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Structural Equation Modeling: The Effect of Mental Health on Attitude toward Hijab with Mediating Psychological Capital, Adaptability and Family Confidence among Undergraduate Students

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Abstract

The aim of this study was to determine the structural equation model of the effect of mental health on the attitude toward hijab with the role of mediator of psychological capital and adaptability and intimacy of family in Zanjan undergraduate students. The research method was cross-sectional and descriptive and its plan was correlational. The statistical population were all of undergraduate students was Zanjan universities the sample size was 335, of which 220 were female and 115 were male. Data were collected by using questionnaires of the General Health Questionnaire (28 questions) Goldenberg (1972), Khidani Hijab Attitude Questionnaire (1394), Olson Family Adaptation and cohesion Assessment Scale (1985), Lutangs Psychological Capital Questionnaire (2007). Data were analyzed using SPSS software, ANOVA and Bonferron's post hoc test. The PLS software was used to map structural equations. The results showed that the indirect effect of mental health on the attitude toward hijab and the indirect effect of depression, anxiety, social function and physical symptoms on the attitude toward hijab is significant. The effect of psychological capital and its components on the attitude toward hijab was not significant. The effect of none of the variables of family correlation and adaptability on the attitude toward hijab was not significant. Thus, by acting to address the anxiety and depression problems and promote the mental health of the community, we can take steps to improve the attitude towards the hijab.

Keywords: Mental health, Attitude toward hijab, Psychological capital, Adaptability and cohesion of family, Students

Introduction

Adherence to hijab is one of the religious behaviors that has been emphasized in the teachings of different religions, including Islam, and the differences have been only in the type and manner of adherence to it (Rajabi, 2010). With the advent of Islam, most of the orders regarding women's clothing have been implemented. While Islamic teachings emphasize the observance of women's hijab in society, media advertisements, fashion magazines, Internet networks along with the weak socialization of religious values among the younger generation, the spread of new readings of religion and religious rulings, superstition and the severe distortions made by people without religious authority have caused the hijab to be disregarded.

Since hijab promotes peace of mind, strengthens family ties, stability of society, value and respect of women, it can be one of the important factors in establishing social security in society, especially for women.

On the other hand, the concept of mental health is in fact an aspect of the whole concept of health and wellness (Branon & Fist, 2013). Health is a state of emotional, mental and physical abilities that enables a person to set goals and make the necessary decisions and take appropriate actions to control the environment. Thus, health should be considered a multidimensional concept that goes beyond merely physical. Ahmadi, Bigdeli, Moradi and Seyed Esmail (2010) and Shapour, Taghavi and Mohammadi (2012) in their research report have mentioned the promotion of psychological and social well-being of women with hijab. Anderson (2007) also showed in a study that hijab is a factor of religious identity, behavior control, establishing close family ties, greater respect and freedom. Ahmadi et al. (2010) showed that each dimension of vulnerability (individual, family, social) is correlated with belief in hijab. Studies by Foumani, Kavandi, Kamali, Foumani and Foumani (2014) and Hedj, Hasin and Zidan (2017) show the relationship between mental health and a positive attitude toward hijab.

Hamid, Golestanpour and Karimnejad (2013) in their study reported that there is a significant relationship between religious identity and optimism with mental health. Manteghi's research (2016) showed that hijab, on the one hand due to covering the physical attractiveness of women and on the other hand due to limiting the variety of women's clothing and reducing the use of jewelry and perfumes by them, in practice prevents increasing the perceptual threshold of men. This will also prevent the family from being shaken and will lead to the community's mental health as much as possible. It seems that the study of mediating variables between mental health and hijab such as family factors and correlation and adaptability of the family and psychological capital as an individual factor in developing a model in this field is effective. Olson's (2000) complex cyclic model, which is consistent with system theory, examines correlation, adaptability, and family relationships. When levels of solidarity are very high, there is higher agreement and less independence in the family, and at lower levels family members consider themselves the owners of things to which belonging or commitment in the family system is limited. Families that experience very high or very low adaptability

often do not tolerate excessive stability and rapid change, leads to imbalances in the family system (Olson, 2000).

Kerr and Bowen (1988) state that the relationship between members of a family is directly related to the function of each member and the ability of each member to function individually is directly related to the function of the whole family (Gandhi, 2007). Also, unbalanced, extreme, discrete, or intertwined correlations generally lead to problematic behaviors in the long run.Coherence, congruity, flexibility and communication are the basic dimensions of this model. Flexibility refers to the amount of variability in family roles, rules, control, and discipline. In this sense, the emphasis is on stability in the face of change. When there is flexibility in the family, family management is democratic and less authoritarian happens, with all family members participating in decisions (Olson, 2000).Reports indicate a high level of mental health in families with optimal levels of flexibility and adaptability.

Psychological capital is one of the indicators of positivism, which is defined by characteristics such as belief in one's abilities to achieve success, perseverance in pursuing goals, creating positive documents about oneself, and enduring difficulties (Lutans & Joseph, 2004). Psychological capital is a combined and interconnected structure that includes four perceptual-cognitive components, namely hope, optimism, self-efficacy and resilience. Bayani, Bayani and Rajabi (2015), Alipour, Akhoondi, Sarafi, Saffarinia and Agah Moradi (2013), Karimi Mazidi, Bordbar and Bordbar (2012), Krasikova, Paul, Leicester and Harmes (2015) and Steeri, Nargesian , Dast-e-Pish and Sharifi's (2016) Studies also indicate the existence of a significant relationship between psychological capital and mental health. In the research conducted by Alipour et al. (2013), the development of components of psychological capital was related to the improvement of mental health and subscales of social functioning, anxiety and depression, respectively. According to the results of limited previous research on the relationship between mental health, psychological capital and especially the correlation and adaptability of the family with a positive attitude towards hijab and the dearth of studies that examine the relationship between these factors and attitudes toward hijab as a model, the present study intended to investigate the effect of mental health on attitudes toward hijab with the mediating role of psychological capital and adaptability and family solidarity among Zanjan students.

Methods

The statistical population of the present study included all undergraduate students of Zanjan universities, including Farhangian University, Payame Noor and Islamic Azad University of Zanjan. According to the population size (22,000 people), by refering to Morgan's table, the sample size of 400 people was selected by available sampling method which was in accordance with the total population of each university.

Included Instruments:

Goldberg General Health Questionnaire (GHQ): The General Health Questionnaire (GHQ) was developed by Goldberg in 1972 and the 28-question form of this

questionnaire was developed in 1989 by Goldberg and Hillier, which has 28 items and 4 subscales (Molina, Andre, Gonzalez, Blasco, Rail & Pinter, 2006). Sub-scales include: physical symptoms, anxiety and insomnia, social dysfunction and depression. Nazifi, Makrami, Akbari Tabar, Faraji Kojardi, Rahi and Tabrizi (2013) obtained Cronbach's alpha of 0.865 for physical symptoms, 0.883 for anxiety and insomnia, 0.746 for social dysfunction, 0.897 for depression and 0.923 for the general scale. In the present study, Cronbach's alpha for the total score of mental health was 0.87, physical symptoms was 0.82, anxiety and insomnia was 0.81, social dysfunction was 0.80 and depression was 0.85.

Khidani's Attitude towards Hijab: This questionnaire has 11 questions that were made by Khidani in 2015. The questions are scored by Likert scale with 5 points. Its validity and reliability have been obtained by calculating Cronbach's alpha of 0.96 (Khidani 21, 2015). In the present study, Cronbach's alpha was 0.82 for this instrument.

Olson Family Adaptation and Correlation Assessment Scale*:* The Family Adaptability and Assessment Scale by David H. Olson, Yoa, and Levy (1985) are composed of 40 items and 2 subscales of coherence and adaptation. In a study conducted by Mazaheri, Habibi and Ashouri (2012), the validity of adaptation and family correlation assessment by Cronbach's alpha for the continuity dimension was 0.74 and for the adaptation dimension was 0.75. The correlation coefficient in the retest was 0.83 for family correlation and 0.8 for family adaptability. Its internal consistency was also obtained and the Cronbach's alpha coefficient for correlation and adaptability were respectively 0.689 and 0.636 (Mazaheri, Habibi and Ashouri 23, 2012). In the present study, Cronbach's alpha coefficient for flexibility was 0.76 and family correlation was 0.77.

Lutans Psychological Capital Questionnaire*:* This questionnaire (Psychological Capital) was developed by Lutans, Joseph and Alio 24 (2007) which includes 24 questions and 4 subscales of hope, resilience, optimism and self-efficacy. Lutans, Norman, and Olivier (2007) implemented Cronbach's alpha for four samples for the optimism subscale (0.74, 0.69, 0.76, and 0.79); Hope (0.72, 0.75, 0.8, and 0.76); Resilience (0.71, 0.71, 0.66, and 0.72) and self-efficacy (0.75, 0.84, 0.85, and 0.75). The chi ratio of these two tests is equal to 24.6. In the study by Nooran and Younesi (2016), Cronbach's alpha was 0.92 and ordinal theta was 0.926. In the present study, Cronbach's alpha was 0.81 for the total score of the instrument.

Necessary coordination was made with the educational units of the relevant universities. In addition, the purpose of the research and its importance were explained to the students. Necessary explanations were given regarding the confidentiality of the information and their consent was obtained to participate in the study. 220 female students and 180 male students completed the questionnaires. 65 questionnaires were incomplete. At the end, 335 questionnaires were included in statistical analysis.

Data were analyzed using SPSS software and analysis of variance and independent t-test was utilized. Also, PLS software was used to obtain the structural equations model. The mean and standard deviation of attitudes toward hijab, family solidarity and family

adaptability, mental health and its dimensions, and psychological capital and its dimensions in the subjects are listed in Table 1.

Table 1. Mean and standard deviation of attitude towards hijab Family correlation Family adaptability Mental health and psychological capital and their dimensions in the subjects.

		Groups					
		Woman		Man		Whole People	
		Mean	standard deviation	Mean	standard deviation	Mean	standard deviation
Attitude towards Hijab		35/32	4/77	34/57	4/51	36/06	4/68
Family Correlation		70/32	8/46	69/17	6/68	69/87	7/89
Family Adaptability		60/89	19/73	66/33	14/14	62/75	18/15
Mental Health Dimensions	physical Symptoms	13/07	2/47	13/80	2/35	12/32	2/45
	Anxiety and sleep Disorder	12/32	3/02	12/07	2/80	12/59	2/96
	Social Function	20/62	2/22	20/47	1/68	20/57	2/04
	Depression	9/91	2/84	10/21	3/28	10/01	2/99
	Overall mental health Score	55/95	6/49	57/56	7/11	56/50	6/73
	Efficacy	26/64	4/82	27/28	4/05	26/86	4/57
Psychological Capital Dimensions	Hope	25/44	5/24	24/52	4/86	25/12	5/12
	Resilience	22/65	4/52	22/05	4/41	22/44	4/48
	Optimism	22/99	4/81	22/98	3/96	22/98	4/52
	Overall score of psychological Capital	99/72	16/80	98/84	14/51	99/42	16/01

The results of Kolmogorov-Smirnov test showed that attitude towards hijab, family solidarity, family adaptability, mental health and its dimensions, self-efficacy of normal distribution was $p > 0.05$ and hope, resilience, and overall psychological capital score of normal distribution was $P < 0.05$, therefore, due to the non-normality of the data, PLS software was used for analyzing.

Results

Figure 1. Factor loads of the fitted model in standard coefficient mode

Figure 2. Factor loads of the fitted model in t

Table 2. Direct and Indirect Effect of research Variables

Row	Type of effect	Variable		Variable	Level of effect	Statistics T
1	Direct Effect	Mental Health	On	Psychological Capital	-0/41	5/854
2	Direct Effect	Mental Health	On	Correlation	-0/22	5/41
3	Direct Effect	Mental Health	On	Adaptability	0/072	0/997
4	Direct Effect	Mental Health	On	Hijab	-0/04	0/511
5	Direct Effect	Correlation	On	Psychological Capital	0/041	0/562
6	Direct Effect	Mental Health	On	Hijab	0/251	0/307
7	Direct Effect	Adaptability	On	Psychological Capital	-0/081	1/296
8	Direct Effect	Adaptability	On	Hijab	0/081	1/070
9	Direct Effect	Psychological Capital	On	Hijab	0/04	0/479
10	Indirect Effect	Mental Health	On	Hijab	-0/084	2/515
11	Indirect Effect	Correlation	On	Hijab	0/002	0/541
12	Indirect Effect	Adaptability	On	Hijab	-0/003	0/987
13	Indirect Effect	Mental Health	On	Efficacy	-0/316	6/512
14	Indirect Effect	Mental Health	On	Hope	-0/371	8/266
15	Indirect Effect	Mental Health	On	Resilience	-0/354	7/514
16	Indirect Effect	Mental Health	On	Optimism	-0/361	8/082
17	Indirect Effect	Correlation	On	Efficacy	0/032	1/250
18	Indirect Effect	Correlation	On	Optimism	0/037	1/620

19	Indirect Effect	Correlation	On	Resilience		0/035	1/560
20	Indirect Effect	Correlation	On	Optimism		0/036	1/590
21	Indirect Effect	Adaptability	On	Efficacy		-0/065	2/054
22	Indirect Effect	Adaptability	On	Hope		-0/076	2/389
23	Indirect Effect	Adaptability	On	Resilience		-0/072	2/168
24	Indirect Effect	Adaptability	On	Optimism		-0/074	2/291
25	Indirect Effect	Depression	On	Hijab		-0/098	2/648
26	Indirect Effect	Anxiety and sleep Disorder	On	Hijab		-0/100	2/648
27	Indirect Effect	physical Symptoms	On	Hijab		-0/081	2/456
28	Indirect Effect	Social Function	On	Hijab		0/076	2/391
29	Indirect Effect	Depression	On	Correlation		-0/260	4/987
30	Indirect Effect	Anxiety	On	Correlation		-0/367	5/248
31	Indirect Effect	physical Symptoms	On	Correlation		-0/216	3/255
32	Indirect Effect	Social Function	On	Correlation		0/203	3/028
33	Indirect Effect	Depression	On	Adaptability		0/057	1/860
34	Indirect Effect	Anxiety	On	Adaptability		0/058	1/920
35	Indirect Effect	physical Symptoms	On	Adaptability		0/047	1/721
36	Indirect Effect	Social Function	On	Adaptability		-0/044	1/654
37	Indirect Effect	Social Function	On	psychological capital		0/264	5/125
38	Indirect Effect	physical Symptoms	On	psychological capital		-0/281	5/894
39	Indirect Effect	Depression	On	psychological capital		-0/339	6/750
40	Indirect Effect	Anxiety	On	psychological capital		-0/348	7/215

Table 2 shows that the direct effect of mental health on psychological capital, family correlation is significant. The indirect effect of mental health on hope, resilience and optimism is also significant. The indirect effect of adaptability on self-efficacy, hope,

resilience and optimism is significant. Moreover, the indirect effects of depression, anxiety, social and physical functioning on psychological capital and family solidarity are significant.

Table 3. Indirect Effect of research Variables

	Variables					Level of effect	Statistics T
1	Health	On	Capital	On	Hijab	-0/016	0/758
2	Health	On	Correlation	On	Hijab	-0/083	2/356
3	Health	On	Adaptability	On	Hijab	0/006	0/009
4	Health	On	Correlation on Capital	On	Hijab	-0/001	0/005
5	Health	On	Adaptability on Capital	On	Hijab	0/000	0/119
6	Social Function	On	Capital	On	Hijab	0/010	0/125
7	Social Function	On	Correlation	On	Hijab	0/051	1/645
8	Social Function	On	Adaptability	On	Hijab	-0/004	0/009
9	Social Function	On	Correlation on Capital	On	Hijab	0/000	0/002
10	Social Function	On	Adaptability on Capital	On	Hijab	0/000	0/001
11	physical Symptoms	On	Capital	On	Hijab	-0/011	0/258
12	physical Symptoms	On	Correlation	On	Hijab	-0/054	1/852
13	physical Symptoms	On	Adaptability	On	Hijab	0/004	0/001
14	physical Symptoms	On	Correlation on Capital	On	Hijab	0/000	0/002
15	physical Symptoms	On	Adaptability on Capital	On	Hijab	0/000	0/001
16	Depression	On	Capital	On	Hijab	-0/013	0/468
17	Depression	On	Correlation	On	Hijab	-0/065	1/985
18	Depression	On	Adaptability	On	Hijab	0/005	0/002
19	Depression	On	Correlation on Capital	On	Hijab	0/000	0/002
20	Depression	On	Adaptability on Capital	On	Hijab	0/000	0/002
21	Anxiety	On	Capital	On	Hijab	-0/013	0/687
22	Anxiety	On	Correlation	On	Hijab	-0/067	0/165
23	Anxiety	On	Adaptability	On	Hijab	0/005	0/004
24	Anxiety	On	Correlation on Capital	On	Hijab	0/000	0/003
25	Anxiety	On	Adaptability on Capital	On	Hijab	0/000	0/001

As can be seen in Table 3, the indirect effect of mental health mediated by family correlation on attitudes toward hijab is significant. The indirect effect of depression mediated by family solidarity on attitudes toward hijab is significant. The indirect effect of anxiety mediated by family solidarity on attitudes toward hijab is also significant.

The results of examining the differences between single and married people in the studied variables are presented in Tables 4 to 8.

Table 4. Results of independent group's t-test to compare mental health, attitudes toward hijab, psychological capital, adaptability and family solidarity in students based on marital status

Variables	Single		Marital		Difference Of Mean	t	df	Significance Level
	Mean	standard deviation	Mean	standard deviation				
Mental Health	56	7/09	57/68	5/71	-1/68	-1/47	164	0/14
psychological Capital	97/75	16.21	103/30	14/99	-5/54	-2/06	164	0/04
Family Correlation	69/06	7/97	71/74	7/46	-2/67	-2/01	164	0/04
Family Adaptability	61/99	17/44	64/56	19/75	-2/56	-0/83	164	0/40
Attitude towards Hijab	35/01	4/71	35/18	4/68	-0/16	-0/20	164	0/83

As the results of independent t-test show, there is no significant difference between single and married students in terms of mental health and attitude towards hijab ($p < 0.05$), however there exist significant differences between single and married students in terms of psychological capital, and family adaptation ($p < 0.05$). This means that the psychological capital, solidarity and adaptability of the family in married students are significantly higher than single undergraduate students.

Table 5. Results of multivariate analysis of variance on mental health dimensions based on marital status

Test Name	Measure	Degree of Freedom of Hypothesis	df	F Error	Significance Level
Pilay effect Test	0/067	4	161	2/90	0/024
Wilkes Lambda Test	0/93	4	161	2/90	0/024
Hoteling effect Test	0/072	4	161	2/90	0/024
Larger zinc Root Test	0/072	4	161	2/90	0/024

As can be seen in Table 5, the value of multivariate F is 2.90, which is statistically significant ($p < 0.05$). Results of multivariate analysis of variance indicate that there is a significant difference between single and married groups in at least one dimension of mental health.

To find out the difference, univariate analysis of variance was used, the results of which are presented below.

Table 6. Results of univariate analysis of variance test to evaluate the difference between the mean dimensions of mental health of single and married people

Marital status

Variable	SS	df [2]	MS	F	Significance Level
physical Symptoms	16/12	1	16/12	2/70	0/10
Anxiety and sleep Disorder	12	1	1/36	1/36	0/24
Social Function	21/46	1	5/24	5/24	0/02
Depression	4/76	1	0/53	0/53	0/46

The results obtained from univariate analysis of variance in Table 6 show that there is no significant difference between depression, physical symptoms, anxiety of single and married group ($P < 0.05$), however, there is a significant difference between the social functioning of single and married group ($p < 0.05$).

To determine in which group the difference is significantly greater, Bonferni post hoc test was used and the results are presented below.

Table 7. Comparison results of single and married couples in social functioning using Bonferny test

Variable	Comparison	Difference Of Mean	Standard Estimation Error	Significance Level
Social Function	Single-Marital	-0/78*	0/34	0/023

The results of the Bonferny post hoc test in Table 7 indicate that single individuals have significantly lower social functioning compared to married individuals.

Table 8. Results of multivariate analysis of variance on the dimensions of psychological capital based on marital status

Test Name	Measure	Degree of Freedom of Hypothesis	df	F Error	Significance Level
Pilay effect Test	0/049	4	161	2/07	0/09
Wilkes Lambda Test	0/95	4	161	2/07	0/09
Hoteling effect Test	0/051	4	161	2/07	0/09
Larger zinc Root Test	0/051	4	161	2/07	0/09

As can be seen in Table 8, the value of multivariate F is 2.07, is not statistically significant (P <0.05). Results of multivariate analysis of variance indicates that there is no significant difference between single and married groups in terms of psychological capital (p <0.05).

Discussion

The results showed that the indirect effect of the overall mental health score on attitudes toward hijab was significant. Therefore, it can be said that with the increase of mental health, a positive attitude towards hijab also increases. The indirect effects of the subscales of depression, anxiety, sleep disturbance and physical symptoms were also significant and negative. This means that with an increase in depression, anxiety, sleep disorders and physical symptoms, a positive attitude towards hijab decreases. This finding is in line with the findings of Aghababaei, Sohrabi, Eskandari, Borjali and Farrokhi (2015), Shirani, Ghamrani, Arab and Fatemi (2015), Dashti, Moeini, Shahrabadi, Biranvandpour and Vajdani Aram (2015), Salehi and Mosalman (2015).), Salmabadi, Farahbakhsh, Zolfaghari and Sadeghi (2015), Zarei Topkhaneh, Moradiani and Heratian (2014), Entesar Foumani et al. (2014), Hamid et al. (2013), Rajabi (2003), Anderson (2007) and Hedge et al. (2017). For explaining this finding, it can be said that in the absence of physical health as one of the components of mental health, the person feels tired and complains of physical symptoms such as hot flashes, which leads to emotional arousal. Due to the fact that most of these pains have a psychological aspect, they can be partially cured by seeing a doctor and taking medication, or no improvement can be seen.

Thus, they create feelings of sadness, despair and hopelessness. Anxiety and sleep disorders, waking up in the middle of sleep, anger and moodiness, inability to do things are also abundant. Therefore, the situation is so disturbing that anxiety and sleep disorders lead to anger, bad temper, etc., and this situation also leads to intensification of anxiety and insomnia, and the person gets stuck in a vicious circle.

In the component of depression, feelings of worthlessness and hopelessness, inability to do things, lack of motivation and inability to enjoy activities and life, and sometimes even thoughts of death and suicide are observed. Therefore, it seems that all these factors go hand in hand so that the person is looking for a way to avoid and escape from it.

Instability also seems to be the product of these states, especially in the context of religious and social thought. Therefore, one tries to do everything, such as appearing unnaturally attractive, in order to achieve peace and feeling of satisfaction.

One of the most important issues in adolescence and youth is the issue of identity and self-knowledge. Identity is a necessary condition for life in various dimensions and human beings will not be able to live properly without having a framework for determining their identity and to communicate with others in a meaningful and stable way (Ahmadi, 2014).

When mental health is impaired during adolescence or early adolescence, the likelihood of developing abnormal behaviors increases due to the weakening of the identification process.

On the other hand, it is often observed that this age group is more easily and quickly exposed to environmental factors due to the lack of strong identity and pressure of peers, their beliefs and thoughts. Therefore, all these reasons can lead to a decrease in the positive attitude towards hijab in this group.

The indirect effect of social function on attitudes toward hijab has also been significant. This means that with a decrease in social function, a positive attitude towards hijab has increased.

Although this finding is far-fetched and the study of prediction is not seen in this regard to be compared with it, this finding can be explained by the fact that social functions measure the range of ability of individuals against professional desires and everyday problems and it reveals their feelings about how to cope with ordinary life situations.

It seems that when people are disturbed in important functions of life, they show their usefulness in another way that having a positive attitude towards hijab and observing Islamic dress can be one of these behaviors.

The results of the present study showed that the effect of psychological capital and its components (hope, resilience, optimism and self-efficacy) on attitudes toward hijab is not significant. Sehat, Mahmoudzadeh, Ashna and Parsa (2015) in their study entitled Positive Psychological Capital: The Role of Islamic Ethical Work in Tehran Public Organizations found that Islamic ethical work has a positive effect on psychological capital. According to Bandura's theory of social learning, belief in personal performance influences individuals' choices. People tend to do things in which they feel empowered and confident and avoid things that they are not able to do.

Hope is the emotional force that directs the imagination to positive things and gives us the flexibility and ability to get rid of the blows that life imposes on us and it causes life satisfaction. Also, hope is a positive motivational state with clear goals for life (Bahadori Khosroshahi, Hashemi and Babapour, 2012). Optimism is an explanatory or documentary style, according to Seligman, based on the framework that Seligman offers. Optimists are known for positive events in their lives. They know the causes of desirable events in their power and control.

They know that having such an explanatory style in an optimistic person can be useful in managing other situations in all areas of life and allow them to positively approach

good aspects of life. Not only in the past and present but also in the future (Seligman, 2000).

Resilience is the ability of a person to establish bio-psychological balance in adverse conditions and refers to the factors and processes that separate the growth trajectory from the path of problematic behaviors and psychological damage and despite adverse conditions to adaptive consequences. Leads.

Resilience is a person's successful resistance to threatening and challenging situations, and resilient people are people who, despite facing chronic stress and tension, reduce their adverse effects and maintain their mental health. And these challenges are used as an opportunity to empower themselves (Elahifar and Sadeghi, 2012).

Given the above definitions of psychological capital and its components, at first glance, this variable seems to have a strong effect on a positive attitude towards hijab. Because in the current Iranian society, the parents of the family often have positive attitudes towards the hijab and naturally pass this issue on to their children.

On the other hand, the prevailing norm in society is the attitude towards hijab, and in fact, the negative tendency towards hijab is almost a phenomenon imposed on the current situation.

Therefore, it seems that adolescents and young people with high psychological capital, can resist the pressures of peers, etc., and as a result have a positive attitude towards hijab.

However, the results of the present study do not confirm this hypothesis. For explaining the rejection of this hypothesis, the research method can be different (the present study has studied the direct and indirect effects,however, other studies have examined the direct effects), the study sample and the accuracy of the subjects in completing the questionnaires. The results showed that the effect of none of the variables of correlation and family adaptability on attitudes toward hijab was significant.

The results indicate that if the cohesion and solidarity of family members is desirable, parents can easily transmit their beliefs and attitudes to their children.

Despite the high scores of these two variables, there was no relationship between coherence and correlation with attitudes toward hijab.

Explaining this finding, it can be said that either in the current society, the issue of hijab is probably not one of the issues that parents intend to pass on to their children, or that children do not have solidarity and solidarity with their parents in this regard, in which the second possibility seems to be more likely than the first. The results also showed that the indirect effect of mental health mediated by psychological capital on attitudes toward hijab is not significant and psychological capital cannot play a mediating role. Other findings showed that the direct effect of mental health on psychological capital was significant and the effect was relatively high (-0.41). The direct effect of mental health on all components of psychological capital was also significant. These findings are reasonable and expected. Contrary to expectations, however, this variable did not play a significant mediating role in the relationship between mental health and attitudes toward hijab. Also, the direct effect of none of the components of psychological capital on attitudes toward hijab has been significant. Therefore, self-efficacy, hope, resilience and optimism do not seem to play a role in having a positive or negative attitude towards hijab.

This finding can be explained by the fact that the different research methods that the present study has studied the direct and indirect effects, the studied sample and the accuracy of the subjects can play a role in completing the questionnaires.

The indirect effect of overall mental health score mediated by family correlation on attitudes toward hijab, the indirect effect of depression mediated by family solidarity on attitudes toward hijab and the indirect effect of anxiety mediated by family solidarity on attitudes toward hijab were significant and negative. This means that with the increase of mental health, reduction of anxiety and depression, the level of solidarity of family members, especially children and parents, has increased, and as a result, their attitude towards hijab is more favorable.

Explaining this finding, we can say that when people do not have negative thoughts about themselves, others and the future, they do not have anxiety and worry about the daily events of themselves and those around them; they have high life expectancy and feel valued, find a good relationship with family members and others, which leads to better communication and a sense of belonging to family and friends, which in turn leads to a greater increase in mental health and, consequently, It also shows its influence on the issue of hijab.

Given that, some believe that unauthorized makeup of women and non-observance of hijab can be aimed at attracting the attention of others and filling mental deprivation, so it can be said that when people as a result of good mental health and proper communication and solidarity with family members, They will receive enough support and attention, they will certainly have a better attitude towards hijab.

The results showed that there was no significant difference between general mental health, depression, physical symptoms, anxiety and attitudes toward hijab, single and married students.

This means that single people have significantly lower social functioning compared to married people and the psychological capital, solidarity and family adaptability of married students are significantly higher than single undergraduate students. These findings, in line with the previous findings, show that even married people are not significantly different from single people in the issue of hijab. But in other variables, the situation of married people is better.

Conclusion

Therefore, it can be said that forming a family and creating commitment can lead to the improvement of these variables. It also increases people's optimism, self-efficacy, resilience and hope.

On the other hand, forming a solidarity with one's spouse in life at a young age is easier than forming a solidarity with family members, and consequently, adaptability increases.

Finally, in order to achieve a positive attitude towards hijab, which is one of the important issues of Islam and to ensure the health of society from a sociological point of view, it is necessary to pay attention to individual and family factors such as mental health, psychological capital, solidarity and family flexibility.

Due to the fact that this research was conducted among undergraduate students in Zanjan, it cannot be generalized to other groups and other cities. It is also suggested that mental health and its promotion from an early age at the primary and secondary level of prevention be considered. Finally, the role of other possible mediating variables is examined.

Disclosure Statements

The authors of this study did not have any conflict of interest in the process of conducting this study and with each other.

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