

## Sociological Study of Spiritual Health in Young Individuals with an Emphasis on Social and Cultural Capital

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### Abstract

**Background and Objectives:** Considering the importance of spiritual health as one of the significant dimensions of health, the present study aimed to investigate and identify the status of spiritual health in young people. Furthermore, this study examined the social and cultural components associated with spiritual health from a sociological perspective.

**Methods:** In the present study, young people in Shiraz, Iran, were considered the statistical population, and the sample size was determined as 600 subjects based on the Lin Table. The data were collected using a questionnaire designed according to a combination of standard and researcher-made scales through multi-stage sampling and analyzed by SPSS software (Version 21).

**Results:** Obtained results of the study showed that most (41.3%) of the respondents were at a moderate level in terms of spiritual health, and only 24% of the participants were reported with a high level. According to the findings, all the examined hypotheses were confirmed, and there was a statistically significant relationship between age, gender, marital status, cultural and social capital in all dimensions and separately in each dimension (i.e., ontological and religious health) with spiritual health ( $P=0.000$ ).

**Conclusion:** Cultural and social capital has an important role in spiritual health, as it has a significant role in other aspects of health, including general, mental, and social health. Therefore, the reinforcement and improvement of cultural and social capital lead to the promotion of spiritual health.

**Keywords:** Adolescent, Social Capital, Sociological, Spiritual Health.

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### Introduction

Human beings are always in search of greater prosperity, the most important requirements of which are certainly achieving, maintaining, and promoting health. Health is one of the major challenges of societies, and among the most important concerns are health disorders. Industrialization, urbanization, and communication are accompanied by new ways of life; however, these changes result in new challenges (1). Health is a concept related to the quality of life and has an important role in the life of an individual and society that has undergone changes to date. Although human knowledge of health and related perspectives are constantly changing and many associated

definitions have been provided, health does not only mean the absence of illness according to the World Health Organization (WHO). Health is referred to as a range of physical, mental, social, and spiritual dimensions (2).

As it is mentioned, one of the health dimensions is spiritual health. The approach that considers spirituality part of human health has been strengthened day-to-day, and it should become a part of healthcare services (3). In 1998, the WHO confirmed the inclusion of spirituality in the definition of health (4). Spiritual health can be defined as a sense of connection with others, meaning of life, and relationship with transcendent power (5) and includes psychosocial and religious components.

Religious health, as a religious component, demonstrates a relationship with the higher power (i.e., God). Ontological health is a psychosocial component that expresses an individual sense of who he/she is, what he/she does, and where he/she belongs. Religious and ontological health includes self-transcendence. Dimension of religious health leads people to connect with God, and the dimension of ontological health moves the individuals beyond themselves and toward others (6).

Most definitions of spiritual health are two-dimensional, including the religious dimension that emphasizes on the sacred entity based on religion and the ontological dimension that considers specific psychological experiences unrelated to the sacred existence (7). According to the literature, it was shown that spiritual perception is associated with a higher level of health. Based on the results of several studies, it was demonstrated that biological, mental, and social dimensions do not have desirable functions and high quality of life is not realized without spiritual health. Moreover, 96% of family physicians believe that spiritual health is an important factor in peoples' health (8).

Differentiation of spiritual health from spirituality is one of the fundamental challenges. Although there is an overlap in the definition of spiritual health and spirituality, their similar meaning and application in different texts without distinguishing between them is common and challenging (9). Moreover, to differentiate between religion and spirituality, religion is an organized system of beliefs, behaviors, rituals, and symbols designed to facilitate closeness to spiritual power (i.e., God, transcendent power, divine power, and ultimate truth/reality). In addition, spirituality is a personal search for answers to questions about life, meaning, and relation to spiritual power (10).

Importance of spiritual health in personal and social life affects all the related aspects. It is observed that spiritual health is associated with the quality of life, mental health, happiness, marital satisfaction, social anxiety, self-efficacy, risky behaviors, health- and stress-based behaviors, academic self-efficacy, social capital, hope, and depression (11-22).

Moreover, religious behaviors and spirituality help to cope with the stress related to disease and affect the enhancement of life quality (10). Spiritual health has been also influenced by various components, including marital status, gender, life satisfaction, social capital, and lifestyle (20-23,24).

However, considering the importance of people's health in all aspects, the effectiveness and impact of spiritual health in life and the essential role of young individuals in society, performing a scientific study on their spiritual health is essential for the identification of the present status and planners' use. The present article investigated the aforementioned issue from a sociological perspective with an emphasis on the types of capital in order to evaluate spiritual health as a whole and separately and examine the subject in relation to various components, particularly social and cultural capital.

## Methods

The present study was carried out using the quantitative method and survey technique and empirically investigated to test hypotheses. All young males/females within the age range of 18-29 years in Shiraz, Iran, were considered the statistical population of this study. The sample size is usually calculated based on the statistical population structure and distribution and was determined as 600 subjects according to the Lin Table and 4% error.

The multi-stage stratified method was used in the present study. Firstly, a suitable sample was assigned based on the sample size of the eleven districts of Shiraz. Then, several numbers were randomly selected from all blocks of the city, and finally in selected blocks, the questionnaires were randomly collected with regard to the number of the houses in that block.

It should be noted that the interviewers were provided with the electronic version of the questionnaire, and the process of data collection took two months. The sample size was 600 cases according to the Lin Table and 4% error. The required data collection tool was a questionnaire, including a combination of standard scales (i.e., spiritual health scale) and

a researcher-made questionnaire (i.e., social and cultural capital).

Spiritual health was measured using the standard 20-item scale by Polotzin and Allison that evaluates two dimensions of religious and on to logical health (each one with 10 items) with Cronbach's alpha coefficient of 0.82 and face validity. Social capital based on 20 items in three dimensions of social participation, trust, and social interaction network was calculated with Cronbach's alpha coefficient higher than 0.7 and face validity (25).

In addition, a health-related cultural capital was assessed using a 13-item scale with Cronbach's alpha coefficient of 0.86 and content validity used in numerous previous studies (26). Overall, the questionnaire was utilized in the present study with Cronbach's alpha coefficient of 0.73 and face validity, and the collected data were analyzed by SPSS software (Version 21).

## Result

Description of the survey data showed that most of the respondents were within the age range of 20-24 years equal to 43.6%. Furthermore, the majority of surveyed young people were male (62.5%) and single (55.2%). Moreover, the married respondents had no children in most of the cases. In terms of education, the majority of the studied subjects had a diploma and an associate's degree, and the least frequency was assigned to a PhD degree (Table 1).

Table 1. Description of the frequency and percentage of respondents' demographic variables

Sample characteristics		Frequency	Percentage
Gender	Female	225	37.5
	Male	375	62.5
Education	Tips and lower	59	9.9
	High school and diploma	199	33.2
	Associate's degree	134	22.3
	Bachelor's degree	121	20.2
	Master's degree	64	10.7
	PhD	23	3.8
Age	19 years and younger	84	14
	20 to 24 years	262	43.6
	25 to 29 years	254	42.4
Marital status	Single	331	55.2
	Married	231	38.5
	Divorced	38	6.3

In terms of spiritual health measured as a whole and separately, it was observed that most of the studied young subjects had moderate spiritual health. In addition, the separate evaluation of spiritual health dimensions, which included both religious and ontological dimensions, demonstrated that in religious dimension, there was a similar status to overall spiritual health. In this regard, most of the respondents had an average score. However, in ontological dimension, the majority of the respondents had low scores of ontological health (Table 2).

Table 2. Distribution of respondents' percentage according to spiritual health

Total spiritual health	Low	Average	High
Ontological dimension	42.8	36.8	20.3
Religious dimension	27.3	46.3	26.3
Total spiritual health	34.7	41.3	24.0

Inferential findings of the study showed that all the examined hypotheses were corroborated, and there was a significant difference between gender and marital status with total spiritual health. In this regard, females in comparison to males and married cases in comparison to single subjects had higher levels of spiritual health (Tables 3).

Table 3. Test of the difference in spiritual health according to gender and marital status

Variable	Mean	Standard deviation	T or F	P-value
Female	225	3.39	13.08	0.000
Male	375	2.32		
Single	331	2.50	30.85	0.000
Married	231	3.13		
Divorced	38	2.19		

Moreover, there was a significant relationship between the age and educational level with spiritual health in total and in ontological and religious dimensions. In this regard, with increasing the age and educational level, spiritual health increased in both dimensions. Considering that the main assumption of the present study was the relationship between cultural and social capital with spiritual health, in inferential section and after testing the hypotheses, it was observed that there was a correlation between cultural and social capital with spiritual health (i.e., total spiritual health, as well as ontological and religious dimensions). In addition, the

investigated hypotheses were corroborated in the present study.

Therefore, subjects with greater social and cultural capital had higher spiritual health in total and in particular religious and ontological dimensions (Table 4). It should be noted that the correlation between social capital and spiritual health, among the important findings of the present study, is true in all the aspects of social capital (i.e., social participation, trust, and social interaction network).

Table 4. Correlation coefficient between spiritual health and social and cultural capital

Independent variable	Dependent variable	Social capital	Cultural capital	Age	Education
Spiritual health	Correlation coefficient	0.816	0.845	0.379	0.537
	P-value	0.000	0.000	0.000	0.000

## Discussion

Health is an important asset that every person throughout his/her life strives to maintain and promote and the most important determinant of the quality and quantity of individuals' life. Spiritual health, as one of the aspects of health, along with other aspects, such as general, mental, and social health, has great importance and plays a significant role in human life.

Considering the place of spiritual health in global health issues, the present study also expressed it from a sociological perspective. In this regard, social and cultural capital was considered important cultural and social components to investigate their relationship with health. To this end, the spiritual health status of the young subjects was firstly examined both in total and separately in ontological and religious dimensions.

Then, the variables related to spiritual health were investigated in this study. Obtained results of the study indicated that spiritual health and its religious dimension were reported at moderate levels in most of the respondents. However, the majority of the cases were observed with poor status in the ontological dimension of spiritual health.

In addition, in numerous studies, including those conducted by Poraboli, Tajvidi, Masoudi Asl, and Mostafaizadeh et al., the same findings were observed indicative of the respondents' moderate level of spiritual health

(11,14,27,28). However, Zarei et al. noticed that most of the studied pregnant women had high levels of spiritual health (16).

Among other results is the relationship between age and spiritual health that is statistically significant in both dimensions. In this regard, spiritual health also enhances with increasing age. This finding was in line with the results of several studies, such as those performed by Khalili and Tavan et al. (23-29). Nevertheless, Rahimi, Farahani, Ziaghani Mohammadi, McCubery, Wink, Dillon, and Naqibi et al., observed no significant relationship between age and spiritual health (28-33).

Moreover, education correlated significantly with spiritual health; in this regard, spiritual health increased with education. It should be explained that since people with higher levels of education were older; therefore, the relationship between education and spiritual health with age control was also calculated. Despite a slight decrease in relationship severity (0.424), this relationship remained meaningful at 99% level.

A review of the related studies showed similar findings as in studies by Masoud Asl and Khalili et al. (27,23); however, Zeighami Mohammadi, McCubery, Wink et al. (32-34) reported the contradictory results. Another hypothesis tested in the present study was the relationship between gender and spiritual health that was confirmed, and women had higher levels of health than those of men. This finding was in line with the results of studies by Safari Rad, Masoudi Asl, Salehi, Rahimi et al. (12,25,34,28); nonetheless, it contradicts with the findings of studies by Mozaffari Nia, Tavan, Zeighami Mohammadi, and Naqibi et al. (13,30,31,33).

Regarding the relationship of marital status with spiritual health, there was a significant difference, as married people had higher levels of spiritual health than single individuals. Univariate analysis of variance was used for this hypothesis to adjust the variable of age in relation to marital status and spiritual health that indicated a significant relationship between being married and spiritual health despite age control. Moreover, these findings



were in line with the results of studies by Taheri and MozaffariNia et al. (9,13).

Despite corroborating the relationship between being married and mental health, Tavan observed that single cases had higher levels of mental health than married subjects (29). Furthermore, the findings of Naghibi in this regard were inconsistent with the results of the present study (35).

Among other hypotheses examined in the present study was the relationship between cultural and social capital in the dimensions of social participation, trust, and social interaction with spiritual health (i.e., in total and separately). The findings showed that there was a statistically significant relationship among these variables in all dimensions. As cultural and social capital increased, spiritual health enhanced, and conversely the enhancement of spiritual health increased cultural and social capital.

Since in studies carried out to date, the relationship between capital and spiritual health has not been investigated by the researchers and considering spiritual health as one of the dimensions of health, in this section, studies were considered that assessed the relationship between capital and health (in other dimensions). Given this, it was observed that the relationship between capitals, especially social and cultural capital with health (i.e., general, mental, and social health) has been noticed in multiple studies.

In studies carried out by Safari and Shayeste, as well as Feqhi Farahmand et al., a significant relationship was shown between social capital in all dimensions with the social health of young individuals (24-37). Moreover, in studies conducted by Ericsson, Gilbert, Bagheri, Soltani, and Kamran et al., the relationship between social capital and mental health was statistically significant (38-42). Saberifar and Bahrami et al. in their studies observed that only several aspects of social capital had a statistically significant relationship with general health (43,44).

In addition, the relationship between cultural capital with general and mental health was confirmed in studies carried out by Rostami, Koohi, Abbaszadeh, Kuchani, and Ghaderi et

al. (26,45-48). At the end, it can be concluded that generally, the main finding of the present study regarding the relationship between social and cultural capital with spiritual health as one of the health dimensions, is consistent with the results of most studies in this regard.

## Conclusion

Along with the development of social attitudes toward health, new concepts, such as social and cultural capital, were introduced to this domain. A review of previous studies showed that among the types of capital, the impact of social capital on health and related behaviors has been greater than other types of capital. However, cultural capital was also an important variable in explaining health.

Nevertheless, despite the role of different types of capital in health (i.e., mental, general, and social dimensions), no study has examined the relationship between social and cultural capital with spiritual health up to now. Moreover, it can be said that the most important achievement of the present study was the consideration of these variables together and examination of the relationship among them. According to the results of the present study, spiritual health has also been strengthened through the enhancement of social and cultural capital.

In the discussion on social capital, it was observed that a combination of trust, social participation, and social interaction network places individuals in a more desirable condition in terms of spiritual health. Therefore, it is a necessity to promote social and cultural capital indicators as valuable resources for the improvement of the spiritual health of young people by officials, planners, and policymakers. In this regard, it seems that building, preserving, and enhancing trust, as well as providing a suitable environment for the social participation of young people, and making more efforts for the cultural capital of young individuals, are effective steps toward strengthening the capital and subsequently spiritual health.

Among other suggestions of this study were the implementation of a participatory managerial approach in governmental

institutions, prevention of society polarization through making discriminatory decisions, removal of structural tensions, application of a participatory model (e.g., in urban renewal, worn-out texture reconstruction, and urban open-space design) to enhance civil life at all levels of society, concentration of attention to popular views, and increase of public satisfaction. Finally, it is recommended to perform scientific and specialized studies in the domain of spiritual health considering sociocultural components.

### Conflict of interest

Names and arrangements of the authors in the present article are in accordance with the scientific committee of the dissertation. Moreover, the authors declare that there is no conflict of interest.

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