The relationship between spiritual intelligence and spiritual well-being with the social health of Shahryar city youth

Mahin Torabi[1]*

Fahimeh Nasiri[2]

Mohsen Majidi[3]

Abstract

Many findings emphasize the role of spiritual and religious variables in mental and physical health and Due to the importance of health in society and social behaviors in this article, the relationship between spiritual intelligence and spiritual well-being with the social health of Shahryaryouth was investigated. The research method was descriptive, correlational and cross-sectional in terms of time. The statistical population of the study was 20 to 35 years old youth in Shahryar city. The selected samples participated in the study in a simple random manner with conscious consent. Pearson correlation coefficient was used for data analysis and multiple regression method was used for prediction.

In order to collect research data, Badie et al.'s (2010) Spiritual Intelligence Questionnaire, Beaufort, Palotzin and Ellison (2003) and Keys (2009) Social Welfare Questionnaire were used. Based on the results, the beta coefficients of the research variables show that general thinking and belief dimension, self-awareness and love, religious well-being and existential well-being can predict social health with a coefficient of 12%, 23%, 42% and 33%, respectively is among the youth.

Keywords: Spiritual intelligence, spiritual well-being, social health, Shahryaryouth.

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[1]*. M.A. in General Psychology, Ghods City Branch, Islamic Azad University, Ghods City, Iran. (Corresponding author) yaskabood999@gmail.com

[2]. MA Department of Educational Psychology, Saveh Branch, Islamic Azad University. fnasiri705@gmail.com

[3]. Master of Light Message, mohsenmajidi66@gmail.com

1. Introduction

In recent decades, social factors of health have been considered as a basic concept in the field of population and public health. The work of the World Commission of the World Health Organization on the social determinants of health has played an important role in drawing attention to this concept, because the social determinants of health have a multifaceted perspective and the emergence of models and theoretical frameworks and increasing the volume of literature in a period Relatively small increased the fundamental ambiguities surrounding this concept (Lucky and McLaren, 2017).

Social health is next to a person's health, which is related to how a person communicates with others, how others react to him, how they interact with organizations and norms of society (Sharbatian, 2013: 298) and the full capacity to live in a way that enables the person Understands his natural capacities and has a protective role against psychological pressures that protect the person against the stressful negative events of social life. Social health includes levels of social skills, social functioning, and the ability to recognize oneself as a member of a larger community. And focuses on economic and social conditions and personal well-being in relation to the social network. In fact, social health is the relationship between social communication network, personal balance and adaptation between the individual and the environment (Damari et al., 2013). Lycock includes social health in terms of the well-being of individuals in the social network; Defines family, community and nation (Kangarloo, 2008: 43).

Social health means the quality and quantity of equality of individuals and the extent of individuals' involvement with society. Larson states that social health is a part of personal health and this personal health is the amount of internal reaction of individuals, which is expressed in the form of feelings, thoughts, behavior, satisfaction or dissatisfaction with their social environment (Henderson et al., 2018).

2. Review of Literature

The social health model proposed by Reef considers the concept of social health to include the dimensions of positive mental and emotional functioning. These dimensions are: accepting your personal growth, positive relationships with others, mastering the environment, being purposeful in life and independence. According to Hills, when social health is defined, this dimension of health will not be achieved without realizing its physical and mental dimensions. In his view, social health refers to an individual's ability to interact effectively with others in order to build satisfying personal relationships and fulfill social roles, including social participation, living in harmony with other human beings, building positive relationships with each other, and having Sexual relations are healthy (Noorbala, 2011).

Keys assesses a person's social health and knowledge of how he or she functions in the community and the quality of his or her relationships with other people, relatives, and social groups of which he or she is a member; According to this definition, social health indicators are: social cohesion, social adaptation, social prosperity and social participation, which measures the sum of these indicators in the overall social health and the individual's view of society (Keys and Waterman, 2003).

Social health encourages people to participate in social affairs by providing stability and cohesion, and provides opportunities to prevent social harm. For this reason, the lack of social health has adverse consequences for the individual and consequently society (Abdullah Tabar et al., 2008).

Miller and Thorsen (1999) stated that religion and spirituality are associated with positive health achievements and are influential factors in social health; Spirituality is rooted in human nature, and Alkins et al. (1998), Pargament, Koing & Perez (2000), and Barker and Buchanan Barker (2005) emphasized the importance of the effect of spirituality on mental health. Spiritual well-being, as a structure that indicates a relationship with a transcendent power, self and others, was created from an attempt to combine spirituality and well-being. Where mental health is understood as the ability to adapt individually and feel general well-being, there are many implications of the impact of religion and spiritual well-being on mental health. Jafari et al. (2008) and

Karimi et al. (2009) found that people with higher spiritual well-being had higher levels of mental health. Green and Elliott (2010) also reported that religious people are healthier and happier.

Another factor in human adaptation to the environment and achieving a sense of life satisfaction is the concept of intelligence (Banano, 2014). Spiritual intelligence due to its connection with meaning can give a person the ability to change and transformation, it can also help a person to feel the emotions in his life and employment, a sense of satisfaction and happiness (Ebrahimi, 2007).

Wellman defines spiritual intelligence as the human tendency to ask the ultimate questions about life and simultaneous experiences and how each of us relates to the world in which we live (Wellman, 2010). Spiritual intelligence is the ability that empowers us to strive to achieve our dreams. This intelligence is all that we believe in and includes the role of beliefs, norms, beliefs and values in the activities that we undertake. In fact, it is through spiritual intelligence that we ask questions in relation to basic and important issues and through it we make changes in our lives (Ebrahimi, 2007).

Many findings have emphasized the role of spiritual and religious variables in mental and physical health and considering the importance of health in society and social behaviors in this article, the relationship between spiritual intelligence and spiritual well-being with social health of Shahryaryouth was investigated.

3. Methodology

Research method was Cross-sectional research. Cross-sectional study design is a type of observational study design. In a cross-sectional study, the investigator measures the outcome and the exposures in the study participants at the same time. Statistical Society was 20-35 years old youth in Shahryar city, which was 384 people based on Cochran sampling method for unlimited communities. The selected samples participated in the study randomly and with informed consent, and after collecting the sample, 362 questionnaires were analyzed. Pearson correlation coefficient was used for data analysis and multiple regression method was used for prediction.

1. Spiritual Intelligence Questionnaire

The Spiritual Intelligence Questionnaire was presented by Ali Badie et al. (2010). This questionnaire consists of 42 questions in 4 5-point subscales. There are 12 questions related to general thinking and the doctrinal dimension, 15 questions related to the ability to cope and interact with problems, 8 questions related to dealing with moral issues and 7 questions related to self-awareness, love and affection, which are completely opposed to the options "... "I totally agree" is marked and is scored from 1 to 5, respectively. The scale scores in this type of test range from 42 to 210. Validity and validity of the present questionnaire were calculated by Badie et al. (2010) and obtained 0.79.

2. Spiritual Welfare Questionnaire

The Spiritual Welfare Questionnaire was developed by Beauford, Palotzin, and Ellison (2003) and consists of 20 questions and two subscales of religious well-being, which is the well-being of a relationship with a transcendent power, and existential well-being, which is a psychosocial element. The test person's questions are related to the religious well-being subscale and measure the individual's experience of a satisfying relationship with God, and the couple's questions are related to the existential well-being subscale that measures sense of purpose and life satisfaction. Beauford et al. (1982) reported Cronbach's alpha coefficients of religious and existential well-being and the whole scale as 0.91, 0.91 and 0.93, respectively. Psychometric properties of this scale have been studied by Dehshiri et al. (2008) on students of Tehran universities. The reliability coefficients of whole-scale re-examination, religious well-being and existential well-being have been reported equal to 0.85, 0.78 and 0.80, respectively (Dehshiri et al., 2008).

3. Social Health Questionnaire

The Social Health Questionnaire was developed by Keys (2009). This scale has 28 items with a five-point Likert scale (strongly disagree to strongly agree) that each item has a value between 1 and 5 , With questions such as: (One of the main problems of today's society is to reduce the motivation to study and

get a degree. I feel that the education system is not sufficient to develop life skills) (measures social health.

4. Findings

The results showed that 54% of the respondents were male and 46% were female and the marital status of 81.7% was single and 18.3% of the respondents were married. Age of respondents: 11.3% of the statistical sample were 20 years old, 67% were between 21 and 25 years old, 12.3% were between 26 and 30 years old and 9.3% were 30 years old and older. In education, the highest frequency was related to undergraduate courses with 67.3%, followed by postgraduate courses with 14.3%, postgraduate courses and higher with 18.3%.

Table 1. Research Findings

Research variables	B	SE	Beta	R^2	P
constant	68.7	12.02			0.01
General thought and doctrinal dimension	1.5	0.68	0.12	0.19	0.01
Self-awareness and love and affection	1.73	0.43	0.23	0.201	0.01
Religious welfare	1.32	0.32	0.42	0.216	0.01
Existential well-being	1.19	0.41	0.33	0.22	0.005

Based on the results obtained from the table of research findings, the beta coefficients of the research variables show that general thinking and belief dimension, self-awareness and love and affection, religious well-being and existential well-being with a coefficient of 12%, 23%, 42% and 33%, respectively. To predict social health among young people.

5. Conclusion

Spiritual well-being in the shadow of belief in God, has created a sense of enjoyment and support of a powerful supporter like God, which in turn, while providing a sense of hope and confidence in the individual, paves the way for healthy individual and social behaviors and health Guarantees and upgrades. On the other hand, spiritual well-being, by laying the groundwork for individual self-awareness and creating bonds and relationships with others, while providing social relationships and receiving support and attention in the heart of this relationship, improves and enhances the health of individuals. Much research has been done on the positive relationship between religiosity and health. The results of Rajabi and Saremi (2012), Ghodrati Mirkoohi and Khormayi (2010), Huang and Chen (2015), Abdul Khalek (2014) all indicate the positive relationship between religion, spirituality, religious participation with mental health and improving physical and social performance and Reduce anxiety and depression and develop healthy personality traits. Yen and spirituality, as a belief system, give meaning to one's life and help people deal with the hardships of life by creating specific ideas and practical solutions, which, in addition to believing in God as a powerful supporter, can Cause a positive mood and happiness.

Spirituality is one of the challenging variables that has different and sometimes contradictory definitions. In this study, considering the use of validated questionnaires, an attempt was made to emphasize a common concept. He referred to them as research limitations.

It is suggested that due to the effect of spiritual well-being on social health, research should be conducted to review and implement strategies to increase spiritual well-being and to be implemented at the community and different groups.

It is suggested that families and educational environments pay more attention to the spiritual well-being of their children and youth of the country and due to the close relationship between spiritual well-being and religious beliefs, seek to strengthen the spiritual and religious spirit, according to the needs of life today.

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