



Study the relationship between Islamic lifestyle and psychological well-being with social health of Elementary school teachers

Sedigheh Torbat^{*1}, Tahereh Shabani²

1. Employee and Teacher of SAMA Technical and Vocational School, Islamic Azad University, Bandar Abbas Branch, Iran.

2. Teacher, Master degree program of Psychology, Bandar Abbas, Iran.

A B S T R A C T

This study aims to investigate the relationship between Islamic lifestyle and psychological well-being and social health of elementary school teachers in Bandar Abbas. The statistical population consisted of elementary school teachers in Bandar Abbas, of which included 1,797 people (1421 female and 376 male). A sample of 316 people (250 female and 66 men) was selected using a stratified random sampling method via Cochran formula for this research. This study was conducted using descriptive method of correlation and to collect data, the questionnaires were Islamic lifestyle, Psychological Well-being Scales and Social Health was used. Pearson correlation test was used to analyze the data. Results showed that the correlation coefficient of Islamic lifestyle with psychological well-being was equal to (0.681) at alpha level (0.001), which is significantly less than ($P > 0.01$). Therefore, There is a positive and significant relationship between Islamic lifestyle and psychological well-being. The correlation coefficient of Islamic lifestyle with social health is equal to (0.365) at alpha level (0.001), which is significantly smaller than ($P < 0.01$). There is a positive and significant relation between Islamic lifestyle and social health.

Keywords: Islamic Lifestyle, Psychological Well-Being And Social Health.

INTRODUCTION

Teachers are the most important and effective factor in school and students' academic achievement. One of the variables that can be linked to the social health of teachers is lifestyle. Life style includes a set of attitudes, values, behaviors, moods and tastes in everything, such as banners (Dev et al., 2018; Sogolittapeh, Hedayat, Arjmand, & Khaledian, 2018), TV shows, which all of them provide the imagines and the images of lifestyle (Henning et al., 2018; Taziki, Taziki, Akbari, Saghafi, & Behnampour, 2016).

But there are differences in Islam and its lifestyle. The most important innovation in the concept of the Islamic lifestyle is that it has been looked at Islamic teachings and the totality of Islam (Toghyani, Kajbaf, & Ghamarani, 2018a, 2018b). Islamic lifestyle is related to behavior and does not directly relate to the cognition and emotions, but because it is Islamic, it cannot be unrelated to the emotions and cognition (Hassan, 2015; Jones, 2010).

Accordingly, in the Islamic lifestyle, the depth of the beliefs, emotions and attitudes of the individual is not measured, but the individual's behaviors are measured. But whatever the

*. Corresponding Author: s.torbat002@yahoo.com and Responsible author Contact No: +98 9176479332

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behavior seeks to be based on Islamic basis, it needs to support at least some of Islamic cognition and emotions. In the life style, from the point of view of psychology, sociology, medical sciences, and so on, they are only looking at behaviors and not to intention, but the Islamic lifestyle cannot be devoid of intention(Haque, 2004; Mohamadian, Faryadi Mohammad, & Borji, 2019; Padarvand et al., 2017).

At the same time, it emphasis on behavior, it also considers the minimum of emotions and cognition. In fact, in a lifestyle, the behaviors are similar to different beads that the human sciences refer to the beads themselves, and without being related to other factors. But in the Islamic lifestyle, not only those beads themselves, but also what they associate with each other will be considered(Parsamanesh, Kraskian, Hakami, & Ahadi, 2018; Shadfar, Nasr, Nili, & Hassemi, 2016).

The Ryff's Scales is among the one of the most important models of the psychological well-being that has been used in this research. Ryff considers psychological well-being "a quest for perfection in realization of the real potential abilities of a person". In this perspective, well-being means the attempt to transcend and promote, which is embodied in the realization of individual talents and abilities(Ryff, 1995).

He and his colleagues sought to classify the criteria for an appropriate life, or so-called "good life", according to philosophical principles (such as Aristotle and Russell). Accordingly, the six factors of self-acceptance (SA) (the ability to see and accept their own strengths and weaknesses), Purpose in Life (PL) (means having goals and purposes that make the person's life meaningful), personal growth (PG) (the feeling that potential ability and talent of the individual will be realized during lifetime and in life), Positive Relations with others (PR) (meaning having a close and valuable relationship with the important people in life), Environmental Mastery (EM) (the ability to control and manage life's issues, especially the issues of everyday life) and Autonomy (AU) (the ability to pursue demands and act on the basis of personal principles, even if they are in contrary with the customs and social demands) were determined as the components of psychological well-being(Ryff, 1989).

One of the pillars of health assessment in different communities is the social health of that community. Social health contributes an important role in ensuring the dynamism and efficiency of each community, and an important condition for the growth and prosperity of any society is the existence of knowledgeable, efficient and creative people. Today, social health as a dimension of health, along with physical, psychological, spiritual health has played a significant role in this regard.

So that the health is not just a lack of physical and psychological illnesses, but how human acts in social relationships and how he/she is thought about a community , which are also considered as criteria for assessing the health of the individual at the macro level of society(Morales, Lorenzo, & de la Rosa, 2016; Umberson, Crosnoe, & Reczek, 2010).

Social health is not a new word, but a concept that has been considered alongside the physical and mental dimensions of health about 40 years ago. For the first time in 1972, the concept of social health was synonymous with and the level of activity of community members, and the social health index was formed. At the very least, some questions of physical,

psychological and social dimensions, as well as individual health, and the level of activity of the individual in society were proposed based on the argument that health is beyond the disease and an individual's function. Keys believes that the conceptualization of mental health should be so broad as to include social health (Bücker, Nuraydin, Simonsmeier, Schneider, & Luhmann, 2018; Murray-Harvey, 2010).

The concept of social health is closely related to the concept of mental health, and some people identify them the same and interchangeably, however, in closer look, we found although both concepts have the meaning in mind of human for humankind, but these words must be distinguished in closer look. Perhaps the most obvious difference that can be considered for the concept of social health and mental health is the concept of the level. Mental health is discussed at the micro level individually and defines the function of people at the individual level and cannot attribute it to the society, but the issue of public health at the macro level is discussed by monitoring human behavior and measures the items of health at the individual, group and social levels.

Therefore, the main issue of the present research is whether there is a meaningful relationship between the Islamic lifestyle with the psychological well-being and social health of elementary teachers in Bandar Abbas city?

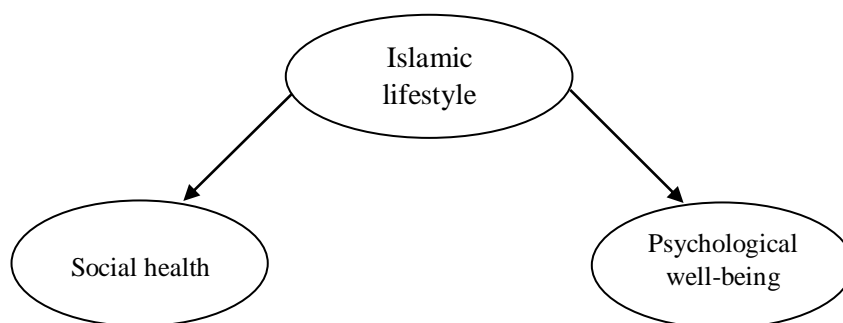


Figure 1. Conceptual model of proposed research

METHODOLOGY

The method of this study is correlational descriptive and predictive. The statistical population includes elementary school teachers in Bandar Abbas, of which were formed 1,797 people (1421 female and 376 male). A sample of 316 people (250 females and 66 males) was selected using a stratified random sampling method and a Cochran formula was selected for this study. This study was performed with 95% confidence level and 5% error.

A. Islamic Life Style Questionnaire: This score, made by Padarvand et al. (2017) and verified its validity, it composes of 75 items that the scoring of the questionnaire is based on the 4-score Likert scale as "very low to very high, which respondents answered according to their current status of life. The reliability coefficient of this score is 0.71. The results of the factor analysis have shown that the validity and structure of the factors are appropriate

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Its simultaneous validity with the religious orientation test is 0.64 (Toghyani et al., 2018b). An example of the phrase in the questionnaire is: "I spend some time to pray in night." "I have few time to read the Koran." The reliability of this test for the subscales of this statement is as follows: social index 0.41, beliefs, 46.4, adolescence 0.31, ethics 0.44, financial 0.22, family 40.10, health 42.2, social and science 51.1, Security-defense 30/0 and punctuality 30/0 (Toghyani et al., 2018a).

B. Ryff's Psychological Well-being Score (short form): This scale was designed by Ryff (1989). The main form is composed of 120 questions, but in later studies, shorter forms as 84 questions and 18 questions were used. In this study, 18 questions were used. On this scale, the response to the questionnaire was on a six scores. This scale measures six factors including autonomous, environmental mastery, personal growth, positive relationship with others, Purpose in Life, and self-acceptance. The validity and reliability of this scale has been reported in various research The correlation coefficient obtained on the basis of the retest method for the whole test as 0.76 and in the sub-tests, it was between 0.70 and 0.73 (Moeini et al., 2008).

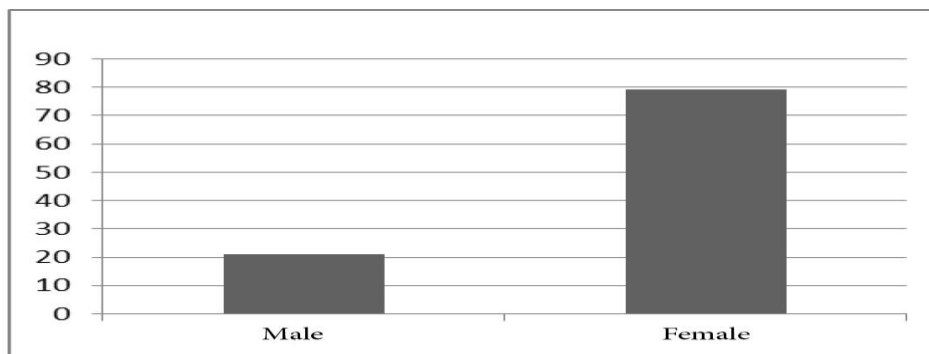
C. Keys Social Health Score: This questionnaire contains 20 questions and examines 5 sub-scales. It was made by Keys at the McArthur Scientific Foundation of the United States in 2004. The scoring of this questionnaire is based on a 5-score Likert scale. Hence, the total score will reflect the level of social health of individuals. The total score of the questionnaire is 100.

RESULTS

Table 1. Proportion and percentage of participants in gender-based research

Gender	Frequency	Percentage
Male	66	20.9
Female	250	79.1
Total	316	100

The above table shows the percentage of participants in the study by sex. As shown in the table above, total of 316 teachers participating in the survey including 66 male and 250 female. Also, the percentage frequency chart is presented in the below table.

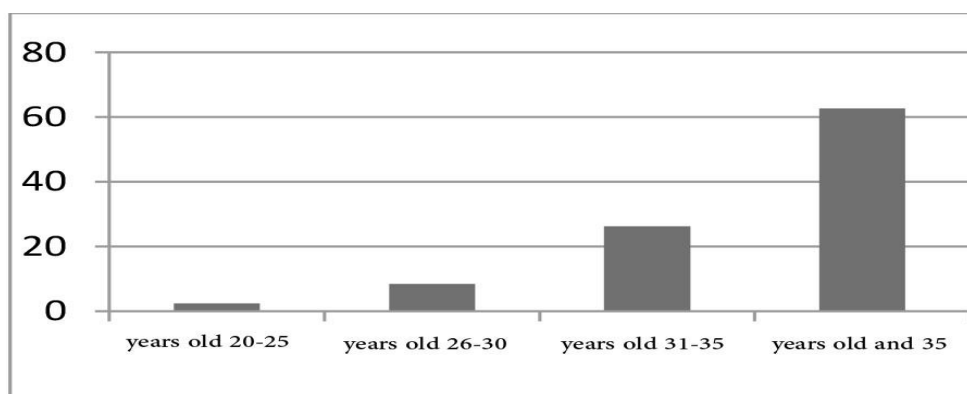


Graph 1. Percentage of participants in research by gender

Table 2. Frequency and percentage of participants in research by age

Age	Frequency	Percentage
20-25 years old	8	2.5
26-30 years old	27	8.5
31-35 years old	83	26.3
35 years old and above	198	62.7
Total	316	100

The above table shows the percentage of participants in the study based on the age. As shown in the above table, a total of 316 teachers participated in the study, eight of them in the age group of 25- 20, 27 in the age group of 30-26, 83 in the age group of 35-31, and 198 people aged 35 and over.

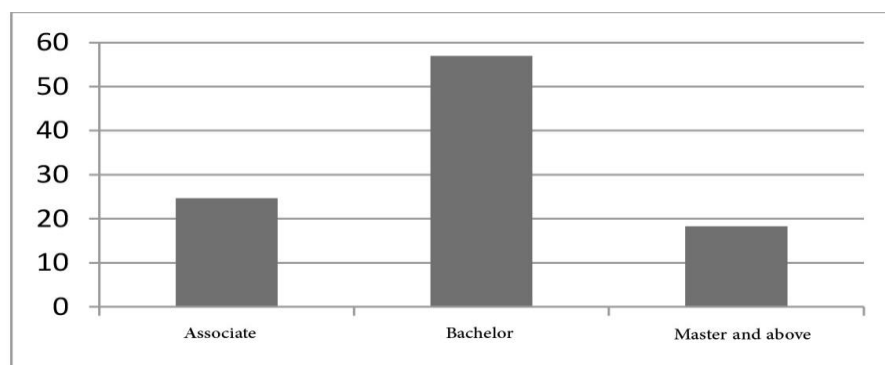


Graph 2. Percentage of participants in research by age

Table 3. Frequency and percentage of participants in the research by the degree of education

Percentage	Frequency	Education
24.7	78	Associate
57	180	Bachelor
18.3	58	Master and above
100	316	Total

The above table shows the frequency and percentage of participants in the study by their educational level. As shown in the above table, out of a total of 316 teachers participated in the study, 78 of them were graduated in Associate degree program , 180 in Bachelor degree and 58 were graduated in Master degree program .



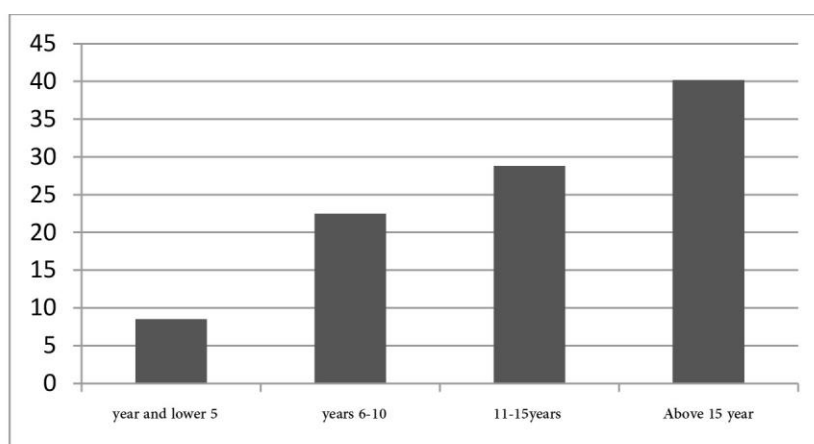
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Graph 3. Percentage of the participants in the research by the degree of education

Table 4. Frequency and percentage of participants in the research by the service record

percentage	Frequency	service record
8.5	27	5 year and lower
22.5	71	6-10 years
28.8	91	11-15years
40.2	127	Above 15 year
100	316	Total

The above table shows the frequency and the percentage of the participants in the research by their service record. As above table showed that out of a total of 316 teachers participated in the study, 27 of them had a service record of 5 years or less, 71 of 10-6 years, 91 of 15-11 years of service record, 127 more than 15 years of service record .



Graph 4. Percentage of the participants in the research by the service record

Table 5. Descriptive Statistics of research variables

Variables	F	Mean	Std. deviation	variance	Kurtosis	Skewness
Islamic lifestyle	316	227.62	29.073	845.26	-0.58	0.29
psychological well-being	316	65.92	9.74	94.99	0.67	0.46
social health	316	74.60	8.88	79	-0.92	0.48

Main hypothesis: Islamic lifestyle is related to the psychological well-being and social health of elementary teachers in Bandar Abbas.

Table 6. Pearson correlation coefficient between Islamic lifestyle with psychological well-being and social health

Variables	Size	Islamic lifestyle	
		Correlation Coefficient	p
Psychological Well-Being	316	0.681	0.001
Social Health	316	0.365	0.001

In table (6), the correlation coefficients were shown between variables .The correlation coefficient of Islamic lifestyle with psychological well-being was equal to (0.681) at alpha level (0.001), which is significantly less than ($P > 0.01$). Therefore, there is a positive and significant relationship between Islamic lifestyle and psychological well-being.

The correlation coefficient of Islamic lifestyle with social health was equal to (0.365) at

alpha level (0.001), which is significantly less than ($P < 0.01$). Therefore, there is a positive and significant relationship between Islamic lifestyle and social health.

Sub hypothesis 1: Islamic lifestyle is related to the components of psychological well-being of elementary teachers in Bandar Abbas .

Table 7. Pearson correlation coefficient between Islamic lifestyle and psychological well-being components

Variables		Size	Islamic lifestyle	
			Correlation coefficient	p
psychological well-being	social Actualization	316	0.27	0.631
	Social Solidarity	316	0.697	0.01
	Social Integration	316	0.333	0.01
	Social Acceptance	316	0.084	0.134
	Social Cooperation	316	0.308	0.01

In table (7), the coefficients of correlation between the Islamic lifestyle and the components of psychological well-being were revealed. The correlation coefficient of Islamic lifestyle with a social flourishing component equal to (0.27) at alpha level (0.631), which is significantly higher than ($P < 0.05$). Therefore, there is not a positive and significant relation between Islamic lifestyle and social Actualization. The correlation coefficient of Islamic lifestyle with social solidarity component was equal to (0.697) at alpha level (0.01), which is significantly less than ($0.01 > P$). Therefore, there is a positive and significant relationship between Islamic lifestyle and social solidarity component. The correlation coefficient of Islamic lifestyle with social integration component was equal to (0.333) at alpha level (0.01), which is significantly less than ($P < 0.01$). Therefore, there is a positive and significant relation between Islamic lifestyle and social integration component. The correlation coefficient of Islamic lifestyle with social acceptance component was equal to (0.084) at alpha level (0.134) which is significantly higher than ($P < 0.05$). Therefore, there is not a positive and significant relation between Islamic lifestyle and social acceptance component. The correlation coefficient of Islamic lifestyle with social participation was equal to (0.308) at alpha level (0.01), which is significantly less than ($P < 0.01$). Therefore, there is a positive and significant relationship between Islamic lifestyle and social inclusion component.

Sub-hypothesis 2: Islamic lifestyle is related to social health components of elementary teachers in Bandar Abbas city.

Table 8. Pearson correlation coefficient between Islamic lifestyle and social health components

Variables	Size	Islamic Lifestyle	
		Correlation Coefficients	p
Autonomy	316	0.195	0.01
Environment mastery	316	0.078	0.167
Personal growth	316	0.747	0.01
Positive relations with others	316	0.516	0.01
Purpose in life	316	0.351	0.01
Self-acceptance	316	0.602	0.01

In table (8), the correlation coefficients between the Islamic lifestyle and the components of social health were revealed.

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The correlation coefficient of Islamic lifestyle with the independence component was equal to (0.195) at alpha level (0.01), which is significantly less than ($0.01 > P$). Therefore, there is a positive and significant relationship between Islamic lifestyle and autonomy component.

The correlation coefficient of Islamic lifestyle with a dominant environment was equal to (0.078) at alpha level (0.01), which is significantly higher than ($P < 0.05$). Therefore, there is not a positive relationship between the Islamic lifestyle and the component the environment Mastery. The correlation coefficient of Islamic lifestyle with personal growth component was equal to (0.747) at alpha level (0.01), which is significantly less than ($P < 0.01$). Therefore, there is a positive and significant relationship between Islamic lifestyle and personal growth component. The correlation coefficient of Islamic lifestyle with a positive relationship with others was equal to (0.516) at alpha level (0.01), which is significantly less than ($P < 0.01$). Therefore, there is a relationship between the Islamic lifestyle and the positive relationship with others. The correlation coefficient of Islamic lifestyle with a target life component equal to (0.351) was obtained at alpha level (0.01), which is significantly less than ($P < 0.01$). Therefore, there is a positive relationship between Islamic lifestyle and Purpose in Life. The correlation coefficient of Islamic lifestyle with its acceptance component was equal to (0.602) at alpha level (0.01), which is significantly less than ($0.01 > P$). Therefore, there is a positive and significant relation between Islamic lifestyle and self- acceptance component.

CONCLUSION

One of the important findings of this research is the existence of a significant relationship between Islamic lifestyle and psychological well-being and social well-being. In explaining this research finding, it can be said that Islamic lifestyle with components of social indices, beliefs, worship, ethics, financial, family, health, thought, science, security-defense, punctuality, helps the person in the field of Psychological well-being using the components of autonomy, environmental mastery, personal growth, positive relationship with others, self-acceptance and also the social well-being with elements of social prosperity, social integration, social correlation, social acceptance, social participation. These people seek to enhance their psychological well-being and social well-being by selecting a lifestyle. In other words, the higher Islamic lifestyle of a person, the greater the psychological well-being and social well-being.

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