surrender to their children's manipulation and complaints. Parents with a permissive style do not differ significantly from authoritative parents in expressing affection. Permissive parents present themselves as active agents who can use their

power whenever they want, rather than as agents responsible for shaping or changing their children's current or future behaviors. Children of these parents refrain from self-reliance and have little independence in decision-making. These children are described as relatively immature individuals who tend to withdraw when faced with adversity. They act impulsively, aimlessly, and are prone to aggression, lack of self-confidence, and delinquent behaviors, showing disregard for moral values. Therefore, the parenting style in this category does not emphasize educating children, and it can be said that the term "education" has no meaning in this style. Consequently, children raised in this style have little interest in spirituality and consider materialistic life full of pleasures as happiness. Hence, they have lower spiritual health and perceive religion as a futile and useless factor (Asadzandi, 2019; Sodagar & Sobhi, 2018).

The authoritative sexual education style protects adolescents from risky behaviors (Amini et al., 2011). Successful authoritative parenting includes acceptance and close relationships, appropriate control methods, and giving independence. Adolescents who perceive their parents as authoritative have higher levels of psychological competence, and the levels of psychological and behavioral deviations in them are lower than in adolescents who consider their parents forgiving (Gholizadegan Rayat et al., 2024; Jankovic et al., 2013). The authoritative sexual education style has been suggested as the most ideal style for psychological adaptation because behavioral adaptation and psychological independence are the goals of this style (Jankovic et al., 2013). Children raised in this style are confident and realistic. Due to the numerous opportunities their parents provide them with decision-making and choice and because they are loved and cherished, they have a sense of emotional security. Therefore, they do not need to seek their emotional voids in risky behaviors, hence they have spiritual health and religious attitudes.

The research results showed that the authoritarian sexual education style has no significant effect on the spiritual health of students. Additionally, the indirect relationship of this style with religious attitudes through spiritual health is not meaningful. Generally, in this parenting style, children are accompanied by strict control, and parents in this style do not accommodate the needs and desires of their children but rather attempt to suppress them. Parents' verbal messages are one-sided and lack emotional content. In this pattern, parents show little affirmation, empathy, and sympathy towards their children, and there is little evidence of strong relationships between mothers and children. These weak

relationships cause children to become indifferent to their emotional and spiritual needs over time, so they pay little attention to their inner needs and have fewer emotional feelings. Individuals in this category have less ability to communicate with others and consider themselves powerless. In this style, a decrease in mental and spiritual health can be expected. However, one reason for the lack of association between this style and spiritual health may be attributed to the weak and nihilistic feelings of the children raised in this sexual education style.

5. Limitations & Suggestions

Based on the research results, it is suggested that schools clarify this issue for families through advertising, brochures, and holding educational classes for parents in schools, and teaching proper ways to deal with adolescents in sexual education. The present study was conducted only in girls' high schools in Shiraz, which limits the generalization of the results to other communities. Additionally, the study's limited scope and the use of a questionnaire for data collection were limitations of the current study. Therefore, it is recommended to conduct a study using qualitative interviews with parents to identify existing problems in sexual education. Furthermore, this study should be repeated in other regions with a larger sample size.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed in this article.

References

- Abdollahzadeh, H., & Keykhosravi, S. (2020). Construction and Psychometric Characteristics of the Parental Sexual Education Styles Questionnaire [Research]. *Journal of Research in Behavioural Sciences*, 17(4), 580-593. <https://doi.org/10.52547/rbs.17.4.580>
- Abooei Mehrizi, V., Shafiabadi, A., Khodabakhshi-koolae, A., & Khaletbari, J. (2021). The comparing effectiveness of the group therapy of schema therapy and acceptance and commitment on self-differentiation of teenage girls [Research]. *Iranian Journal of Pediatric Nursing*, 7(3), 12-20. <http://jpen.ir/article-1-543-en.html>
- Amini, A., Qasemlou, M., & Shariatmadar, A. (2019). The Effectiveness of Teaching Religious-Based Spiritual Concepts on Hope in Children [Research]. *Applied Issues in Quarterly Journal of Islamic Education*, 4(4), 7-36. <https://doi.org/10.29252/qaiie.4.4.7>
- Amini, M., TAMMANAEI, F. M., & Pashaei, R. (2011). Sexual education in Iranian high school curricula. *Journal of Curriculum Research*, 1(1). www.magiran.com/p926290
- Asadzandi, M. (2019). How Spiritual Health Affects Other Dimensions of Health [Review Article]. *Iranian Journal of Culture and Health Promotion*, 3(2), 164-174. <http://ijhp.ir/article-1-166-en.html>
- Bahrami, M., Nazari, A. M., & ZahraKar, K. (2014). Prediction of couple's communication patterns by spiritual health and psychological well-being. *Thought and Behavior in Clinical Psychology*, 9(33), 7-16. <https://www.magiran.com/paper/1407558>
- Byrge, T. L. (2019). *Sex Education, Religious Commitment and the Role of Parental Communication in Developing Intimacy Attitudes in Young Adults* [Walsh University]. https://rave.ohiolink.edu/etdc/view?acc_num=walshhonors1555634597059955
- Eisamorad, A., Hasanvand, F., & Ghalami, Z. (2021). Meta-synthesis of Spiritual Health Researchs in Iran [Review Article]. *Iranian Journal of Culture and Health Promotion*, 5(2), 195-204. <http://ijhp.ir/article-1-426-en.html>
- Farzaneh, H., Sotodeh Asl, N., Kohsari, R., & Jahan, F. (2021). Presenting a Causal Model of Tendency to High-Risk Behaviors Based on Religious Attitude and Parental Parenting Styles: Mediated by Time Vision. *Social Psychology Research*, 11(42), 35-52. <https://doi.org/10.22034/spr.2021.261707.1620>

- Forozi-Azizzadeh, M., & Mohammad-Alizadeh, S. (2007). Attitude and opinion of parents about sex education of adolescents and its contents in kerman. *SSU_Journals*, 15(2), 93-99. <https://jssu.ssu.ac.ir/article-1-725-en.html>
- Gholizadegan Rayat, S., Nasser, N., Fariborzi, E., & Saffariantoosi, M. R. (2024). The Effectiveness of Psycho-Religious Based Sexuality Education Training Protocol on Reducing the Tendency toward Premarital Sexual Relationships. *The American Journal of Family Therapy*, 52(1), 41-58. <https://doi.org/10.1080/01926187.2022.2042866>
- Jafari Shurgol, S. (2013). Rule of custom in Islamic Reflection on the organizational spirituality with the approach of Islamic model. *Journal of Islamic Iranian Pattern of Progress Model*, 2(3), 179. <https://www.magiran.com/paper/1138169>
- Jahangiri-Fard, S., Shafizadeh, H., & Soleimani, N. (2021). Promoting Spiritual Health in the Fourth Generation University. *Journal of Pizhūhish dar dīn va Salāmat (i.e., Research on Religion & Health)*, 7(3), 92-110. <https://doi.org/10.22037/jrh.v7i3.34965>
- Jankovic, S., Malatestinić, G., & Bencevic, H. (2013). Parents' attitudes on sexual education - What and when? *Coll Antropol*, 37, 17-22.
- Joharifard, M., Zahracar, K., Farokhi, N. a., & Mardani rad, M. (2021). The causal model of tendency to high-risk behaviors in adolescents based on metacognitive beliefs and identity styles with role mediating of negative repetitive thoughts and resilience. *Counseling Culture and Psychotherapy*, 12(47), 161-194. <https://doi.org/10.22054/qccpc.2021.57166.2589>
- Khakpour, N., Mohamadzadeh Edmelaie, R., Sadeghi, J., & Nazoktabar, H. (2021). The Effectiveness of Cognitive-Social Problem Solving Skills Training on Coping Strategies and Feelings of Failure in Female Adolescents with High-Risk Behaviors. *Iranian Journal of Psychiatric Nursing*, 9(1), 77-88. <https://www.magiran.com/paper/2280114>
- Koletiċ, G., Landripet, I., Tafro, A., Jurkoviċ, L., Milas, G., & Štulhofer, A. (2021). Religious faith and sexual risk taking among adolescents and emerging adults: A meta-analytic review. *Social Science & Medicine*, 291, 114488. <https://doi.org/10.1016/j.socscimed.2021.114488>
- Michaels, J. L., Hao, F., Smirnov, J., & Kulkarni, I. (2021). Beyond stewardship and dominion? Towards a social psychological explanation of the relationship between religious attitudes and environmental concern. *Environmental Politics*, 30(4), 622-643. <https://doi.org/10.1080/09644016.2020.1787777>
- Muhibbuthabry, M., Jailani, J., Siregar, P. A., & Hutasoit, E. F. (2023). Qanun, religious education, religiosity and sexual activity among Muslim youth. *HTS Theological Studies/Theological Studies*, 79(1), 8020. <https://journals.co.za/doi/abs/10.4102/hts.v79i1.8020>
- Navarro-Prado, S., Sánchez-Ojeda, M. A., Fernández-Aparicio, Á., Vázquez-Sánchez, M. Á., Plaza del Pino, F. J., & Alemany-Arrebola, I. (2023). Sexuality and Religious Ethics: Analysis in a Multicultural University Context. *Healthcare*, 11(2), 250. <https://doi.org/10.3390/healthcare11020250>
- Oros, L.-A. (2012). *The relationship between teens' communication with their parents, faith and religious practices, parental involvement and their sexual behaviors and attitudes*. Seton Hall University. <https://search.proquest.com/openview/79b39a5b2573f0a3a8b9c26a887d1376/1?pq-origsite=gscholar&cbl=18750>
- Sobhaninejad, M., Homai, R., & Aliin, H. (2006). Analytical study of gender education style of families in Tehran. *Journal of Consulting Research*, 6(21), 27. www.magiran.com/p452094
- Sodagar, S., & Sobhi, N. (2018). The distinctive role of spirituality and social support in mental health and death anxiety in the elderly. *Social Psychology Research*, 8(29), 1-22. https://www.socialpsychology.ir/article_80818_aafb60b5475c0e2d8a9068104fc459e.pdf