



The Role of the Educational Teachings of Religion in the Prevention of High-Risk Social Behaviors: The Biography and Hadiths of Imam Sadiq (Peace Be Upon Him)

Mahdi Mahdavi Panah ^{1,2} and Seyed Mahdi Lotfi ^{2,*}

¹Department of Islamic Science, Zahedan University of Medical Sciences, Zahedan, IR Iran

²Department of Quran and Hadith, University of Isfahan, Isfahan, IR Iran

*Corresponding author: Department of Quran and Hadith, University of Isfahan, Isfahan, IR Iran. Email: m.lotfi@ltr.ui.ac.ir

Received 2019 June 08; Accepted 2019 June 09.

Abstract

Context: This research article is about the role of educational teachings of religion in the prevention of high-risk social behaviors, based on Imam Sadeq's (peace be upon him) biography and Hadiths considering the relationship between religion and high-risk behaviors.

Evidence Acquisition: In this research, using descriptive-analytical method, on one hand, the relationship between religion and high-risk behaviors in published articles, especially PubMed, has been considered and, on the other hand, by reviewing about twenty thousand narratives of biography and Hadiths of Imam Sadiq (peace be upon him), the most important examples of high-risk behaviors referred by him are discussed.

Results: This survey emphasized the acquisition of religious teachings, the study and consideration on religion, familiarity with God, necessity of marriage, halal occupation, moderate behavior, meeting with friends and strengthening them, attention to food, planning, indirect notification, and appropriate punishment are some of the most important preventive educational teachings of high-risk behaviors in the speech and behavior of Imam Sadiq (peace be upon him), which have been confirmed in various internal and external research.

Conclusions: The educational teachings of religion can make it possible for people in the society to tend less to exhibit social harms and, consequently, high-risk behavior, ensuring health for the individual, family, and finally, the society by establishing a constructive meanwhile, preventive role in everybody.

Keywords: Health Risk Behaviors, Social Behavior Disorders, Teaching, Religion, Islam

1. Context

People's health and a healthy society are related to each other, and the formation of a developed society requires the physical and mental health of the society. On the other hand, there is a large number of social harms and high-risk behaviors, and the occurrence and prevalence of these behaviors seem to increase in the conditions that societies become more complex, which can definitely have a direct or indirect negative effect on individual development and social progress. That is why the prevalence of high-risk behaviors and the prevention of their occurrence have gained importance today as one of the most valuable and widespread major concerns of teaching and education authorities and policymakers in human societies.

In this regard, high-risk behaviors include a series of behaviors that not only result in serious harms to the per-

son involved in the behavior and important people in his life but also cause involuntary damage to other innocent people (1). In other words, high-risk behaviors are related to behaviors such as smoking, drug and alcohol use, hazardous driving and early sexual activity (2), increasing the probability of negative, destructive physical, psychological, and social outcomes for the person (3, 4) and affecting public health (5).

On the other hand, although the role of religion and the effect of its educational teachings on human life have been always considered by the scholars, its impact on reducing or eliminating high-risk behaviors has been neglected. While one of the fundamental factors in thoughts or actions of individuals, as well as in the formation of social life and influence in his life (6), are beliefs that individuals or groups of humans have about what is desirable, appropriate, and good or bad (7), because the religion com-

prehensively considers all aspects of an individual's life, including both the personal outer relationships and his inner sense (8), and by affecting the patterns of action and orientation towards others (9), acting in the society as a life-giving and prosperous force; hence, as much as members of the society are bound by their religious teachings, they do not commit corruption and delinquency (10), and the religion directly regulates the ultra-social behaviors by influencing the high-risk behaviors (11), and individuals' values by establishing an inner morality (12).

2. Evidence Acquisition

According to the investigations, the more concerned with spirituality and religiosity people are, the safer they become to psychological disorders and behavioral and social deviations. From a sociological perspective, the religion can be a powerful factor determining social phenomena, shaping entities, affecting values, and influencing relationships (13), leading to mental peace, spiritual adaptation, and power of resistance against moral risks (14), and function as a force bringing about life and happiness by reducing social abnormality.

People's religious beliefs are considered effective factors on the prevention of high-risk behaviors (15), since religion is one of the major cultural aspects that influence social behaviors (16), and it is a determining factor in the evaluation of scholars (17). Moreover, although appropriate social behaviors and activities are initiated at the first stages of the development (18), they determine the individual's final conditions through interaction between genes and culture (19, 20), particularly during adolescence, when rapid emotional, physical, and social changes are observed (21).

The religion has considered the reality of man and his needs, and presented a comprehensive plan for his life, in such a way that adherence to religious values and teachings, which are based on innate human characteristics and needs, can provide Religion with peace and health (22). People with high levels of religiosity, therefore, exhibit greater adaptation to stressful conditions, experience lower amounts of negative excitation and depression, are less anxious, refrain from using psychedelic drugs and alcohol, enjoy greater social support, and have higher life expectancy than other ordinary people due to their healthy method of living (23).

Other findings include the presence of a negative relationship between religiosity and cigarette smoking (24), the effect of religion on increase in physical and mental health (25) and decrease in high-risk behavior such as use of alcoholic drinks and narcotics (26, 27), early sexual intercourse (28) and, on the other hand, the correlation be-

tween lack of religious education and increase in depression and considering or committing suicide (29), greater involvement in high-risk behavior such as use of narcotics and alcohol (30), adoption of high-risk sexual behavior, increase in violence and physical clashes with others, and increase in the probability of injury or mortality as a result of the use of alcohol and narcotics (31).

There are several approaches and attitudes with regard to the identification of high-risk behaviors and their prevention, but the effect of religion on them has been disregarded. However, given the social approach of Islam, it has obviously adopted a position with respect to high-risk social harms, and has introduced social anti-values and high-risk behaviors as a comprehensive charter of divine rules, as the preventive role of religion from high-risk harms and behaviors has been emphasized in different studies (32-34).

Considering that the educational school of Islam, in contrast to the educational schools of the West, has addressed all aspects of the human being's existence, such as body and soul (35), an investigation of the educational teachings of religion based on the biography and Hadiths of Imam Sadiq (peace be upon him) demonstrates that he has condemned some high-risk social behaviors with plenty of emphasis in accordance with the guidelines provided by the Noble Quran, including shirk ('polytheism') ("Satan says to his troops, 'Establish envy and aggression among people, as these two are regarded by God as equal to polytheism,'" (36); drinking alcohol ("A wine drinker will not make it into heaven," (37); mammonism ("Desire and enthusiasm for the world results in sorrow, and asceticism and reluctance for the world causes peace of heart and body," (38); suicide ("Anyone who commits suicide will remain in fire in hell forever," (36); and telling lies ("One of the things determined by God as causes of liars' disrepute and loss is forgetfulness," *ibid.*). He has also forbidden many other behaviors, such as humiliation, polemics, hostility, violence, rage, notorious people's company, relationship with non-mahrams ('people other than the unmarried kin), zina ('unlawful sexual intercourse'), crudity, bad temper, cheat, assistance of injustice, shamelessness, betting, animosity, injustice, and bellicosity.

It should be noted that in examining the biography and Hadiths of Imam Sadiq (peace be upon him), detailed and delicate points about human education, from pre-birth, pre- and post-death, are received that can be applied in the modern lifestyle of mankind in order to educate a religious generation (39).

3. Results

There has been plenty of emphasis on the prevention of high-risk behaviors in Islam and in the educational

teachings of Imam Sadiq (peace be upon him), in particular some of the most important methods referred to in his statement for the prevention of high-risk and harmful behaviors, including the emphasis on the acquisition of religious teachings (“Acquaint your adolescents with our Hadiths and teachings before deviant groups overtake you,” (40); the study and consideration of the religion (“I will discipline him if I encounter a Shia youngster who does not reflect in religion to acquire cognition of it,” (37); familiarity with God (“Feeling affection for God, they are afraid of what the avaricious and mammonist feel affection for,” (38); the necessity of the marriage (“Everybody who gets married has preserved half of his religion, so he must do an act of religious piety in the next half,” (37); halal (‘legitimate’) occupation (“In response to a question asked about tolerance of difficulty in heat, Imam said that he had gone out to make a legitimate living and income not to need people like the person who had raised the question,” (36); moderate behavior (“Anyone who lacks three characteristics will not be benefited from his faith: patience, which eliminates a person’s ignorance, devoutness, which prevents him from haram (‘illegitimate’) practice, and good behavior, which lets him tolerate people,” (37); meeting with friends and strengthening them (“Nothing has been praised more than contribution to the good of one’s fellow Muslims and their visit,” (38); attention to food (“Our Shias do not eat eels, and do not drink wine and alcoholic drinks,” *ibid.*); planning (“I would like God to see me planning life correctly,” (36); indirect notification (“Many of the addresses in the Quran have been revealed blaming the great prophet of Islam (peace be upon him and his family), while others have been intended,” *ibid.*); and appropriate punishment (“The hadd (‘religious punishment’) is not applied in the case of a wrongdoing child, but he must be disciplined correspondingly,” (37).

4. Conclusions

The present research, while introducing risky and anti-value behaviors of religion, states that educational teachings of religion can provide the opportunity for the people of the society to be less vulnerable to social harms and as a result to high-risk behaviors, because the educational teachings of religion prevent the crime more than reform the criminal person, therefore, on the one hand, it addresses the factors that create guilty grounds and high-risk behaviors and on the other hand, has remedied them. In general, in order to prevent high-risk behaviors in the society, we should pay attention to the context of each society and the formulation of effective theories in relation to their solutions to provide preventive services derived from the educational teachings of the Religion because the

values and teachings of the Religion create a constructive meanwhile, deterrent role in everybody, and obeying them will ensure the health of the individual, the family, and, ultimately, the society.

4.1. Suggestions

Based on the investigation of the educational teachings of the Religion, the following steps are suggested in different fields for the reinforcement and promotion of preventive skills from high-risk, anti-social behaviors.

4.1.1. Preliminary Strategies

1. Identification of different material, psychological, mental, and spiritual needs of vulnerable individuals and desirable satisfaction of the needs.
2. Identification of factors threatening individuals’ physical and psychological health and consideration of the warnings available in this regard.
3. Consideration of individuals’ physical, mental, and, particularly, moral problems and the disorders and signs of risks observed in them.

4.1.2. Family-Level Strategies

1. Proper identification of changes in children at different ages and adoption of the educational methods appropriate to their stages of the development.
2. Enhancement of children’s spiritual health and beliefs, considering its role in the other aspects of their health and personality.
3. Establishment of a proper emotional and religious relationship with children and efforts to maintain it and eliminate the distances.
4. Coordination and consideration of children’s sense of cooperation in life and support and direction of their behavior.
5. Introduction of favorable patterns of speech and behavior for children and their application based on their lifestyles.
6. Proper planning for adjustment of children’s time and consistent supervision and observation of its implementation.
7. Identification and instruction of self-care skills and methods of action when confronted with high-risk behavior.
8. Supervision of friendly environments and coordination and cooperation with children’s other communication environments.

4.1.3. Society-Level Strategies

1. Fundamental planning, proper preparation for the provision of different needs in the society, and confrontation with harms.
2. Legislation of practical laws and enforcement of social supervision.
3. Establishment and enforcement of training, counseling, sports, and recreation centers in the society.
4. The necessity of acquaintance and instruction of military and security institutions for the prevention of high-risk individual and group behavior.
5. Provision of instruction-educational protocols based on Imam Sadiq's (peace be upon him) educational principles and methods at different levels.

Footnotes

Conflict of Interests: It is not declared by the authors.

Funding/Support: It is not declared by the authors.

References

1. Campbell JA, Walker RJ, Egede LE. Associations between adverse childhood experiences, high-risk behaviors, and morbidity in adulthood. *Am J Prev Med.* 2016;**50**(3):344–52. doi: [10.1016/j.amepre.2015.07.022](https://doi.org/10.1016/j.amepre.2015.07.022). [PubMed: [26474668](https://pubmed.ncbi.nlm.nih.gov/26474668/)]. [PubMed Central: [PMC4762720](https://pubmed.ncbi.nlm.nih.gov/PMC4762720/)].
2. Zadeh-Mohammadi A, Ahmadabadi Z. The cooccurrence of risky behaviors among high school adolescents in Tehran. *J Fam Res.* 2008;**4**(13):87–100.
3. Carr Gregg MR, Enderby KC, Grover SR. Risk taking behaviour of young women in Australia, screening for health risk behaviors. *Med J Australia.* 2003;**178**(12):601–4. doi: [10.5694/j.1326-5377.2003.tb05381.x](https://doi.org/10.5694/j.1326-5377.2003.tb05381.x).
4. Hertz MF, Everett Jones S, Barrios L, David-Ferdon C, Holt M. Association between bullying victimization and health risk behaviors among high school students in the United States. *J Sch Health.* 2015;**85**(12):833–42. doi: [10.1111/josh.12339](https://doi.org/10.1111/josh.12339). [PubMed: [26522172](https://pubmed.ncbi.nlm.nih.gov/26522172/)]. [PubMed Central: [PMC4721503](https://pubmed.ncbi.nlm.nih.gov/PMC4721503/)].
5. Bakhshani NM. Attention-deficit/hyperactivity disorder (ADHD) and high risk behaviors. *Int J High Risk Behav Addict.* 2013;**2**(1):1–2. doi: [10.5812/ijhrba.12817](https://doi.org/10.5812/ijhrba.12817). [PubMed: [24971263](https://pubmed.ncbi.nlm.nih.gov/24971263/)]. [PubMed Central: [PMC4070133](https://pubmed.ncbi.nlm.nih.gov/PMC4070133/)].
6. Giddens A, Sabouri M, translator. *Sociology*. Tehran: Ney Publication; 1995. 787 p.
7. Saroukhani B. *Encyclopedia of social sciences*. Tehran: Keyhan Institute Publication; 1991. p. 844–5.
8. Gutek G, Pak Seresht MJ, translator. *Philosophical schools and educational opinions*. Tehran: Samt Publication; 1997. 65 p.
9. Talebi AT, Hajilo Z. The influence of religiousness on trust (a transactional analysis of recent ten years researches in Iran). *J Historical Sociol.* 2013;**5**(1).
10. Taleban MR. *Religiousness and delinquency*. Tehran: Fajr Islam Publishing; 2001. 38 p.
11. Smith C. Theorizing religious effects among American adolescents. *J Sci Stud Religion.* 2003;**42**(1):17–30. doi: [10.1111/1468-5906.t01-i-00158](https://doi.org/10.1111/1468-5906.t01-i-00158).
12. Donahue MJ, Benson PL. Religion and the well-being of adolescents. *J Soc Issues.* 1995;**51**(2):145–60. doi: [10.1111/j.1540-4560.1995.tb01328.x](https://doi.org/10.1111/j.1540-4560.1995.tb01328.x).
13. Zuckerman P, Deyhimi K, translator. *Invitation to the sociology of religion*. Tehran: Hekmat Publications; 2005.
14. Alston. Tavakkoli Q, translator. *Religion and new perspectives*. Qom: Islamic Development; 1997.
15. Hatzenbuehler ML, Pachankis JE, Wolff J. Religious climate and health risk behaviors in sexual minority youths: A population-based study. *Am J Public Health.* 2012;**102**(4):657–63. doi: [10.2105/AJPH.2011.300517](https://doi.org/10.2105/AJPH.2011.300517). [PubMed: [22397347](https://pubmed.ncbi.nlm.nih.gov/22397347/)]. [PubMed Central: [PMC3489382](https://pubmed.ncbi.nlm.nih.gov/PMC3489382/)].
16. Decety J, Cowell JM, Lee K, Mahasneh R, Malcolm-Smith S, Selcuk B, et al. The negative association between religiousness and children's altruism across the world. *Curr Biol.* 2015;**25**(22):2951–5. doi: [10.1016/j.cub.2015.09.056](https://doi.org/10.1016/j.cub.2015.09.056). [PubMed: [26549259](https://pubmed.ncbi.nlm.nih.gov/26549259/)].
17. Lotfi M. A comparative study of religion's role in evaluation of the narrators in terms of rejal science in Imami Shiah and Sunni rejal books. *Soc Sci.* 2017;**12**(5):871–80. doi: [10.3923/sscience.2017.871.880](https://doi.org/10.3923/sscience.2017.871.880).
18. Jensen K, Vaish A, Schmidt MF. The emergence of human prosociality: Aligning with others through feelings, concerns, and norms. *Front Psychol.* 2014;**5**:822. doi: [10.3389/fpsyg.2014.00822](https://doi.org/10.3389/fpsyg.2014.00822). [PubMed: [25120521](https://pubmed.ncbi.nlm.nih.gov/25120521/)]. [PubMed Central: [PMC4114263](https://pubmed.ncbi.nlm.nih.gov/PMC4114263/)].
19. Chudek M, Henrich J. Culture-gene coevolution, norm-psychology and the emergence of human prosociality. *Trends Cogn Sci.* 2011;**15**(5):218–26. doi: [10.1016/j.tics.2011.03.003](https://doi.org/10.1016/j.tics.2011.03.003). [PubMed: [21482176](https://pubmed.ncbi.nlm.nih.gov/21482176/)].
20. House BR, Silk JB, Henrich J, Barrett HC, Scelza BA, Boyette AH, et al. Ontogeny of prosocial behavior across diverse societies. *Proc Natl Acad Sci U S A.* 2013;**110**(36):14586–91. doi: [10.1073/pnas.1221217110](https://doi.org/10.1073/pnas.1221217110). [PubMed: [23959869](https://pubmed.ncbi.nlm.nih.gov/23959869/)]. [PubMed Central: [PMC3767518](https://pubmed.ncbi.nlm.nih.gov/PMC3767518/)].
21. Aughinbaugh A, Gittleman M. Maternal employment and adolescent risky behavior, U.S. Department of Labour, Working paper 366. *Am Psychol Assoc.* 2003. doi: [10.1037/e584782011-001](https://doi.org/10.1037/e584782011-001).
22. Trepanowski JF, Bloomer RJ. The impact of religious fasting on human health. *Nutr J.* 2010;**9**:57. doi: [10.1186/1475-2891-9-57](https://doi.org/10.1186/1475-2891-9-57). [PubMed: [21092212](https://pubmed.ncbi.nlm.nih.gov/21092212/)]. [PubMed Central: [PMC2995774](https://pubmed.ncbi.nlm.nih.gov/PMC2995774/)].
23. Koenig HG, Moberg DO, Kvale JN. Religious activities and attitudes of older adults in a geriatric assessment clinic. *J Am Geriatr Soc.* 1988;**36**(4):362–74. doi: [10.1111/j.1532-5415.1988.tb02365.x](https://doi.org/10.1111/j.1532-5415.1988.tb02365.x).
24. Wallace JJ, Brown TN, Bachman JG, LaVeist TA. The influence of race and religion on abstinence from alcohol, cigarettes and marijuana among adolescents. *J Stud Alcohol.* 2003;**64**(6):843–8. [PubMed: [14743948](https://pubmed.ncbi.nlm.nih.gov/14743948/)].
25. Waite LJ, Lehrer EL. The benefits from marriage and religion in the United States: A comparative analysis. *Popul Dev Rev.* 2003;**29**(2):255–76. [PubMed: [19129930](https://pubmed.ncbi.nlm.nih.gov/19129930/)]. [PubMed Central: [PMC2614329](https://pubmed.ncbi.nlm.nih.gov/PMC2614329/)].
26. Miller L, Davies M, Greenwald S. Religiosity and substance use and abuse among adolescents in the National Comorbidity Survey. *J Am Acad Child Adolesc Psychiatry.* 2000;**39**(9):1190–7. doi: [10.1097/00004583-200009000-00020](https://doi.org/10.1097/00004583-200009000-00020). [PubMed: [10986817](https://pubmed.ncbi.nlm.nih.gov/10986817/)].
27. Stansfield R. Religion and desistance from substance use among adolescent offenders: The role of cognitive functioning. *Crim Behav Ment Health.* 2018;**28**(4):350–60. doi: [10.1002/cbm.2071](https://doi.org/10.1002/cbm.2071). [PubMed: [29498133](https://pubmed.ncbi.nlm.nih.gov/29498133/)].
28. Meier AM. Adolescents' transition to first intercourse, religiosity, and attitudes about sex. *Soc Forc.* 2003;**81**(3):1031–52.
29. Hallfors D, Waller M, Ford C, Halpern C, Brodish P, Iritani B. Adolescent depression and suicide risk association with sex and drug behavior. *Am J Preventive Med.* 2004;**27**(3):224–31. doi: [10.1016/s0749-3797\(04\)00124-2](https://doi.org/10.1016/s0749-3797(04)00124-2).
30. Jakic M, Jaric-Klinovski Z, Leko V, Jakic M. [The incidence of risk behaviours in high school students]. *Lijec Vjesn.* 2004;**126**(5-6):115–20. Croatian. [PubMed: [15628677](https://pubmed.ncbi.nlm.nih.gov/15628677/)].
31. Stueve A, O'Donnell LN. Early alcohol initiation and subsequent sexual and alcohol risk behaviors among urban youths. *Am J Public Health.* 2005;**95**(5):887–93. doi: [10.2105/AJPH.2003.026567](https://doi.org/10.2105/AJPH.2003.026567). [PubMed: [15855470](https://pubmed.ncbi.nlm.nih.gov/15855470/)]. [PubMed Central: [PMC1449273](https://pubmed.ncbi.nlm.nih.gov/PMC1449273/)].
32. Gerbi GB, Habtemariam T, Robnett V, Nganwa D, Tameru B. The association between religious affiliation and frequency of attendance at religious services on HIV risky behaviors among people living with HIV/AIDS. *J AIDS HIV Res.* 2012;**4**(5):136–43. doi: [10.5897/JAHR11.054](https://doi.org/10.5897/JAHR11.054). [PubMed: [24707442](https://pubmed.ncbi.nlm.nih.gov/24707442/)]. [PubMed Central: [PMC3975305](https://pubmed.ncbi.nlm.nih.gov/PMC3975305/)].

33. Mohammadpoorasl A, Abbasi Ghahramanloo A, Allahverdipour H, Modaresi Esfeh J. Prevalence of Hookah smoking in relation to religiosity and familial support in college students of Tabriz, northwest of Iran. *J Res Health Sci.* 2014;**14**(4):268-71. [PubMed: [25503281](#)].
34. Tabrizi R, Akbari M, Lankarani KB, Heydari ST, Masoudi A, Shams AH, et al. Relationship between religion and school students' road behavior in southern Iran. *Chin J Traumatol.* 2017;**20**(5):264-9. doi: [10.1016/j.cjtee.2016.12.001](#). [PubMed: [28330803](#)]. [PubMed Central: [PMC5831046](#)].
35. Mahdavianpanah M, Ghaderi MA. A review of the educational objectives of Western schools, National Academy of Managerial Staff of Culture and Arts Herald. *Nat Acad Manag Staff Culture Arts Herald.* 2018;**1**(1):52-4.
36. Kulayni MIY. *Kitab al-kafi. [The sufficient book]*. Tehran: Dar al-Kutub al-Islamiyah; 1987.
37. Majlesi MB. *Bihar al-anwar. [Seas of lights]*. Beirut: Dar al-Ihya al-Tarath al-Arabi; 1983.
38. Ibn Shu'ba AH, Hasan IA. *Tuhaf al-Uqul an Ali al-Rasul. [The masterpieces of the mind on the Prophet's family]*. Qom: Association of Instructors; 1984. p. 302-3.
39. Mahdavianpanah M, Lotfi SM. Examining educational Principles of pre-birth characterizing in the teachings of Imam Sadeq (AS). *Educ Psychol.* 2019;**In Press**.
40. Tusi MIH. *Al-amali. [The lectures]*. **8**. Qom: Dar al-Thaqafa Publications; 1984.