




Research Paper

The Correlation Between Health Literacy and Spiritual Health in Young People in Shiraz City, Iran



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ABSTRACT

Background and Objectives: One of the dimensions of health in a holistic approach is spiritual health, which affects other dimensions of health and has been emphasized more in recent years than in the past. On the other hand, health literacy has been proposed as a necessity to identify health determinants and use information resources regarding health promotion. Considering the importance of spiritual health and the role of health literacy in maintaining and improving the health of individuals and society, this study was designed and implemented to investigate health literacy, spiritual health, and the relationship between the two among the youth population in Shiraz City, Iran.

Methods: The present study was conducted using the cross-sectional analytical method. For this purpose, 400 men and women aged 15 to 29 years living in Shiraz City in 2022 were surveyed through random cluster sampling. The research tools included the Iranian health literacy questionnaire (IHLQ) and the spiritual health questions from the lifestyle questionnaire. The questioning process lasted for two months, and the data were analyzed using mean comparison statistics and linear regression analysis ($P < 0.005$).

Results: Health literacy had a direct and significant relationship with the level of spiritual health. As the level of health literacy among individuals increased, so did their level of spiritual health ($P < 0.005$). Age, gender, marriage, and education had no significant effect on spiritual health.

Conclusion: Based on the research results regarding the relationship between health literacy and spiritual health, as well as the importance of spiritual health as one of the dimensions of overall health, it seems necessary to consider and promote health literacy. This promotion requires the efforts of educational institutions and the media.

Keywords:

Spiritual health, Health literacy, Youth, Shiraz city

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Introduction

The concept of literacy includes various dimensions, with health literacy being one of the most crucial. Health literacy means accessing, understanding and using health information [1]. Today, people with high health literacy have better health and well-being, while people with low health literacy tend to engage in more risky behaviors [2]. Recently, this expanded concept includes aspects, such as reading, communicating with health professionals, and understanding instructions [3]. The need for health literacy among patients has become increasingly important in modern society, as healthcare has become very complicated [4]. People with limited health literacy experience worse health outcomes [5].

The World Health Organization (WHO) has defined health as “the optimal state of physical, mental, and social well-being and not merely the absence of disease and disability” [6]. Spiritual health gives people the ability to cope with the pressures caused by the anxieties of modern society [7]. It also changes the person’s attitude toward life problems and increases the person’s ability to face these challenges [8]. As the social, physical, and psychological dimensions of a person affect his/her health, the mental and spiritual dimensions are also related to these aspects and affect them [9, 10]. Imam Khomeini (may Allah be pleased with him) considers spirituality to encompass actions that create intense passion and attraction in humans, which are both correct and logical at the same time [11]. Hungelman et al. identified spiritual health and considered it as a sense of connectedness and harmony that can be attainable through a growth process, leading to the meaning of life [12].

Spiritual health has three dimensions. The cognitive dimension involves having specialized knowledge. The next dimension is emotions, which include feelings of calmness, hope, and positive emotions. The final dimension, action, refers to how a person expresses their inner spiritual beliefs to the outside world [13]. Ultimately, spiritual health means having a sense of acceptance, positive feelings, cognitive harmony, and a dynamic process between the self and others [14]. Faith and spirituality play a crucial role in people’s understanding of their place in the world and the decisions they make for themselves and their society [15]. Also, a person’s spiritual or religious resources are useful factors in improving the quality of life, control, and other aspects [16, 17]. Spirituality consists of a set of beliefs, laws, and values related to the sublime that develop within a society [18].

Spiritual health and spirituality are not the same. Swinton describes spiritual experience as a set of personal values and beliefs of an individual [19]. Also, Culliford considers spiritual experience to encompass the religious values and attitudes of a person, which lead to religious practices and supernatural beliefs [20].

In recent years, attention to spiritual health has been increasing. A definition from the perspective of Islam considers spiritual health to have different levels, providing the necessary capabilities for the exaltation of the soul, which is the closeness to Almighty God through the individual’s capacities [19]. Asadzandi also refers to spiritual health in the Qur’an and considers it to possess common sense [7]. A review of previous studies shows the relationship between spiritual health and individual coping with job stress [21] and employee job satisfaction [22]. Also, research has indicated that spiritual health is affected by general health and health literacy [23, 24]. The effect of high self-esteem and satisfaction with life [25] among the elderly [26] has also been significant.

Spiritual health is endangered today; with the development of societies, spirituality and spiritual health across all ages, especially among youth, have become crucial matters that require attention [27, 28]. Considering the importance of spiritual health as a critical pillar of human health on the one hand and the need to pay attention to the health literacy of society on the other hand, this study was conducted to investigate the relationship between health literacy and spiritual health among young people living in Shiraz City.

Methods

The current research is an analytical cross-sectional study that was conducted in 2022. The statistical population of the study included young men and women aged 15 to 29 years living in Shiraz City, with a total of 463,507 individuals according to demographic data from the latest census. The sample size was calculated to be 383.84 people based on Cochran’s formula with a 5% error rate, which was rounded up to 400 individuals to enhance the accuracy of the results. The inclusion criteria included people between the ages of 15 and 29 years, residing in Shiraz City and the respondent’s full consent for participation and cooperation. The exclusion criteria included individuals who did not wish to cooperate or who withdrew from the study during its course. To collect data, Shiraz City was divided into 11 districts based on municipal districts. Then, based on cluster sampling, these areas were marked on the map and each was divided into neighborhoods. For zoning and speci-

fying the boundaries of Shiraz municipality, the table of population index estimates by regions was used. In the next step, each neighborhood was divided into blocks. The interviewers were stationed at the beginning of each block and collected information. If individuals did not complete the questionnaire or did not answer the questions completely, other eligible individuals were invited in their place to ensure that the number of participants reached the predetermined total. The questioning process lasted two months. The questionnaires were completed through self-reporting by the youth after they received explanations about the questions. The collected data were analyzed using SPSS software, version 22. To describe the data, mean and percentage statistics were used, and for inferential analysis, a multivariate regression test ($P < 0.005$) was conducted.

Research tools

The research tools were three questionnaires. To collect demographic information, a researcher-made questionnaire was provided to the respondents, including age, gender, marital status, education, spouse's education, and parents' education. The health literacy for Iranian adults (HELIA) was used to measure the health literacy of the participants, and questions related to spiritual health in the lifestyle questionnaire (LSQ) were used to check the spiritual health status of individuals.

Health literacy questionnaire for Iranian adults (HELIA)

The HELIA was used to measure the health literacy of the respondents. This questionnaire, designed by Dehghankar et al. [29], includes 33 items that examine the dimensions of health literacy, including reading, access, comprehension, evaluation, decision-making and behavior. The reading dimension is scored on a scale from quite easy to quite difficult, and other dimensions are scored on a scale from always to not at all. A 5-point Likert scale is used in this questionnaire, with the following values: Always=5, most of the time=4, sometimes=3, rarely=2, and never=1. The range of scores for this variable is between 33 and 165. The Cronbach's α was used to check the reliability of the questionnaire, which was > 0.7 ; therefore, the items used had internal consistency. The validity of the questionnaire has been checked and confirmed. For this purpose, the questionnaire was reviewed and approved by relevant experts [30].

Lifestyle questionnaire (LSQ)

Laali et al. designed and compiled the LSQ [30]. This questionnaire is evaluated on a range from never to always and consists of 10 dimensions, one of which is spiritual health. The spiritual health component of the questionnaire includes six items. Heydari and Khosravi [31] used the LSQ in their study and evaluated it at an acceptable level of significance, achieving a reliability score > 0.7 . Additionally, in the study on lifestyle and the development of the social identity approach, Abasi et al. [14] assessed this questionnaire, confirming its high validity and reliability. Therefore, it can be concluded that the items used demonstrated internal consistency.

Results

The respondents of this study included 400 young people from Shiraz City (Table 1). The respondents' mean age was 23.34 years. Their maximum age was 29 years and their minimum age was 18 years. The gender distribution of the respondents was equal, with 50% women and 50% men; in other words, 200 women and 200 men participated in this study.

Pearson's correlation coefficient confirmed a positive and significant correlation between spiritual health and health literacy with 99% confidence and at a significance level of 0.01 (Table 2).

Based on the regression results (Table 3), it can be concluded that the health literacy among other variables, including age, gender, and education level, was the most powerful predictor of spiritual health ($P = 0.001$). With the increase in health literacy, spiritual health also increased.

Discussion

The present study was conducted to investigate the relationship between health literacy and the spiritual health of young people in Shiraz City. Health literacy was measured as a crucial factor related to spiritual health. This study showed a positive and significant relationship between health literacy and spiritual health. Also, the results showed no significant relationship between the demographic variables of the participants, including age, gender, marital status, individual's education, parents' education, and spiritual health.

Studies conducted on spiritual health show that most research in the field of spiritual health has focused on specific groups, including health system workers [19],

Table 1. Demographic characteristics of the respondents

Variables	Sub-scale	No. (%)
Age (y)	15-19	48(12)
	20-24	207(51.7)
	25-29	145(36.3)
Gender	Male	200(50)
	Female	200(50)
Marital status	Never married	351(87.8)
	Married at least once	49(12.3)
Individual's education	Primary and secondary	41(10.3)
	Diploma and associate degree	129(32.3)
	Bachelor of arts/master of Arts (BA/MA)	217(54.3)
	PhD and above	13(3.3)
Father's education	Illiterate	14(3.5)
	Primary and secondary	150(37.5)
	Diploma and associate degree	122(30.5)
	Bachelor of arts/master of arts (BA/MA)	69(17.3)
	PhD and above	6(1.5)
Mother's education	Illiterate	14(3.5)
	Primary and secondary	131(32.8)
	Diploma and associate degree	120(30)
	Bachelor of arts/master of arts (BA/MA)	83(20.8)
	PhD and above	13(3.3)

addicts [32], elderly [33] and professors [9]. While studies related to spiritual health have paid attention to these segments of society, fewer studies have focused on the spiritual health of young people, women and men.

The results of this study showed that health literacy and spiritual health had a positive and significant relationship, indicating that the higher the health literacy of individuals, the higher their level of spiritual health. This relationship is direct, positive, and significant. These results are consistent with the results of Padehban et al. who concluded that spiritual health and health literacy are related to each other [23]. The results of this study were inconsistent with those of Zadeh Ahmed et al.

whose findings indicated no significant relationship between health literacy and spiritual health [19].

In this study, age, sex, and education of the individual and their parents did not have a significant relationship with spiritual health. The results of this study were consistent with those of Tabibi et al. [34], Bamdad et al. [32], and Mozafarinia et al. [35]. The findings of this study differed from those of Barna et al. [36], Safa and Moradi [37] and Asadzandi et al. [9] who found a positive and significant relationship between spiritual health and age, gender, and education. Spiritual health had no significant relationship with age, gender (with reference to women), marital status (with reference to having been married

Table 2. Correlation between social health and health literacy

Variables	Coefficient	P
Spiritual health	0.316**	0
Health literacy	0.316**	0

**Significance at the 0.01 level.



at least once) and education of the individual and their parents. Therefore, the only factor that has a direct and significant relationship with spiritual health is health literacy; as it increases or decreases, significant changes will also occur in the level of spiritual health [38]. Sharif Nia et al. [39] did not find a significant relationship between spiritual health and gender, age, or income in their research, and these results were consistent with the findings of Ahzar's study [40]. Khorami Markani et al. age was related to individual's level of spiritual health, which was not consistent with the results of the present study [19]. Khadem et al. found a relationship between gender and spiritual health, and this result differed from the results of the present study [40]. Amiri et al.'s study showed gender differences in spiritual health, which was different from the results of this study [41].

Khoshbakht Pishkhani et al. showed the importance of spiritual health and considered it a dynamic and critical factor in human health [42]. Also, Sayyadi et al. reported a high level of spiritual health in their study and regard it as a crucial factor in achieving a healthy lifestyle [43]. Shahbazpour et al. evaluated spiritual health at an average level and considered it a significant issue in medical care [44].

Based on the results and studies conducted in the field of spiritual health and health literacy, it is evident that research in this area has been quite limited. The results of this study showed the level of health literacy among individuals and its close and significant relationship with their spiritual health; specifically, the higher the health literacy of individuals, the higher their level of spiritual health. Therefore, measures should be taken to enhance the health literacy of the population, which, in turn, positively affects their spiritual health. The participants in this sample were youth from Shiraz City, and it is necessary to implement measures and solutions to increase their level of health literacy. The importance of spiritual health among the youth of a country is a crucial factor that is considered one of the strengths of this research. Among the limitations of this research is the small number of married individuals among the youth, which limits the possibility of examining the relationship between a spouse's education and spiritual health.

Conclusion

The level of health literacy among young people has a significant relationship with their level of spiritual health, and increasing health literacy can lead to improvements in their spiritual health. Therefore, planning educational

Table 3. Regression analysis to predict the correlation between demographic factors and health literacy level and spiritual health

Variables	B	Beta	T	P
Health literacy	0.074	0.341	6.309	0.000
Age	-0.134	-0.093	-1.704	0.089
Gender (reference: Female) Male	0.323	0.036	0.718	0.474
Marital status (being married at least once) Never married	1.065	0.039	0.767	0.444
Individual's education	0.143	0.098	1.735	0.084
Father's education	-0.063	-0.063	-1.023	0.307
Mather's education	-0.065	-0.071	-0.92	0.358



interventions in schools, universities, and various media to enhance health literacy will contribute to achieving a higher level of spiritual health and, consequently, the overall health of the community. In addition, considering the importance of spiritual health as one of the pillars of health, it seems necessary to incorporate the issue of spiritual health into educational programs related to health literacy.

Ethical Considerations

Compliance with ethical guidelines

The design of this research was reviewed by the Ethics Committee of the Faculty of Educational Sciences and Psychology at Shiraz University (Code: IR.US.PSYE-DU.REC.1402.001). Informed consent was obtained from the respondents, and they were assured that their information would be reviewed and used without mentioning names and personal details.

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Authors' contributions

All authors equally contribute to preparing all parts of the research.

Conflict of interest

The authors declared no conflict of interest.

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