

Religion as a Social Determinant of Health: Perceived Role of Religiosity in Risky Behavior and Social Problems

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ABSTRACT

Background: Religion as a social determinants of health (SDOH) has long been a topic of fascination and debate, affecting various aspects of human life, including behavior. Some behaviors cause social problems due to harmful consequences they have when they become popular. Risky health behaviors are part of these social issues

Method: This study employs Interpretative Phenomenological Analysis (IPA) to explore individuals' perceptions of the role of religiosity in social problems in Shiraz in 2022. To gain deeper insights into this relationship, we conducted semi-structured in-depth interviews with 14 participants, who engaged in various forms of risky behavior.

Results: The study revealed four distinct themes: a constructive viewpoint, where religion was seen as integral to addressing social issues, guiding individuals towards positive behavior; a destructive viewpoint, where religion was perceived as a source of harm and risky behavior; a separation between social issues and religion, indicating that certain social problems and behavior transcend religious definitions; and the interaction of religion with some factors which underscores the interplay between religion and other determinants, such as economic status, in shaping perceptions of social problems. Economic status emerged as a significant factor influencing participants' perspectives on social issues and risky behavior.

Conclusion: This study showed that understanding of people involved in high-risk behaviors about the role of religion in the occurrence of these behaviors and social damages are very different. Some consider religion to be very effective in preventing these behaviors, and some consider religion to be the cause of social damage, emphasizing the importance of considering these diverse perspectives in addressing social issues in contemporary society.

Keywords: social determinants of health, religion, social problems, health risk behaviors.

Introduction

Risky behaviors encompass a range of harmful actions, including alcohol and drug abuse, unsafe sexual practices, smoking, and violence, all of which are significant global health challenges (Busse et al., 2021). These behaviors are deeply influenced by social determinants of health (SDOH), which include demographic, social, economic, and cultural factors (Alcántara et al., 2020; Short & Mollborn, 2015). Understanding these underlying influences is essential for developing effective interventions aimed at reducing risky behaviors.

Religion has emerged as an important SDOH, and studies have its role in influencing health outcomes (Ransome et al., 2019). Religion is not just a belief system but a social framework encompassing ideas, rituals, and worldviews that significantly shape individual behaviors and health-related decisions (Borges et al., 2021). While traditionally, religious groups have played key roles in addressing social challenges (Beckford, 1990), modern societies complicate these roles, making it crucial to examine how religion affects risky behaviors in contemporary settings.

Empirical evidence suggests the protective effects of religiosity on health outcomes. Individuals who engage in religious practices tend to report better psychological well-being and reduced engagement in risky behaviors, such as smoking, binge drinking, and drug use (Bhat, 2015; Campante & Yanagizawa-Drott, 2015; Guo & Metcalfe, 2019; Mendolia et al., 2019; Van Dyke & Elias, 2007). found that lower levels of religiosity correlate with a higher likelihood of engaging in risky health and sexual behaviors among adolescents. Additionally, research from 2023 confirms that religion can play a critical role in shaping physical health behaviors and decreasing the likelihood of engaging in high-risk activities, such as substance abuse and unsafe sexual practices (Kruk & Aboul-Enein, 2024).

However, the relationship between religion and risky behaviors is not always direct. Some studies

have not identified a mediating role of religion in addressing certain social problems (Ameri et al., 2017). Their findings indicate that participants with greater engagement in private religious activities do not exhibit lower tendencies toward risky sexual practices such as having multiple partners, inconsistent condom use, and experiences of sexually transmitted infections (Burriss et al., 2009; Gold et al., 2010; Sinha et al., 2007). A review of North African and Middle Eastern contexts, particularly in Iran, indicated that despite the previous restrictive effects of religiosity on risky behaviors, conservative approaches to sex education, combined with globalization and marginalization, have altered behaviors, subsequently exacerbating health issues like the spread of HIV/AIDS (Joulaei et al., 2016).

In Iran, where 91% of the population adheres to Shia Islam, cultural, social, and economic factors combine with religious norms to shape health behaviors (Davoodi et al., 2019). Shiraz, a city in southwestern Iran, faces rising health challenges related to drug use, HIV/AIDS, and other social issues, despite the prevalence of religious adherence (Joulaei et al., 2014). These pressures create a shifting meaning system for citizens and complicate their experiences under religious influence. To fully grasp these situations and propose effective solutions, it is essential to explore citizens' perspectives on the relationship between religion and social problem construction.

To examine these dynamics, this study utilized Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of individuals in Shiraz. By conducting in-depth interviews, the research aimed to uncover the meanings attributed to religious beliefs and their influence on risky behaviors. The IPA approach allows for an exploration of how religion interacts with SDOH to either exacerbate or mitigate health risks.

This research aims to contribute to a deeper understanding of how religious beliefs, when combined with other SDOH, affect individual decisions and health outcomes. The findings may

offer valuable insights for designing targeted interventions and public policies to reduce risky behaviors and improve population health.

The study objective is to understand the interpretation of the participants about the role of religiosity in the performance of high-risk behaviors and social problems, focusing on how their interpretation impacts their behavior. By addressing research questions related to the meanings attributed to religious experiences in social problem contexts, the study highlights the importance of religion in preventing risky behavior. Understanding different contexts where religion may foster positive or negative outcomes is vital, calling for a reassessment

Method

Research Approach

Interpretive phenomenology is based on the premise that it is impossible to understand people without considering the social context, culture or historical period in which they lived. People cannot separate themselves from various contexts that affect their choices and give meaning to their lived experience (Wojnar & Swanson, 2007). From this point of view, meanings are formed in the interaction of people with situations, so situations make people and people also create these situations (Nasrabadi et al., 2010). The creation of these situations by actors who are themselves limited in the torus of situations indicates their ability in their unique interpretation of their actions. This interpretation based on the values that people's situation instills in them and the perception that activists have of values, leads to the variety of people's interpretations of a single situation and as a result, the formation of diverse life worlds.

The desired source of information is the actors who have experienced the phenomenon, so that based on that information, a combined description of the nature of that experience can be obtained from those people's point of view. In this description, the researchers experiences are presented (Iman, 2009). Understanding in this method means finding reasons for a certain social

action, or for the occurrence of a certain event or process or a social flow. These reasons are inferred from the reasons expressed by the social activists themselves (Blaikie & Priest, 2019). Therefore, only by entering the world of people's experiences, the researcher can discover the meaning of phenomena from their point of view (Nasrabadi et al., 2010).

The present study employed the (IPA) approach to investigate participants' perceptions of the role of religiosity in risky behaviors. IPA, recognized as a qualitative method with an idiographic focus, was chosen to explore the personal significance and sense-making processes associated with this phenomenon. Rooted in phenomenology, ideography, and hermeneutics, IPA aims to uncover personal experiences, perceptions, and accounts related to specific events or situations. Developed by Jonathan Smith et al. (Smith et al., 1995), IPA has recently gained popularity. Its application to the study of risky behavior and SDOH provides valuable insights into individuals' lived experiences. Researchers utilizing this approach conduct in-depth interviews and analyze narratives to comprehend the underlying motivations, beliefs, and contextual factors influencing risky behavior.

Participants

In this study, a total of 14 participants, consisting of 6 females and 8 males aged between 19 and 52 years (Mean age=39), residing in Shiraz, Iran, were recruited. Employing a purposive sampling approach (Creswell & Poth, 2016), two distinct groups were targeted: a) four participants were identified as religious individuals, and b) others were selected based on engagement in health-related risky behaviors, including addiction, alcohol consumption, and sexual risky behavior.

The sample was relatively homogeneous and all participants shared a common cultural and geographical background (Shiraz, Iran) and were selected based on their religious affiliation or engagement in risky behaviors. However, within this shared context, diversity was present across

dimensions such as age, gender, and specific behaviors or religious practices.

The identification of religious participants was based on their self-reported engagement in religious practices and beliefs. These individuals were selected since they actively participated in community religious activities, adhered to religious norms, and expressed a commitment to their faith. Their selection aimed to provide insights into the perspectives of those who identify strongly with their religious beliefs, allowing for a comparative analysis against individuals involved in risky health behaviors.

The identification of participants exhibiting risky behaviors occurred through interpersonal networks facilitated by acquaintances and outreach efforts conducted by Non-Governmental Organizations (NGOs) specializing in addressing risky behaviors. Subsequently, these initially identified participants played a crucial role in referring additional individuals to the study. This referral process aligns with the principles of 'snowball sampling' or 'chain referral sampling' in scientific research, a non-probability technique where existing participants recruit new participants from their social networks. This method is particularly valuable when the target population is challenging to reach through conventional sampling approaches.

Participants were selected based on their willingness to participate in the study, and data analysis was conducted on insights gathered from the 14 interviews. IPA was utilized to provide a detailed understanding of participants' lived experiences. Although IPA traditionally works with small, homogeneous samples (Smith, 2017; Smith, 2024), the diversity of participants in terms of age, gender, and religiosity added depth to the analysis.

Data Collection

In response to the challenges posed by the COVID-19 pandemic and participants' reluctance to engage in face-to-face interviews, data collection was adapted to phone interviews. Enoch

et al. (2023) suggest that phone interviews can generate rich data while being an accessible, comfortable mode of data collection for many participants in qualitative data collection. Informed consent was obtained from each participant over the phone after a thorough explanation of the interview's purpose. The interviews were systematically audio-recorded, maintaining a typical duration between 40 and 60 minutes. As emphasized by Larkin et al. (2021) interviewers aimed to facilitate an interaction that allowed participants to share their stories in their own words. Therefore, interviewers minimized questioning, enabling participants to express themselves freely. Data collection was integrated with analysis and interpretation. The procedure was concluded when thematic saturation was observed, indicating a rich understanding of participants' experiences. In this model, saturation appeared to be confined to the analysis level, and its implications for data collection are implicit (Saunders et al., 2018).

Analysis and Interpretation

Transcripts underwent a comprehensive analysis, with emerging themes interpreted within the context of each participant's experience. In summary, the analysis comprised six steps: 1. Reading and re-reading (initially, each case was analyzed individually, emphasizing a thorough understanding of participants' narratives), 2. Initial noting (an exploratory procedure was undertaken, involving descriptive and conceptual comments, followed by their deconstruction to uncover underlying meanings), 3. Developing emergent themes (themes that illuminated the meaning of the phenomenon and the essence of the experience were compiled during this phase), 4. Organizing connections across emergent themes (through processes such as abstraction, polarization, contextualization, and bringing it together, connections across emergent themes were organized. These themes were then clustered into coherent, wider themes to capture the richness of participants' experiences), 5. Moving to the next

case (the analysis proceeded by moving on to the next case, ensuring a comprehensive exploration of each participant's narrative), 6. Looking for patterns across cases (Patterns were sought across cases by amalgamating themes and refining them into superordinate themes, providing a broader perspective (Smith, 2017).

Trustworthiness and Qualitative Rigor

After a thorough examination of the transcript aligned with the emerged themes, revisions, recombinations, and clustering were performed to present a coherent depiction of the participants' stories. Peer feedback played a crucial role in confirming the validity of the analyses, acknowledging and addressing potential personal biases and ensuring methodological soundness (Marshall & Rossman, 2011). Research judgment criteria, as provided by (Creswell & Poth, 2016)

and (Tracy, 2010), were applied where possible. Efforts were made to minimize the use of pre-defined concepts and categories during interviews, avoiding leading questions that could impose a predetermined meaning or focus on a specific aspect of the participants' experiences. This approach aimed to encourage sincerity and allow participants to express their perspectives authentically. To enhance the study's accuracy, some authors acted as critical members, scrutinizing the work of the first author and offering broader theoretical insights. Maintaining a consistent approach, only one researcher conducted interviews for each gender, ensuring a uniform and comparable data collection process.

Results

The study results revealed diverse interpretations about the role of religiosity in risky behavior and social problems, leading to the identification of four main themes. The themes obtained are stated along with the relevant quotes. Names have been changed to maintain the confidentiality and anonymity of the participants.

Theme 1: Constructive Viewpoint of the Religion Role

In the constructive view of the religion role, all

social issues are examined through the lens of religion, and society is seen as the soul of religion. Participants in this group, which were all religious, emphasized the close connection between religion and social issues, viewing social problems as behaviors contrary to religious teachings. For example, some participants considered "social problems" as actions in opposition to religious orders or instructions. Ahmad said:

"I view social problems through the lens of religion, and I believe social problems are actions that religion forbids, and I see them as social deviance."

This approach has been observed in various forms in interviews. Mahboobeh considers social problems to be;

"... anything that is outside the framework of Islam ..., any behavior that violates society by violating the framework of Islam".

In this framework, religious values take precedence, and any social incompatibility is attributed to negligence and a lack of commitment to religious rules. One participant believed that adopting a religious approach at the state or governmental level was key to solving social problems and deviances: Razieh believed that:

"The proliferation of social problems is due to negligence and distancing from religious teachings." She stated: *"What can be effective in reducing social problems is religiosity at the government level. A religious government can prevent many social problems if it governs well."*

For those who considered "social" to be synonymous with "religious," improvements in social situations depended on the observance of religious rules and regulations. In this context, priority was given to religious values. Any form of social discord was attributed to negligence and weakness in adhering to religious rules and had nothing to do with the entirety and competence of religion itself. It was associated with incomplete methods of religious socialization and the transmission of religious teachings. Therefore, religiosity that governed society, without sufficient insight and reflection, sometimes led to unintended

consequences.

For example, Ali :

"People do "promote virtue" [amr-e be ma'ruf] as religious individuals, but because they do not do it correctly, it has become counterproductive. But can we say it should not be done because people have difficulty understanding it and cannot do it well? I believe accurate instruction should be provided."

Regardless of personal opinions on religion (whether one agrees or disagrees), this perspective acknowledged the mutual influence of " social" and " religious" in shaping social problems. According to this viewpoint, religion, as a social reality, exists in the foundational layers of social relations, and its role should be considered for improving the social situation. When religion is accepted as a social reality, opposing religious values and violating, as well as contradicting societal norms, harms society.

Overall, within this perspective, participants believed that religion played a constructive role in addressing social problems. They viewed social issues through the lens of religion and considered the concept of society as closely intertwined with religious values. According to these participants, social problems were behaviors that ran counter to religious orders or instructions. They believed that giving priority to religious values and adhering to religious rules could help prevent social problems. Some participants even suggested that a government with a religious orientation could effectively address social issues.

Theme 2: Destructive Viewpoint of the Religion Role

In contrast, this group perceived religion as having a detrimental impact and attributed many social problems to commonly held religious definitions and practices. Mahdieh believed that:

"In our society, what is understood and defined as religiosity entails a series of burdensome, destructive, and harmful restrictions."

Some participants, by referring to different classifications of religiosity such as "official

religion," "governmental religion," or "customary religion," attempted to identify the source of problems in the prevailing definitions of religion. Ali believed that religiosity had deviated fundamentally, and there had been a shift from rituals being a means to an end.

"Religiosity among our people has become a sort of superficial, thoughtless religiosity that involves adherence to ritualistic religiosity. This means adhering to rituals as an end in itself, rather than as a means. He continued," The perception is that ritualism has strengthened over time. Furthermore, religious purity in practice and rituals has diminished".

A participant (Mona) added:

"Engaging in religious rites has become problematic and a focal point for social problems. Most of people who attend religious mourning ceremonies do so out of hypocrisy and pretense, seeking recognition, status, financial gain, and so on."

This perspective, which holds an authoritarian view of religion, takes a critical stance and believes that the penetration of religion into all aspects of social life and the religious interpretation of all its categories constitute a significant factor behind many social problems. In essence, religion itself becomes a source of social problems. Indeed, in this approach, the manner in which religiosity is practiced and people's understanding of religion can themselves cause problems. Authoritarian interpretations of religion and discouragement of critical thinking within religion can harm religion and give rise to numerous social problems.

Overall, in contrast to the first perspective, some participants held a destructive view of the role of religion in society. They believed that commonly held religious definitions and practices were detrimental and contributed to social problems. These participants criticized the superficial and ritualistic comprehension of religion, which, in their opinion, had strayed from its true essence. They argued that an authoritarian interpretation of religion and the suppression of critical thinking

could lead to social issues. Participants subscribing to this perspective believed that religion itself had become a source of social problems.

Theme 3: Separation of Social Issues and Religion

Some participants adopted a non-religious perspective on social problems, viewing them as distinct from religious concepts. They asserted that certain social problems, such as divorce, theft, and alcohol consumption, transcended religious definitions and could be shared concerns among both religious and non-religious individuals.

In one participant's words,

"Social problems means something that harms people and their lives, such as divorce, theft, and alcohol consumption, which can disrupt their lives". He (Yaser) continues, *"I believe there is no difference between religious and non-religious views on anomaly (deviance)".* He added, *"As we often find religious and non-religious individuals sharing similar opinions, despite their different cultural contexts".*

Overall, some participants held the view that religious concepts were not necessarily involved in shaping their understanding of social problems.

Theme 4: Interaction of Religion and Other Factors

This category delves into factors broader than religion itself. Participants perceived "religion," along with other sources that can exacerbate or control social problems, as a tool. Within this section, several subthemes emerged, including social custom, personality systems, interpersonal relationships, the global system, and economic systems.

a) Social Custom: Social norms and customs often extend beyond religious teachings, creating fertile ground for the emergence of social problems. For instance, when social custom strongly condemns actions like divorce, individuals may resort to secretive means to satisfy their needs, which can lead to adverse consequences.

According to Mona,

"This way of understanding religion in the form

of social custom not only caused dissatisfaction of needs but also led to their satisfaction of needs in the wrong way."

b) Personality System: The personality system, as a foundational individual aspect, plays a pivotal role in individuals' attitudes toward abnormal behaviors and decision-making processes.

"In my opinion, the foundation of people's personalities is problematic". Behrad added, *"People use religion to pursue their goals, and this overactivity, driven by extremes in satisfying needs, can lead people further away from mental well-being. When needs are adequately met, individuals maintain a satisfied and balanced personality, pursue their goals, and contribute to the community if possible."*

In fact, personality systems result from the interplay of genetic and biological characteristics, parenting, and life experiences during a child's early development. These systems play a crucial role in individuals' beliefs, choices, and interpretations of religious affiliation:

c) Interpersonal Relationship: For most participants, cheating in relationships emerged as a prevalent social problem within this subtheme:

As a participant (Yaser) stated:

"I am a religious person who believes in my heart, but in interpersonal relationships, I prefer that religion does not act as an obstacle." He added, *"The most important and common issue now is cheating in relationships."*

Yaser believes that

"Social aggression is the most important social issue, followed by cheating." With an analytical approach, he adds, *"Many social ills stem from problems in interpersonal relationships, indicating that individuals struggle to resolve their issues collectively."*

This subtheme emphasizes the challenges in solving social problems when individuals face difficulties in effectively communicating and addressing issues in their relationships.

d) Global System: This subtheme introduces the idea that global macro-level factors, such as hedonism, can overshadow the influence of

religion and family values, potentially neutralizing or overriding the impact of religiosity on social issues.

Amir articulates this perspective:

"In my opinion, there are general and universal structures and features, such as hedonism, which operate beyond concepts like religion, family, human relations, and ethics, hindering their function."

This approach deepens the analysis by considering that components such as religiosity may be overshadowed by global macro-level variables.

e) **Economic Systems:** Economic factors emerged as significant contributors to social problems. Financial problems, poverty, and desperation were highlighted as root causes of issues like prostitution. Participants noted how economic stability significantly influences individuals' adherence to religious beliefs and values.

Despite differences in life experiences, education, and levels of religiosity, most participants recognized the economic situation's role in the incidence and control of social problems:

"It is rare for a well-off person to fall into addiction and end up sleeping in the street."

Mahtab primarily attributes prostitution to severe financial problems,

"No matter how much you believe, when a person sees her child sick and dying, religion is not really the answer". She added, *"If this person's financial problem is solved, she can escape her predicament. Religion has no role here."*

Mahshid shares a similar view,

"When I talk about cheating, I refer to women engaging in prostitution either out of lust or to make money due to poverty and misery."

When it comes to addressing these problems and reconciling religious concerns, Behrad prioritizes improving the economic situation,

"If I could do anything, I would start by fixing the economy."

Participants cited religious sources to underscore the role of economic status in undermining

religious beliefs and causing abnormal behaviors. Nima Stated,

"When poverty enters the family, religion and beliefs exit through another door (as per the hadith)." He adds, "Poverty and hardship can lead to disbelief, causing people to lose their faith."

He also recalls the hadith,

"I think there's a hadith that says when poverty enters one door of the house, faith leaves through another". He continued, *"Nowadays, many people working as prostitutes do so out of necessity, not a lack of belief or a guilty conscience. They do it because their child is sick, and they have financial problems."*

In such circumstances, religious beliefs may lose their effectiveness in preventing wrongful behavior:

"For example, a person who becomes addicted isn't necessarily irreligious. Many of them genuinely believe in God, pray, and fast. However, they fall into addiction due to financial and social issues. Religion may provide some help, and they may find the will to quit. Nevertheless, when they return to the same environment with the same problems, most of them tend to revert to their previous ways."

Overall, this theme highlighted the multifaceted nature of social problems, with participants recognizing the influence of factors such as social customs, personality systems, interpersonal relationships, the global system, and economic conditions on the occurrence and mitigation of social problems. Economic status, in particular, was seen as a significant factor in the incidence or control of social issues.

This theme illuminated the complex interplay between religious beliefs, societal norms, and individual experiences in shaping perceptions of social problems. The diverse viewpoints underscored the importance of considering the role of religion and its interactions with various societal factors when addressing and understanding the evolving landscape of social issues. The Table 1 shows the summary of themes extracted from participants' perspectives:



Table 1. Perspectives on the Role of Religiosity to Risky Behavior and Social Problems

Organizing Themes	Basic Themes
Perspectives on the Relationship between Religion and Social Problem	<p>Constructive Viewpoint of the Religion Role</p> <ul style="list-style-type: none"> -Social problems as forbidden actions in religion. -Anything beyond Islam's framework. -Neglect and distance from religion cause social problems. -A religious government can prevent many social problems. -Religious governance reduces social problems effectively. -Promoting virtue is vital, but proper guidance is key.
	<p>Destructive Viewpoint of the Religion Role</p> <ul style="list-style-type: none"> -Society views religiosity as burdensome and harmful. -Shallow religiosity, fixated on rituals, hampers true devotion. -Ritualism has grown, while religious purity has declined. -Religious rites now fuel social problems, as attendance is often insincere, driven by ulterior motives.
	<p>Separation of Social Issues and Religion</p> <ul style="list-style-type: none"> -No difference exists between religious and non-religious views on deviance. -Religious and non-religious people share similar views despite cultural differences.
	<p>Interaction of Religion and Other Factors</p> <ul style="list-style-type: none"> a) Social Custom: <ul style="list-style-type: none"> -Viewing religion as a social custom breeds dissatisfaction and misguidance in fulfilling needs. b) Personality System: <ul style="list-style-type: none"> -I find the foundation of people's personalities problematic. -Religion-driven goal pursuit, if excessive, can harm mental well-being. c) Interpersonal Relationship: <ul style="list-style-type: none"> -In interpersonal relationships, religion does not act as an obstacle. -Social problems often arise from interpersonal issues, indicating collective struggle in resolution. d) Global System: <ul style="list-style-type: none"> -Universal features like hedonism hinder the function of concepts like religion, family, and ethics. e) Economic Systems: <ul style="list-style-type: none"> -Wealthy individuals seldom fall into addiction and end up homeless. -In the face of a dying child, belief in religion often falls short. -Financial solutions, not religion, provide relief in such predicaments. -I'm talking about women resorting to prostitution out of lust or financial need. -If I could, I'd start by fixing the economy. -Poverty enters, beliefs exit—a door foretold by the hadith. -Poverty and hardship may lead to disbelief, causing a loss of faith. -Some resort to prostitution due to financial necessity, not lack of belief or guilt. -Believers in God may turn to substances due to life challenges.

Discussion

This study sheds light on the complex and multifaceted relationship between religion and social problems through participant’s undrestanding. The study looks for an association between religion and the construction of social problems through the selected subjects who some of them had some sort of unhealthy behaviors including addiction, alcohol consumption, and risky sexual behaviors. The results of this study

reveal a rich tapestry of perspectives on the relationship between religion and social problems, offering insights into how individuals perceive and interpret the influence of religious beliefs, practices, and norms in the context of risky behaviors and social issues. The four themes that emerged included: constructive viewpoint, destructive viewpoint, separation of social issues and religion, and interaction of religion with other factors, highlighting the complexity of this

relationship and the multifaceted nature of social problems.

The "constructive viewpoint" reflects a perspective in which religion is seen as a constructive force in addressing social problems. Participants in this group emphasized the close connection between religion and societal issues, viewing social problems as behaviors contrary to religious teachings. This perspective prioritizes religious values and adherence to religious rules as means to prevent social problems. Some participants even suggested that a government with a religious orientation could be effective in addressing social issues. This viewpoint aligns with previous research highlighting the positive influence of religiosity on health behaviors and moral values (Koenig, 2012). It underscores the potential for religion to serve as a protective factor against risky behaviors and to promote healthier lifestyles. This also aligns with recent findings that highlight how religious participation can reduce risky behaviors. For example, Lim and Putnam (2010) found that higher religiosity, particularly in organized settings, was linked to lower rates of substance abuse, improved mental health, and better social well-being. Religious communities provide support networks that foster accountability and reinforce positive health behaviors. More recent studies, such as Lefevor et al. (2024) and Lee et al. (2020), suggest that religious beliefs, behaviors, and sense of belonging as well as useful coping strategies simultaneously undermine and support sexual health and prevent risky sexual behavior. It further illustrates how religious moral frameworks can guide healthier decisions, particularly among adolescents and young adults. This perspective reinforces the argument that religion can serve as a source of social capital, helping individuals resist temptations to engage in harmful behaviors by creating a sense of belonging and moral clarity.

In contrast, the "destructive viewpoint" reveals a perspective in which religion is seen as having a harmful impact on society, with some participants attributing social problems to common religious

definitions and practices. This perspective criticizes the superficial and ritualistic understanding of religion, which is perceived to have deviated from its true essence. It suggests that an authoritarian interpretation of religion and the suppression of critical thinking can lead to social problems, and, in some cases, religion itself becomes a source of social problems. One of the reasons for this interpretation of religion is the link between religion and politics in Iran. This has caused the problems of governance to spread to religion and to be considered the cause of social problems. This has been aggravated by the rulers' method of justifying problems with religious reasons. The study found that environments with rigid religious views often foster exclusion and contribute to social isolation and stigmatization, which can drive risky behaviors underground.

Some participants adopted a "separation of social issues and religion" perspective, considering certain social problems to be independent of religious concepts. They believed that behaviors like divorce, theft, and alcohol consumption transcended religious definitions and could be shared concerns among individuals within various religious traditions. This viewpoint emphasizes that religious concepts are not necessarily involved in constructing individuals' understanding of these social problems. This perspective challenges the assumption that religion is always a primary factor in shaping perceptions of social issues, aligning with recent findings that illustrate the multifaceted nature of religion's impact on behavior. Previous researches indicate that personal interpretations of religious teachings, along with societal norms and economic conditions, can play significant roles in influencing how people perceive and respond to issues like substance use (Weinandy & Grubbs, 2021) and family breakdown (Hajilou et al., 2023). This aligns with the notion that various factors—beyond religion—shape individual and community responses to social problems.

The "interaction of religion with other factors" theme recognizes that religion is just one of many factors influencing social problems. Participants in

this category emphasized that social customs, personality systems, interpersonal relationships, the global macro-level factors, and economic systems also play crucial roles in shaping individuals' attitudes toward and responses to social issues. Economic factors, in particular, were seen as significant contributors to the incidence or mitigation of social problems. This perspective aligns with the research of , who examined the role of religion and social capital in substance use among Mexican heritage youths. They found that economic factors, such as financial stability, could significantly impact individuals' adherence to religious beliefs and values, illustrating how broader economic conditions can intersect with religiosity to influence risky behaviors. Recent research increasingly recognizes the importance of considering how religion intersects with broader SDOH, such as education, income, and social capital. Similarly, this perspective aligns with the study by (Hodge et al., 2011), who explored how broader economic conditions and social capital intersect with religiosity to influence health outcomes and risky behaviors (Yeung et al., 2009) have reached the same conclusion in their meta-analysis.

Conclusion

This study has clarified factors influencing social problems, particularly in the context of risky behaviors such as addiction, alcohol consumption, and sexual health issues. The diverse viewpoints uncovered—ranging from the constructive to the destructive roles of religion, the separation of religion and social issues, and the interaction of religion with other factors—highlight the complexity of how religious beliefs and practices shape perceptions of social problems. This research contributes significantly to the broader discourse on the role of religion in shaping individuals' perceptions of social issues, emphasizing that religion can be both a protective and a detrimental force depending on how it is interpreted and practiced.

One of the major strengths of this research lies

in its comprehensive approach to examining multiple perspectives on the relationship between religion and social problems. By exploring different viewpoints (constructive, destructive, separation, and interaction), the study provides a nuanced understanding of the complexity of this relationship. Another strength is the study's qualitative methodology, which allowed for in-depth exploration of participants' personal experiences and attitudes. This rich data offers valuable insights into how religious beliefs and practices influence individuals' engagement in or avoidance of risky behaviors.

Additionally, the study inclusion of a variety of sociocultural factors and its recognition of the role that non-religious factors (such as economic conditions and social customs) play in shaping social problems represent a holistic perspective. This multi-dimensional approach strengthens the study ability to offer more context-specific insights that are applicable to both religious and secular populations. Finally, the study adds to the ongoing discourse by addressing contemporary challenges, such as the impact of the COVID-19 pandemic on risky behaviors and mental health, which enhances the timeliness and relevance of the findings.

Despite its contributions, the study has some limitations. A notable weakness is the difficulty in recruiting participants who were actively engaged in risky behaviors such as addiction or alcohol abuse. Due to the sensitive nature of these behaviors and the inherent challenges in reaching this population, the study may have lacked broader representation, which could limit the generalizability of the findings.

Another significant weakness arose from the COVID-19 pandemic, which affected the research design, particularly with regards to data collection methods. Although efforts were made to ensure safety during face-to-face interviews, the pandemic caused reluctance among participants, leading to a reliance on alternative interview methods such as virtual or phone interviews. This may have impacted the depth of interaction, potentially limiting the richness of the qualitative data.

Moreover, the study's focus on certain religious contexts and countries may limit the application of its findings to more diverse global populations, particularly in regions where religious practices and societal norms differ significantly.

Future research should aim to expand participant diversity, particularly by including individuals from a broader range of religious backgrounds, as well as secular or atheistic individuals, to provide a more comprehensive understanding of how different belief systems influence social problems. Additionally, future studies could benefit from employing mixed-method approaches, combining quantitative and qualitative research to enhance the generalizability of findings while still capturing in-depth personal narratives.

Given the significant role of economic and social determinants alongside religious factors, future research could also explore how religion interacts with other SDOH, such as education, income inequality, and mental health services. Comparative studies across different cultures or regions would provide valuable insights into how local religious practices and social structures impact the effectiveness of religion in addressing social problems.

This study offers important contributions to the understanding of religion's dual role as both a protective and potentially harmful influence on social problems. However, challenges in recruitment and limitations posed by the pandemic underscore the need for future research to refine methodological approaches and further explore the intersectionality of religion with broader social, economic, and cultural factors.

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Conflict of interest

The authors declare no conflicts of interest in publishing this article.

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Ethical Considerations

All procedures were in accordance with the ethical standards of the institutional research committee. Initially, we explained the research aims and the participant selection reasons to them and received their verbal agreement for the interview and recording. Some participants did not agree to be recorded, so we solely documented their interviews. All audio recordings, transcripts, analytic notes, and related documents are securely held by one author to ensure confidentiality. Researchers are committed to deleting all audio recordings and any identifiable materials after publishing the article. Participants were assured that the interview content would be protected confidentially and anonymously. Additionally, we took measures to remove any data that could potentially identify any of the participants.

Code of Ethics

This study is approved by Research Deputy of Shiraz University of Medical Sciences (IR.SUMS.REC.1399.1320).

Authors' Contributions

Conceptualization and review and comment different versions of article, H. J. and R. J. and N. A. methodology and data collection, Analysis of data (extract initial themes) and preparation of initial draft of manuscript. R. J. and S. A. and M. S. preparation of subsequent versions of manuscript and writing the final version. N. A. and M. S. and H. J.

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References

Alcántara, C., Diaz, S. V., Cosenzo, L. G., Loucks, E. B., Penedo, F. J., & Williams, N. J. (2020).

- Social determinants as moderators of the effectiveness of health behavior change interventions: scientific gaps and opportunities. *Health Psychology Review*, 14(1), 132-144. <https://doi.org/https://doi.org/10.1080/17437199.2020.1718527>
- Ameri, Z., Mirzakhani, F., Nabipour, A. R., Khanjani, N., & J.Sullman, M. (2017). The relationship between religion and risky behaviors among Iranian university students. *Journal of Religion and Health*, 56, 2010-2022. [Persian]
- Beckford, J. A. (1990). The sociology of religion and social problems. *Sociological Analysis*, 51(1), 1-14. <https://doi.org/https://doi.org/10.2307/3711337>
- Bhat, S. A. (2015). Religious orientation and academic stress among university students. *International Journal of Behavioral Research in Psychology*, 3(3), 85-89. <https://doi.org/10.19070/2332-3000-1500015>
- Blaikie, N., & Priest, J. (2019). *Designing social research: The logic of anticipation*. John Wiley & Sons.
- Borges, M., Lucchetti, G., Leão, F., Vallada, H., & Peres, M. (2021). Religious Affiliations Influence Health-Related and General Decision Making: A Brazilian Nationwide Survey. *International Journal of Environmental Research and Public Health*, 18(6). <https://doi.org/10.3390/ijerph18062873>
- Burris, J. L., Smith, G. T., & Carlson, C. R. (2009). Relations among religiousness, spirituality, and sexual practices. *Journal of Sex Research*, 46(4), 282-289. <https://doi.org/https://doi.org/10.1080/00224490802684582>
- Busse, H., Buck, C., Stock, C., Zeeb, H., Pischke, C. R., Fialho, P. M. M., . . . Helmer, S. M. (2021). Engagement in health risk behaviours before and during the COVID-19 pandemic in German university students: results of a cross-sectional study. *International Journal of Environmental Research and Public Health*, 18(4), 10-14. <https://doi.org/https://doi.org/10.3390/ijerph18041410>
- Campante, F., & Yanagizawa-Drott, D. (2015). Does religion affect economic growth and happiness? Evidence from Ramadan. *The Quarterly Journal of Economics*, 130(2), 615-658. <https://doi.org/https://doi.org/10.1093/qje/qjv002>
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (4 ed.). Sage.
- Davoodi, T., Jamshidi-Sianaki, M., Abedi, F., Payir, A., K.Cui, Y., Harris, P. L., & H.Corriveau, K. (2019). Beliefs about religious and scientific entities among parents and children in Iran. *Social Psychological and Personality Science*, 10(7), 847-855. [Persian]<https://doi.org/https://doi.org/10.1177/1948550618806057>
- Enoch, J., Subramanian, A., & Willig, C. (2023). "If I don't like it, I'll just pop the phone down!": Reflecting on participant and researcher experiences of telephone interviews conducted during the COVID-19 pandemic. *SSM - Qualitative Research in Health*, 4, 100351. <https://doi.org/https://doi.org/10.1016/j.ssmqr.2023.100351>
- Gold, M., Sheftel, A. V., Chiappetta, L., Young, A. J., Zuckoff, A., DiClemente, C. C., & Primack, B. A. (2010). Associations between religiosity and sexual and contraceptive behaviors. *Journal of Pediatric and Adolescent Gynecology*, 23(5), 290-297. <https://doi.org/https://doi.org/10.1016/j.jpag.2010.02.012>
- Guo, S., & Metcalfe, C. (2019). Religion as a social control: A longitudinal study of religious involvement and substance use. *Crime & Delinquency*, 65(8), 1149-1181. <https://doi.org/https://doi.org/10.1177/0011128718787510>
- Hajilou, F., Golabi, F., & Ranjegargalekandy, B. (2023). The Relationship of Moral Judgment and Adherence to Believers with Breakdown in the Family Institution. *Strategic Research on Social Problems*, 12(2), 129-148. [Persian] <https://doi.org/10.22108/srsp.2023.138598.1924>
- Hodge, D. R., Marsiglia, F. F., & Nieri, T. (2011). Religion and Substance Use among Youths of Mexican Heritage: A Social Capital Perspective. *Soc Work Res*, 35(3), 137-146. <https://doi.org/>

- 10.1093/swr/35.3.137
- Iman, M. T. (2009). Paradigmatic foundations of quantitative and qualitative research methods in the humanities. Qom: Research Institute and University. [Persian]
- Joulaei, H., Bhuiyan, A. R., Sayadi, M., Morady, F., & Kazerooni, P. A. (2014). Slums' access to and coverage of primary health care services: a cross-sectional study in Shiraz, a Metropolis in Southern Iran. *Iranian Journal of Medical Sciences*, 39(2). [Persian]<https://doi.org/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3993042>
- Joulaei, H., Maharlouei, N., Tabrizi, R., & Lankarani, K. B. (2016). The Millennium Development Goals; A Global Assignment [Review Article]. *Shiraz E-Med J*, 17(1), e35479. [Persian] <https://doi.org/10.17795/semj35479>
- Kruk, J., & Aboul-Enein, B. H. (2024). Religion and Spirituality-Based Effects on Health-Related Components with Special Reference to Physical Activity: A Systematic Review. *Religions*, 15(7), 835. <https://www.mdpi.com/2077-1444/15/7/835>
- Larkin, M., Flowers, P., & Smith, J. A. (2021). Interpretative phenomenological analysis: Theory, method and research. sage publication.
- Lee, D. B., Hope, M. O., Heinze, J. E., Cunningham, M., Caldwell, C. H., & Zimmerman, M. A. (2020). Psychological pathway from racial discrimination to the physical consequences of alcohol consumption: Religious coping as a protective factor. *Journal of Ethnicity in Substance Abuse*, 19(3), 453-475. <https://doi.org/10.1080/15332640.2018.1540956>
- Lefevor, G. T., Sorrell, S. A., & Skidmore, S. J. (2024). How and Why Religiousness Influences Sexual Health: a Review. *Current Sexual Health Reports*, 16(3), 185-194. <https://doi.org/10.1007/s11930-024-00390-5>
- Lim, C., & Putnam, R. D. (2010). Religion, Social Networks, and Life Satisfaction. *American Sociological Review*, 75(6), 914-933. <https://doi.org/10.1177/0003122410386686>
- Marshall, C., & Rossman, G. B. (2011). Managing, analyzing, and interpreting data. In M. C. & R. G. B. (Eds.), *Designing Qualitative Research* (5 ed., pp. 205-227). Sage Publications.
- Mendolia, S., Paloyo, A., & Walker, I. (2019). Intrinsic Religiosity, Personality Traits, and Adolescent Risky Behaviors. *The B.E. Journal of Economic Analysis & Policy*, 19(3). <https://doi.org/doi:10.1515/bejeap-2018-0311>
- Narabadi, A. N., Brimnehad, L., & Joulia, S. (2010). An introduction to phenomenological research in medical sciences. JameeNegar Publishing House. [Persian]
- Ransome, Y., Perez, A., Strayhorn, S., Gilman, S. E., Williams, D. R., & Krause, N. (2019). Contextual religiosity and the risk of alcohol use disorders and suicidal thoughts among adults in the united states. *J Affect Disord*, 250, 439-446. <https://doi.org/10.1016/j.jad.2019.03.021>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., . . . Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893-1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Short, S. E., & Mollborn, S. (2015). Social determinants and health behaviors: conceptual frames and empirical advances. *Current Opinion in Psychology*, 5, 78-84. <https://doi.org/https://doi.org/10.1016/j.copsyc.2015.05.002>
- Sinha, J. W., Cnaan, R. A., & Gelles, R. J. (2007). Adolescent risk behaviors and religion: Findings from a national study. *Journal of Adolescence*, 30(2), 231-249. <https://doi.org/https://doi.org/10.1016/j.adolescence.2006.02.005>
- Smith, J. A. (2017). Interpretative phenomenological analysis: Getting at lived experience. *The Journal of Positive Psychology*, 12(3), 303-304. <https://doi.org/10.1080/17439760.2016.1262622>
- Smith, J. A. (2024). Qualitative psychology: A practical guide to research methods.
- Smith, J. A., Harré, R., & Von Langenhove, L. (1995). Idiography and the case study. In J. A. Smith, R. Harré, & L. Von Langenhove (Eds.), *Rethinking Methods in Psychology* (pp. 59-69). Sage.



- Tracy, S. J. (2010). Qualitative Quality: Eight “Big-Tent” Criteria for Excellent Qualitative Research. *Qualitative Inquiry*, 16(10), 837-851. <https://doi.org/10.1177/1077800410383121>
- Van Dyke, C. J., & Elias, M. J. (2007). How forgiveness, purpose, and religiosity are related to the mental health and well-being of youth: A review of the literature. *Mental Health, Religion & Culture*, 10(4), 395-415. <https://doi.org/10.1080/13674670600841793>
- Weinandy, J. T. G., & Grubbs, J. B. (2021). Religious and spiritual beliefs and attitudes towards addiction and addiction treatment: A scoping review. *Addictive Behaviors Reports*, 14.
- Wojnar, D. M., & Swanson, K. M. (2007). Phenomenology: An Exploration. *Journal of Holistic Nursing*, 25(3), 172-180. <https://doi.org/10.1177/0898010106295172>
- Yeung, J. W., Chan, Y.-C., & Lee, B. L. (2009). Youth religiosity and substance use: a meta-analysis from 1995 to 2007. *Psychological reports*, 105(1), 255-266.