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Research Paper

Study of the Relationship Between Core Discussion Network and Demographic Factors With the Spiritual Health of Young and Middle-aged Men and Women

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ABSTRACT

Background and Objectives: One of the characteristics of a healthy person is having a good level of spiritual health that can be influenced by different factors. The present study aimed to describe the spiritual health of young and middle-aged men and women and to examine the relationship between the core discussion network and some demographic variables with spiritual health.

Methods: The present study was performed using the survey method, in which 400 men and women aged 18-65 years living in Shiraz were selected as a statistical sample by multi-stage random sampling. The research tool was a questionnaire that included three sections: demographic questions, questions related to the core discussion network, and questions related to spiritual health. The questioning process lasted a month and a half and the data were analyzed using mean and percentage statistics and independent t-test, one-way analysis of variance, and linear regression.

Results: The spiritual health of most respondents was moderate. The highest number of ties of respondents was in the group of friends and Indoor people. Inferential tests showed that the level of the spiritual health of women, middle-aged people, married people, and people who considered themselves to belong to the upper class of society was higher than others. The core discussion network significantly predicted spiritual health in two dimensions: Indoor people and close family members.

Conclusion: All people aged 18-65 years had a level of spiritual health, but due to its important role in particular and its impact on other aspects of health, efforts should be made to increase this level. Some demographic factors as well as the core discussion network can increase this level. Therefore, efforts should be made to increase the strength of social ties.

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Introduction

Throughout history, one of the most important human concerns has been health, and regardless of the different definitions of health in each age and among each nation and group, this concept itself is considered as one of the key and important concepts in human life. There are several definitions of health. The World Health Organization first defined health as "the optimal state of physical, mental, and social well-being, not merely the absence of disease and disability" [1], and in 1997 added the dimension of spiritual health [2]. Since then, the spiritual dimension has been added to some researchers' definitions of health. For example, Svalastog et al. point out that health in the modern age is "a state that enables a person to function well physically, mentally, socially and spiritually so that he can manifest all its potential force in the environment, in which he or she lives" [3]. However, spiritual health has received less attention from researchers than other dimensions of health. One of the reasons for this is the difficulty of consensus on defining the unit and measuring it [4].

Over the years, various efforts have been made to define and determine the dimensions and indicators of spiritual health. Some scholars have defined spiritual health in terms of existential dimensions and some have defined spiritual health in terms of religious dimensions. Existential spiritual health refers to one's relationship with others, environment, and within himself, and religious-spiritual health refers to one' relationship with God and infinite power [5]. Solhi et al. by providing a comprehensive definition of spiritual health point to a kind of satisfactory inner feeling and belief along with constructive relationships with self, others, a power beyond or God in the specific cultural context of each society that leads to make life and death meaningful [6]. The group of the spiritual health of the Academy of Medical Sciences of the Islamic Republic of Iran, after discussion and exchange of views, has agreed on the definition of spiritual health. "Spiritual health was introduced as a state with various levels, in which the insights, tendencies, and abilities necessary for the transcendence of the soul, which is the closeness to the Almighty God, are provided under one's capacities and capabilities so that all internal possibilities are used in a harmonious and balanced way towards the general goal, and voluntary internal and external behaviors concerning God, the individual, society, and nature emerge" [7].

A review of studies in this field shows that most of the studies have examined spiritual health concerning one of the specific groups of society, such as patients [8], nurses [9], and the elderly [10].

With another division, it can be said that most studies have examined the effect of spiritual health on other variables and their results have shown that spiritual health may affect the quality of life [11], physical health [12], mental health [13], health-promoting lifestyle [14], and sexual satisfaction [15]. But what factors can increase the level of spiritual health in a community? Studies on the factors affecting spiritual health are more limited than studies on the effect of spiritual health on other variables. Bryant's study shows that gender is an effective factor in making a difference in the level of the spiritual health of individuals and some dimensions of spiritual health are higher in women and men [16]. Ashori et al. showed that spiritual intelligence, inner religious orientation, and optimism can predict the level of spiritual health [17]. Seyedfatemi et al. showed that the attitude to prayer is related to the level of the spiritual health of patients [18]. Mishra et al. indicated that the spiritual and religious inclinations of family and friends, motivation for life, and daily religious practices are factors affecting the level of the spiritual health of individuals [19]. Alborzi et al. showed that social and cultural capital has an important role in the spiritual health of individuals [20]. Zhang et al. showed that the level of disease acceptance and the type of family functioning can play a predictive role in the patients' level of spiritual health [21].

One of the important social determinants of health is the social network of individuals. The concept of network emphasizes the fact that each person has a series of communication nodes with other people; with people, each of whom is in turn tied to a small, medium, or a large number of others [22]. People establish social relationships to meet their needs in the form of social life, and these relationships and connections put them in a network of relatives and non-relatives in various ways. Currently, few studies have specifically addressed the social network of individuals.

More important than the social network of individuals, is the Core Discussion Network (CDN). The CDN consists mainly of people with whom the individual shares important issues, receive support, and are in constant contact [23]. This group, due to the many, close, and intimate relationships that they have with the person, have the most important effects on him and therefore, can have relationships with spiritual health. The present study seeks to reach different groups of society and

describe their level of spiritual health. Therefore, in the first step, we studied and described the spiritual health of young and middle-aged men and women in Shiraz, and then in the next step, we examined the relationship between the CDN and some demographic variables with spiritual health.

Methods

The present study is based on a quantitative approach and uses a survey method. The statistical population in this study was men and women aged 18-65 years in Shiraz, which according to the 2016 census, this number is 1304884 people. The sample size was 400 people based on the Lin table [24] with an error coefficient of 5%.

Inclusion criteria included being in the age range of 18-65 years, living in Shiraz, responsive complete satisfaction of cooperation, and exclusion criteria were being under 18 and over 65 years and travelers from other cities and countries. The sampling method was multistage random sampling, during which the city of Shiraz was first divided into 11 districts. Then, each district was divided into several urban blocks and the respondents were randomly selected according to the number of households in each block. Some may have been filled through the doors, and the rest due to the spread of the virus and the refusal of people to come to the door, were filled in other places where people were available in the urban block, and in terms of age and gender in the sampling framework. It is worth noting that the questionnaires were designed electronically and the questioner sent the answers by asking questions. The questioning process took a total of a month and a half.

The questionnaire questions had three parts. Demographic questions (including age, gender, marital status, level of education, occupation, place of residence (village, city, and provincial center), and class feeling), questions related to the CDN, and spiritual health questions. The collected data were analyzed using SPSS software version 22. Mean and percentage statistics were used for descriptive analysis of data and independent sample t-test, one-way analysis of variance, and linear regression were used for inferential analysis.

Research tools

Core Discussion Network (CDN)

Questions about network size, posed by Rainie and Wellman, were used to measure the CDN. A similar sample is also provided by Blau [25]. Respondents were first asked to recall all the people with whom they could receive support over the past year, with whom they were in constant contact, and with whom they could share their concerns. They were then asked to indicate the number of people they were considering based on the eight groups. Groups are: 1) Indoor people (people with whom the person lives in the same house), 2) Close family members, such as parents and siblings with whom the person does not live in the same house, 3) Other Relatives, 4) Friends, 5) Colleagues, 6) Neighbors, 7) People that one knows in religious communities, 8) Online friends (It was explained to the respondents that it means friends with whom the person only meets and communicates online, and 9) Others. The number of people in each group was added to get the size of the CDN for each person.

Index of spiritual well-being

This index was presented in 2004 by Dalman and Frey to measure spirituality in health studies [26]. The questions on this scale, refer to religious well-being and existential well-being. Respondents answered 12 questions and the questions were ranked based on the Likert scale: 1=strongly disagree, 2- disagree, 3=no comment, 4-agree, and 5=strongly agree, and its reliability in the present study using Cronbach's alpha coefficient was 0.95 and its face and construct validity was also approved.

Results

In this study, 400 respondents were almost equally female (50%), male (50%), young (49.8%), and middle-aged (50.2%). The majority of respondents had associate or bachelor's degrees (44.5%) and in the next rank, the majority of respondents had secondary education or diploma (37.3%). Although the results showed that the majority of respondents were married (51%), a closer look showed that in the age range of 18-32 years, only 23% of young people were married and in the age range of 32-65 years, 78.5% of middle-aged people were married and 7.5% have had a marriage before. However, in the age range of 18-32 years, the percentage of single girls was less than men, but in the age range of 32-65 years, they have a higher percentage than men. Most of the respondents have lived most of their lives in the center of the province (85%) and the majority of them consider themselves to belong to the middle class (64.5%).

The survey of the respondents' CDN showed that the highest number of social connections were in the group of friends (M=1.92), followed by indoor people (M=1.81), close family members (M=1.57), and other relatives (M=1.17) and the lowest number of links was in

Table 1. Description of the percentage of the spiritual health of the respondents by generation and gender

Generation	Spiritual Health	Gender (%)		Total (%)
		Female	Male	
Young	Low	14.6	26.0	20.1
	Medium	65	59.4	62.3
	Much	20.4	14.6	17.6
Middle-aged	Low	7.2	12.5	10
	Medium	79.4	76	77.6
	Much	13.4	11.5	12.4

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the group of acquaintances that a person has in religious communities (M=0.22), groups of colleagues (M=0.65), online friends (M=0.65), and neighbors (M=0.23).

Table 1 shows the percentage of the spiritual health of respondents by generation and gender. Findings showed that the spiritual health of most young (62.3%) and middle-aged (77.6%) respondents in this study was moderate. Women's level of spiritual health was higher than men's, and this gender difference was more among young people than middle-aged.

As can be seen in Table 2, there was a significant difference between the spiritual health of young people and middle-aged people (t=-2.675; P=0.008), women and men (t=8.602; P=0.024), married and single (t=4.874; P=0.008) and the spiritual health of people who consider themselves to belong to the upper, middle and lower social classes (t=30,919; P<0.001). In describing these relationships, it can be said that the spiritual health of middle-aged people (M=47.09), women (M=46.90), married people (M=47.21), and people belonging to the upper class (M=48.30), respectively, was more than the spiritual health of young people (M=44.43), men (M=44.64), single people (M=44.04) and people who consider themselves to belong to the lower classes (M=36.77). Findings also showed that the length of stay of people in the village, city, or center of the province cannot make a significant difference in the level of spiritual health (t=0.538; P=0.584).

Table 3 shows the linear regression analysis of education, size, and diversity of the CDN with spiritual health. According to the significant t-values obtained, it can be concluded that education (t=2.931; P<0.01), number of indoor people (t=2.976; P<0.01), and number of close family members (t=3.004; P<0.01) predicted the spiritual health of young and middle-aged men and women in Shiraz City. Beta values are also significant.

Table 2. Test of spiritual health differences in terms of demographic variables

Variables		Mean±SD	t/F	P
Age	Young	44.43±11.72	-2.68	0.008
	Middle-aged	47.09±7.80		
Sex	Female	46.90±8.87	8.60	0.024
	Man	44.64±10.97		
Marital status	Single	44.04±11.61	4.874	0.008
	Married	47.21±8.18		
	Unmarried (divorced or widowed)	46.42±10.03		
Length of stay	Village	48.33±1.52	0.54	0.584
	City	44.60±10.33		
	Center of the province	45.94±10.01		
Social classe	Down	36.77±12.10	30.92	0.0001
	Medium	46.88±9.17		
	Top	48.30±7.70		

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Table 3. Predicting the effects of education and Core Discussion Network variables on spiritual health

Predictive Variables		Standardized Coefficients (β)	t	P
Education		0.15	2.93	0.004
Core Discussion Network size	Indoor people	0.15	2.98	0.003
	Close family members	0.15	3.004	0.003
	Other relatives	0.07	1.44	0.151
	Friends	0.06	1.19	0.233
	Colleagues	0.05	0.95	0.342
	Neighbors	0.04	0.87	0.387
	Religious communities	0.07	1.39	0.164
	Online friends	0.06	1.17	0.244
	Others	-0.02	-0.43	0.668
Network diversity		0.04	0.86	0.389

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Discussion

Spiritual health is one of the most important aspects of health that also affects mental, physical, and social health. The view of spiritual health is more functional and studies seek to measure its functions rather than trying to find ways to increase the level of spiritual health. One of the most important factors affecting spiritual health is social factors.

This study aimed to study the spiritual health of young and middle-aged men and women in Shiraz and to find the determinants of spiritual health with a sociological approach. Therefore, some demographic determinants, such as age, gender, marital status, length of residence, and class feeling, and one of the important social determinants, namely the CDN, were analyzed as factors related to spiritual health.

The findings of this study showed that the spiritual health of women is higher than men. This finding may be due to differences between men and women in the type of socialization, feelings and emotions, personal motivations, and even their biology [27]. The level of the spiritual health of middle-aged respondents is higher than that of young people. People are expected to experience a lower sense of emptiness and aimlessness as they get older, they also can better cope with difficulties and hardships, and better understand their relationship with the world and where they came from, and where they are going. The reason for this is that as a person gets older, the stages of his life and inner personality become more stable; for example, a person finishes his education and gets a job, or gets married and forms a life. This is why it was observed that married people had the highest level of spiritual health and even the level of the spiritual health of single people (divorced or widowed) was higher than single people and also with increasing level of education, the level of spiritual health increases. Education, especially university education, may not necessarily increase the level of religious spirituality (understanding the relationship with the universe and understanding the purpose of life), but it is closely related to their existential spirituality (sense of purpose and power to face life problems). The findings of previous studies also confirm the relationship between demographic variables and spiritual health. Farshadnia et al. in a study on students of the University of Medical Sciences found that the level of the spiritual health of female students and married students was higher than others [28]. Jafari and Shahroudi found that the level of the existential and religious-spiritual health of girls was higher than boys [29]. Alborzi et al. in a study on the spiritual health of young people aged 18-29 found that with increasing age and education, the level of spiritual health also increases [20]. Tavan et al. also in a study on nursing students found that age has a significant and direct relationship with spiritual health [30]. However, other studies have not shown a significant relationship between demographic variables and spiritual health [31].

The length of time people lived in the village, city, and center of the province was not associated with an increase or decrease in spiritual health. The increase of communication technologies has caused the differences between living in rural, urban, and provincial centers to be reduced, and basically, living space is not a very effective factor in creating differences in people. If there are differences, it is because of other different variables that life brings to different places and cities. For example, in each city, people can feel a different class. Class feeling means the individual's sense of belonging to one of the upper to lower social classes of society. In this study, most people considered themselves members of the middle class. The more we go from the upper classes to the lower classes, the level of spiritual health decreases significantly.

Respondents' CDN had the most connections in the group of friends, indoor family members, close family members, and other relatives, respectively. However, it is only the number of connections in the group of Indoor people and close family members that can relate to the level of the spiritual health of individuals. As the number of close and intimate relationships increases in these two groups, so do the indicators of spiritual health. These two groups are the first and second links of the individual's communication and both consist of the closest members of the individual's family. Similar studies have shown that the closest ties of individuals are in the family group [32].

Iran is a country that has historically attached great importance to the family. Azad Armaki et al. conducted a study on 383 families in Tehran and examined three people from each family from three generations to find out how the social and cultural changes of Tehran families have been over the generations. The results showed that despite the structural and functional changes of the family in recent years, it is still the family that is playing the role of the most important and effective social institution [33]. Another important point about the CDN is that the level of the spiritual health of individuals does not change with the placement of links between individuals in different groups. In other words, people with close ties to diverse groups do not necessarily have lower or higher spiritual health than others. Connecting with groups, such as relatives, friends, colleagues, neighbors, and online friends cannot increase or decrease a person's relationship with the world and where he or she comes from and where he or she is going, his or her understanding of the meaning of life, sense of purpose and power to deal with problems. It cannot be effective for a person to try to pursue his close and intimate social relationships in various groups to achieve a purposeful and meaningful life.

To justify these findings, it should be said that the decrease in kinship and neighborhood relations and the increase in individualism in recent decades is a very effective factor in making these groups less known as important, supportive, and influential groups of the CDN and therefore, have less impact on the level of the spiritual health of individuals. Bastani et al. in their study examined the social capital of the citizens' network. Their results showed that although neighbors are next to friends and relatives in the respondents' social network, people have no dependence on their neighbors [34]. Another study showed that the largest group of individuals in the family network, and distant relatives and virtual friends make up the smallest part of the network [35]. Although friends are a large part of the CDN, because the kind of support they provide is more instrumental support, they are less able to help the person to have a better understanding and meaning of life and to better regulate their relationship with the world and God. Therefore, they do not have a significant effect on the level of the spiritual health of individuals.

Conclusion

A review of the studies showed that most of the studies in the field of spiritual health have been done on specific sections of the society, such as medical staff, patients, and students, and fewer studies have been done on young and middle-aged men and women in all sections, groups of the community. The findings of this study showed that the level of the spiritual health of young people and single people is lower than others. A high percentage of young people in the sample were also single; thus, it seems that efforts should be made to reduce the age of marriage in Shiraz City. Also, due to the significant difference in the level of the spiritual health of women and men, it should be examined by designing qualitative studies on what mentality men have about the issue of spirituality and spiritual health.

Our findings showed that the young and middle-aged people of Shiraz increase their spiritual health by communicating, expressing issues, and receiving support from those connections of the core discussion network with whom they live at home or are close members of their family. Therefore, it is suggested that studies with a qualitative approach be done to understand the close and intimate relationships of individuals with their first-degree relatives to explore and understand the concept of spiritual support in this category of communication, and also to examine what kind of support do individuals receive from other links in the core discussion network,

and what mentality and experience do people have about their relationship with them?

Ethical Considerations

Compliance with ethical guidelines

Ethical satisfaction was received from the respondents and they were assured that the information obtained from them would be analyzed without mentioning their names and personal details. The proposal of this research was approved by the Ethics Committee of Shiraz University of Medical Sciences (Code: IR.SUMS.REC.1400.068).

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Authors' contributions

Conceptualization and Supervision: Majid Movahed; Methodology: All authors; Data collection: Maryam Hashempor-Sadeghian; Data analysis: Maryam Hashempor-Sadeghian, Majid Movahed, Farhad Fatehi; Original draft: Maryam Hashempour-Sadeghian; Review & Editing: All authors.

Conflict of interest

The authors state that there are no conflict of interests.

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