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The relationship between spiritual health and social trust among students

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ABSTRACT

Social trust and spiritual health play an important role in social communication. The aim of this study was to determine the relationship between spiritual health and social trust among Iranian students.
This cross-sectional study was conducted in the city of Sanandaj, in the West of Iran, in 2018. 686 students from 5 universities were included in the study through simple random sampling. The data were collected using established, reliable instruments for the assessment of social trust and spiritual health. Logistic regression models were applied to assess the association between social trust and spiritual health. We reported estimated logits and Odds Ratios (OR) with corresponding 95% confidence intervals (95% CI). The students with a literate father had substantially higher odds of social trust (OR=1.98, 95% CI=1.19-3.28, p<0.01). Also, similar findings were obtained for students with a literate mother compared to those with an illiterate mother (OR=2.09, 95% CI=1.33-3.28, p<0.01). The odds of social trust also increased with the father's employment status (OR=13.06, 95% CI=4.16-41, p<0.01).
The odds of social trust increased with religious health (OR=1.05, 95% CI=1.03-1.08, p<0.01). It is essential to increase spiritual health and the parents' literacy to promote social trust among the students.

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Introduction

Trust, a major component of all sustained social relations, is an indicator of social capital that facilitates social exchange. Conceptually, trust is also attributable to relationships within and between social groups (history, families, friends, communities, organizations, companies, nations, etc.) [1]. Social trust is defined as the individuals' positive attitude toward other members of the society [2], which contributes to social development, facilitation, and cooperation [3,4]. Social trust as the most important construct of social capital is the fundamental basis of social and interpersonal behaviors [5] and a significant factor for the continuity of collective life in the high-risk modern life [2]. It brings about individual success, maintains health, reduces tension and anxiety [5], helps to achieve welfare, health, and education, and improves physical and mental health [6]. Low social trust delays the tasks and increases their cost, disrupts relations and interactions, and causes problems in social cooperation, social order, social health, and all-round development in general. Although extreme trust is followed by negative consequences, low trust has more harmful effects [7]. The maintenance and continuity of social trust develop the social networks and cooperation of individuals, especially students in community-related affairs [8]. Moreover, social trust improves the students' quality of life and social health [9].

Studies have described the relationship between social trust with variables such as human values [10], personality type and social desirability [11]. Several have reported a role of factors such as ethical and religious values in the prediction of social trust [12-14]. However, these studies

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have not investigated the association between health, especially spiritual health, and social trust.

Spiritual health, one of the four dimensions of human health, promotes general health and coordinates the other aspects of health: physical, mental, and social. Spiritual health is characterized by features such as stability in life, peace, a feeling of close relationship with oneself, the connection with God, society, and the environment, and having goals in life and it has two dimensions: religious health and existential health.

Religious health reflects the connection with God or an infinite source of power and existential health refers to the relationship with the others and the environment as well as the relationship with our inner self [15]. Spiritual health determines an individual's integrity [16], plays a role in enhancing an individual's efficiency, motivation, and power [17], and contributes to physical, mental, and social health [18]. The review on related research literature revealed that variables such as the quality of life and mental health are related to this structure [19, 20] but a relationship between spiritual health and social trust has not been studied and researchers have not come across a study in this field.

The researchers in the present study tried to establish whether there was a relationship between spiritual health and social trust and to what extent spiritual health could predict social trust in students.

Given the role of social trust in social relations and health [7], its significance and effect on students and their participation in social affairs [8], the effect of ethical and religious values in predicting social trust [13,14], the role of spiritual health in social relations [15] and the lack of studies on the association of spiritual health with social trust, the present research explored the relationship between spiritual health and social trust among the students of the universities in the city of Sanandaj, in Iran.

Materials and Methods

Study design

The study is a comparative analysis of a cross-sectional survey conducted in the city of Sanandaj, Iran, in 2018.

Study population and data

Through simple random sampling, 686 students meeting the inclusion criteria, (i.e. willingness to participate in the study), were recruited from 5 universities in the city of Sanandaj, (Western Iran) in 2018. Students with mental health issues were excluded from the study. The researcher (corresponding author) personally explained the study's objectives to students at their universities. All participating students completed the standardized questionnaire, which comprised three sections.

The first section included demographic variables such as age, sex, number of family members, semester, mother's literacy, father's literacy, father's employment status, mother's employment status, family income, and degree of education. The second section was a 20-item questionnaire, half about existential health and half about religious health. Items in this section were rated on a six-point Likert scale from 1 (completely disagree) to 6 (completely agree). The questionnaire's reliability (0.82) and validity (0.84) among the Iranian population have been previously ascertained [21].

The third section was a 25-item questionnaire about social trust. All items were rated on a five-point Likert scale from 1 (completely disagree) to 5 (completely agree). The questionnaire's reliability and validity (0.9) among the Iranian population have been previously ascertained [22].

Covariates

Covariates included demographic information on age (<21 years / ≥21 years), the number of family members (≤4 persons / >4 persons), semester (≤3 / >3 semester), mother's literacy (illiterate / literate), father's literacy (illiterate / literate), father's employment status (unemployed/ employed), mother's employment status (housewife/ employed), family income (<300 US$ / ≥300 US$), and the degree of education (<associate degree / > associate degree).

Statistical analysis

We used SPSS version 22 (IBM) for all statistical analyses. Logistic regression models were applied to assess the association between social trust and spiritual health (existential health and religious health). Estimates were adjusted for the number of family members, semester, mother's literacy, father's literacy, father's employment status, mother's employment status, family income, and the degree of education. We reported estimated logits and Odds Ratios (OR) with corresponding 95% confidence intervals (95% CI). Chi-square and independent t-test were used to assess group differences and Pearson correlations were used to assess the associations between social trust and spiritual health. Statistical significance was established at $p< 0.05$.

Ethical considerations

The ethical approval was obtained from Kurdistan University of Medical Sciences (ethical code: MUK.REC.1397.14) and the University authorities. The data were collected after explaining the study objectives and receiving the informed consent from all the participants. Participants were free to withdraw from the study at any stage, data confidentiality being assured at all stages of the research.

Results

A total of 686 students with a mean age of 22.96±6.03 were enrolled in this study. About 58% of the participants are female and 53.2% of the participants have high social trust. Univariate analyses found statistically significant differences in the proportion of students who had higher social trust in relation to parents' literacy and father' employment status (p<0.01) (Table 1).

Table 1. Demographic characteristics of the participants and their relationship with social trust

Demographic Variables \ Social Trust		Social trust score ≤ 75 N (%)	Social trust score > 75 N (%)	*P-Value* (χ^2)
Age	21≤	183 (49.5)	187 (50.5)	0.13
	21>	138 (43.7)	178 (56.3)	
Number of Family Members	4≤	128(45.4)	154(54.6)	0.53
	4>	193(47.8)	211(52.2)	
Sex	Female	191(48)	207(52)	0.46
	Male	130(45.1)	158(54.9)	
Semester	3≤	182(44.3)	229(55.7)	0.10
	3>	139(50.5)	136(49.5)	
Mother's literacy	Illiterate	172(63.7)	98(36.3)	<0.01*
	Literate	149(35.8)	267(64.2)	
Father's literacy	Illiterate	108(67.1)	53(32.9)	<0.01*
	Literate	213(40.6)	312(59.4)	
Father's employment status	Unemployed	27 (87.1)	4(12.9)	<0.01*
	Employed	294(44.9)	361(55.1)	
Mother's employment status	Housewife	292(47.2)	326(52.8)	0.47
	Employed	29(42.6)	39(57.4)	
Family income	<300 US$	263(49.3)	270(50.7)	0.012
	≥300 US$	58(37.9)	95(62.1)	
Degree of Education	associate degree <	88(43.3)	115(56.7)	0.24
	associate degree >	233(48.2)	250(51.8)	

The mean and standard deviations of social trust, existential health, and religious health by covariates are presented in Table 2.

Social trust was significantly higher in participants aged ≥21 years, with literate parents, and an employed father (p<0.01). Social trust and existential health were significantly higher in students with a higher family income (p<0.01). Religious health was significantly higher in students with an associate degree (p<0.01). There was a statistically significant positive correlation between social trust, existential health and religious health (p<0.01). Furthermore, there was a statistically positive correlation between religious health and existential health (p<0.01) (Table 3).

Multiple logistic regression analyses of social trust on existential and religious health (Table 4), adjusted for the

number of family members, semester, mother's literacy, father's literacy, father's employment status, mother's employment status, family income, and the degree of education found that students with a literate father (compared to students without a literate father) had substantially higher odds of social trust (OR=1.98, 95% CI=1.19-3.28, p<0.01). In addition, students with a literate mother had substantially higher odds of social trust (OR=2.09, 95% CI=1.33-3.28, p<0.01). The odds of social trust increased with the father's employment status (OR=13.06, 95% CI=4.16-41, p<0.01). Moreover, the odds of social trust increased with religious health (OR=1.05, 95% CI=1.03-1.08, p<0.01). The remaining predictors and covariates were not statistically significant.

Table 2. Comparison of mean and standard existential health, religious health and social trust by the demographic characteristics of the participants

Means of determinants / Demographic Variables		Existential Health	Religious Health	Social trust
Age	21≤	37.91(±7.70)	43.69(±8.86)	81.69 (±15.49)
	21>	38.35(±8.04)	43.39(±7.87)	84.79 (±15.87)
	*P-Value**	0.47	0.64	<0.01*
Number of Family Members	4≤	39.11(±7.68)	43.16(±8.35)	94.74 (±10.82)
	4>	37.42(±7.92)	43.83(±8.45)	93.69 (±8.50)
	*P-Value**	<0.01*	0.30	0.17
Sex	Female	38.04(8.23±)	43.84(±8.40)	83.05 (±16.3)
	Male	38.22(±7.32)	43.15(±8.42)	83.22 (±15.34)
	*P-Value**	0.75	0.28	0.88
Semester	3 ≤	39.25(±8.50)	46.36(±7.93)	83.83 (±16.48)
	3 >	38.42(±6.43)	39.36(±7.30)	82.05 (±14.51)
	*P-Value**	<0.01*	<0.01*	0.13
Mother's literacy	Illiterate	36.29(±7.94)	43.73(±8.67)	77.58 (±16.27)
	Literate	39.30(±7.58)	43.44(±8.25)	86.71 (±14.28)
	*P-Value**	<0.01*	0.66	<0.01*
Father's literacy	Illiterate	37.11(±6.91)	44.49(±7.70)	76.52 (±13.93)
	Literate	38.42(±8.11)	43.27(±8.60)	85.14 (±15.71)
	*P-Value**	0.06	0.08	<0.01*
Father's employment status	Unemployed	38.80(±6.80)	49.80(±4.05)	68.77 (±18.63)
	Employed	38.08(±7.91)	43.26(±8.45)	83.80 (±15.27)
	*P-Value**	0.61	<0.01*	<0.01*
Mother's employment status	Housewife	38.02(±7.84)	43.87(±8.47)	83.02 (±16.02)
	Employed	39.00(±8.03)	40.64(±7.26)	84.04 (±12.86)
	*P-Value**	0.33	<0.01*	0.61

Family income	<300 US$	37.66(±8.01)	43.55(±8.67)	82.48 (±15.95)
	≥300 US$	39.68(±7.11)	43.57(±7.45)	85.33 (±14.78)
	*P-Value**	<0.01*	0.97	0.04*
Degree of Education	associate degree <	38.87(±8.91)	46.29(±8.07)	82.96 (±16.45)
	associate degree >	37.79(±7.36)	42.40(±8.29)	83.19 (±15.44)
	*P-Value**	0.13	<0.01*	0.86

*Independent-Samples T Test

Table 3. The result of the correlation matrix between existential health, religious health and social trust (n=686)

Variables	Existential Health	Religious Health	Social Trust
Existential Health	1		
Religious Health	0.508**	1	
Social Trust	0.187**	0.231**	1

**p<0.01 (two-tailed)

*p<0.05 (two-tailed)

Table 4. Logistic regression of each variable on social trust

Predictors	b	S.E.	Odds Ratio	95%CI	Wald	P-value
Model						
Age	0.016	0.017	1.016	0.98_1.05	0.870	0.351
Number of Family Members 4≤ 4>	0.227	0.190	1.255	0.86_1.82	1.422	0.233
Sex Female Male	0.226	0.173	1.254	0.89_1.76	1.699	0.192
Semester 3≤ 3>	0.013	0.240	1.013	0.63_1.62	0.003	0.958
Mother's literacy Illiterate Literate	0.739	0.230	2.093	1.33_3.28	10.274	<0.01
Father's literacy Illiterate Literate	0.685	0.258	1.984	1.19_3.28	7.047	<0.01

Father's employment status Unemployed Employed	2.570	0.584	13.065	4.16_41.00	19.392	<0.01
Mother's employment status Housewife Employed	0.158	0.298	1.171	0.65_2.09	0.281	0.596
Family income <300 US$ ≥300 US$	0.240	0.217	1.271	0.83_1.94	1.227	0.268
Degree of Education associate degree≤ associate degree>	-0.424	0.264	0.654	0.39_1.09	2.584	0.108
Existential Health	0.014	0.013	1.014	0.98_1.04	1.091	0.296
Religious Health	0.057	0.013	1.058	1.03_1.08	18.623	<0.01

Variable Dependent: social trust
Model (likelihood ratio) chi-square = 123.26, df = 12, p < 0.01
Negelkerke R2 = 22%
Percent correctly classified = 53.2%

Discussions

This study is the first to explore the relationship between spiritual health and social trust among Iranian students. The results showed that students with literate parents and employed fathers had higher social trust and parents' literacy and employment status were predictors of social trust in students. This contradicts the results of two previous studies in Iran. One indicated no relationship between the parents' education and social trust among students [14]. The other showed the absence of association between the employment status and social trust [13]. In the present study, most of the students' parents were literate, worked in governmental organizations, and probably had a higher job security (more likely for people working in governmental organizations). Therefore, the parents may have had higher social trust which they transmitted to their children. In a similar manner, a study in Sweden revealed that job security significantly enhanced social trust [23].

The findings of the current study showed that high family income affected social trust and existential health. In line with these results, a previous study in Iran showed that high income increased the students' social trust [12]. Researchers in the Netherlands also stated that income inequalities affected social trust and people with a high income had higher social trust [24]. Other studies have indicated that income inequalities reduce social solidarity and social relations, increase dissatisfaction with life, and cause aggression [25,26]. A high family income may have motivated the participants of the current study to participate in group activities and charities, which would have increased interpersonal relations, helped them fulfill their needs, enhanced their quality of life and satisfaction with life, and assisted them in gaining progress, respect, credibility, and authority, thereby promoting their existential health and social trust.

The findings of the present study showed that social trust increased, following a rise in spiritual health (existential and religious health) and that religious health was a predictor of social trust among the students. Some studies in Iran have already shown a direct relationship between religiosity and social trust [13,14,27]. However, others have indicated no association between social trust and religious beliefs among the students [12]. Studies in other countries have reported a relationship between religious beliefs and social trust [28,29]. According to Ericson, the more religious beliefs are reinforced, the more predictable is the people's behavior because they act according to a specific framework. Thus, individuals' trust increases and social relations are better and less costly [30]. Considering the emphasis of religious teachings on honesty, truthfulness, and trust in social relations, students

with more religious beliefs probably feel more secure in their social relations and thus have a higher social trust.

Furthermore, the results of this study revealed that students had higher spiritual health in the early semesters. However, studies on Iranian students have indicated no relationship between spiritual health, semester and the years of study [31,32]. This finding shows that, in the present study, the religious health of the students changed between the first and the final years of schooling. Given the significance of religious health in predicting social trust, it seems necessary to nurture religious health, to identify the factor involved in its decline, to explain the students' needs, and to design programs to induce a positive attitude toward spirituality and spiritual care in students. Implementing this program would not only increase social trust, but it would also enhance the students' efficiency, motivation, and power, and contribute to their physical, mental, and social health.

Limitations of the study

While our study has strengths in being what we believe to be the first to examine the association between spiritual health and social trust among Iranian students, our findings should be considered in the light of the study's limitations. First of all, our results are based on a convenience sample of 686 students recruited in the city of Sanandaj. Consequently, our results may not be generally applicable to the entire population of students in Iran. Secondly, the cross-sectional design of our study does not allow a causal interpretation of the results. Thirdly, our analyses are based on self-reports which may induce response bias and recall bias.

Conclusions

It is essential to increase spiritual health, the family income, parents' job security, and their literacy to promote social trust among the students. Consequently, university authorities, policy makers, and health professionals should develop or adopt appropriate strategies (such as identify the things in life that bring about inner peace, tranquility and exercise) to increase spiritual health and to enhance social trust among the students.

Moreover, future studies should investigate the association between spiritual health and social trust in different groups/ nations, and qualitative studies should assess the needs of individuals at different life stages for increasing social trust and spiritual health.

Conflict of interest disclosure

There are no known conflicts of interest in the publication of this article. The manuscript was read and approved by all authors.

Compliance with ethical standards

Any aspect of the work covered in this manuscript has been conducted with the ethical approval of all relevant bodies and that such approvals are acknowledged within the manuscript.

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