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Investigating Social Health and Its Related Factors among Male Prisoners of Urmia in 2016

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ABSTRACT

Background: Social health, as one of the key components of health, plays an important role in ensuring the dynamism and efficacy of each society. It is considered as one of the health assessment criteria of various communities and prisoners have many health needs. The aim of this study was to assess social health and its related factors among male prisoners.
Methods: This descriptive-analytic study was conducted on 200 male prisoners in the central prison of Urmia using simple random sampling method in 2016. The instruments included Keyes Social Health Questionnaire to measure social health and a demographic questionnaire containing demographic information on type of crime. The data analysis was performed using chi-square, one-way ANOVA and Scheffe tests in $SPSS_{16}$.
Results: Mean score of social health of male prisoners was 65.01 (10.11) from the total score of 100. Social health was associated with variables like education, marital status, occupation and economic status. The results also showed that assault offenders had the lowest level of social health and there was a significant relationship between social health and crime type (P-value < 0.05).
Conclusion: Considering the significant relationship between the crime type and the social health of male prisoners, it is necessary to adopt policies for the promotion of prisoners' level of social health in order to improve their other health dimensions and to prevent the recurrence of crime.

Keywords: Social Health, Male Prisoners, Crime

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Introduction

The scope of social deviations is very wide and the most advanced case is the act legally considered to be a crime and the main perpetrator is sentenced to prison.[1] The presence of people called offenders, convicted or imprisoned as a vulnerable group requiring special services requires that healthcare managers should pay special attention to them and take appropriate measures to improve their health and well-being.[2] Global data shows that prisoners have a lot of health needs.[3] The number of prisoners is more than10.1 million globally. More than 20,000 people are in jail in Iran.[4] The number of men detained has increased by 50% between 1992 and 2002.[5]

The health issue is the most fundamental topic on which human life is based. Nowadays, considering changes in living conditions and the society structure, new health dimensions have been introduced, including social health.[6] Social health refers to the individual's ability to effectively interact with the community and others, so as to create relationships satisfying personal needs and realizing the social roles. Social health actually involves social participation, life compatible with other people, building positive relationships with other people in society and having healthy relationships.[7] In other words, social health is part of the one's health that emerges in the community. A person is considered to be socially sound when he/she can manifest his/her activity and social roles as normal and connect with society and social norms.[8]

Keyes defines social health as an individual's personal report of the quality of his/her relationship with others. Social health in this sense refers to one's understanding of the community as a meaningful, understandable and potentially powerful source of growth and prosperity. They also have a feeling of belonging to the community and share their own experience in society and its progress. According to this definition, social health has five dimensions: social participation, social acceptance, social integration, social prosperity, and social cohesion. He believes that although these five components represent individual assessments, they have an unbreakable link with the social environment; for instance, there is a strong correlation between prosperity and social acceptance with anomie and those who feel solidarity with society; in other words, they reflect their social conditions.[9]

It seems that the root of the problems and social dilemmas that lead to the commission of crime is directly and indirectly related to the human community. Today, one of the most important objectives of prisons and judicial authorities is to correct and nurture prisoners in order to reduce the commission of the crime and returning to jail.[10]

Despite the shortcomings in the prisons in our country, steps have been taken to protect the physical health of the people; nevertheless, the insufficient attention paid to the psychological, behavioral and social dimensions of individuals is the element absent in all areas of the country, especially in prisons. This inattention in the communication and globalization era causes the vulnerability of individuals in psychological dimensions such as suicide, smoking, frequents offences and other social problems, which should be taken into special consideration.[11] Social developments are indicative of the fact that the face of diseases and disorders is changing and the epidemiological transmission phenomenon is taking place rapidly, causing diseases and disorders in such a way that psychiatric, behavioral and social disorders will be the source of health problems in the whole world by 2020.[12]

It seems that one of the most important health goals to be developed is social health, which affects individual and social health as well as crime prevention and recurrence. Men, on the other hand, play an important role in the future management of the country. The importance of this role is attributed to the fact that men constitute the main manpower in various fields, such as work, science, and technology of each country in the future. Basically, any attention paid to this group, especially to their social health, will have a significant effect on their future and that of the country.[10]

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Since the number of prisoners is still rising; no studies have been conducted on the social health of male prisoners yet. The social status of male prisoners, which is one of the factors affecting the mental, physical and mental health of prisoners, and its relationship with the crime type, has not yet been investigated. Considering the limited research in this field, this study aimed to evaluate the social health and its related factors in male prisoners of Urmia in 2016.

Methods

This descriptive-analytic study was performed on 200 prisoners in 2016. The statistical population of this study included all the men imprisoned in the central prison of Urmia. The number of prisoners in Urmia was approximately 500, 200 of whom were selected using simple random sampling method. The ethical considerations of the research included confidentiality and lack of mentioning the name of the participants. The questionnaires were completed with the questioner's guidance after explaining the research objectives to the participants and obtaining their consent.

The data collection instrument included a demographic characteristics and social health questionnaires. Social health was assessed using Keyes's 20-item social health questionnaire comprising five-dimensions, including social prosperity (Questions 1 - 4), social solidarity (5 - 7), social cohesion (8 - 10), social acceptance (11 - 15) and social participation (16 - 20).[9] In this questionnaire, the responses were scored in the form of a five-point Likert scale ranging from completely disagree with the questions (1 - 2 - 4 - 8 - 9 - 10 - 11 - 12 - 16) (Score 1) and completely agree (Score 5), and the questions (3-5-7-13-14-15- 17-18- 19-20) completely disagree (Score 5) and Completely agree (Score 1). The minimum and maximum total social health score was 40 and 86, respectively. This questionnaire has been used in Iran by Pourafkar and Sharbatian and its validity and reliability have been confirmed.[13, 14] In this study, Cronbach's alpha was 78%.

Data were analyzed using $SPSS_{16}$. Chi-square test was used to measure the relationship between demographic variables and social health and one-way ANOVA test and Scheffe to examine the relationship between the type of crime and the social health. The significance level was considered to be 0.05.

Results

The results of this study revealed that the number of individuals was 200 male prisoners with a mean age of 39.75 (8.74). Most of the male offenders who participated in this study were over the age of 45 years. A total of 34% of the participants had secondary education and most men were married. Most participants were in a weak economic situation.

Demographic data analysis using chi-square test revealed that the social health score was lower in illiterate men and those with elementary education was lower than literate men (P-value < 0.05) and was statistically significant. On the other hand, the health status was worse in men who were unemployed, (P-value < 0.05) and was statistically significant. In addition, the results showed that men who were married were better than widowed and single men in terms of social health status and this difference was significant (P-value < 0.05). There was a significant correlation between social health and economic status in both groups in such a way that the social health score was lower in men with low economic status (P-value < 0.05). In other cases, there was no significant relationship between demographic variables such as age and history of disease and social health (Table 1).

The results of this study revealed that the mean social health score of men was 65.01 (10.11) from the total score of 100. The results of investigating social health dimensions showed that the highest and the lowest score was related to social participation with mean score of 17.68 (3.3) and social integration with mean score of 8.48 (2.2) (Table 2).

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The relationship between variables of crime type and social health was assessed using one-way ANOVA (Table 3). The results showed that social health score was significantly different in terms of crime type (P-value < 0.05) in such a way that the highest and the lowest social health scores were observed in malversation perpetrators and assault offenders, respectively. Social health scores were investigated in a two-by-two manner according to the type of crime using Scheffe's test. The results showed that there was a significant statistical difference between the social health scores of assault offenders and murderers (P-value = 0.01) (Table 3).

Table1. Demographic information of male prisoners and its relationship with social health

Demographic information		Male prisoners		Social health scores	
		n	(%)	Mean (SD)	
Age	Less than 30	28	(14)	67.07 (8.98)	P-value = 0.57
	30-35	36	(18)	64.0 (10.29)	
	35-40	39	(5.19)	64.05 (9.27)	
	40-45	42	(21)	65.45 (7.30)	
	More than 45	55	(5.27)	65.48 (14.24)	
Education	Illiterate / elementary	57	(28)	57.88 (8.68)	P-value = 0.02
	Middle school	68	(34)	59.41 (10.30)	
	Diploma	58	(29)	67.81 (8.26)	
	Academic	17	(5.8)	67.45 (7.30)	
Occupation	Farmer / stock raiser	38	(19)	77.0(1.12)	P-value < 0.001
	Self-employed	80	(40)	64.78 (9.04)	
	Employee	31	(5.15)	67.45 (7.30)	
	Unemployed	44	(22)	62.0 (1.26)	
	Others	15	(5.7)	76.5 (2.88)	
Marital status	Single	20	(10)	64.85 (6.72)	P-value = 0.01
	Married	172	(86)	66.24 (10.46)	
	Divorced/ widowed	8	(4)	58.0 (8.07)	
History of the disease	Yes	45	(5.22)	64.74 (11.44)	P-value = 0.6
	No	155	(5.77)	65.11 (9.26)	
The economic situation	Good	20	(10)	64.15 (9.7)	P-value < 0.001
	Average	70	(35)	69.34 (8.36)	
	Weak	110	(55)	47.66 (8.77)	

Table 2: Mean (SD), minimum and maximum score of social health components

Social health	Min	Max	Subjects	
			Mean	SD
Social cohesion	3	15	10.77	3.18
Social Integration	3	12	8.48	2.24
Social acceptance	5	23	14.11	3.64
Social participation	9	25	17.68	3.58
Social prosperity	5	20	13.89	3.98
Total social health	40	86	65.01	10.11

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Table3. Relationship between social health and crime time in male prisoners

Variables		Male prisoners		Social health
		n	(%)	Mean (SD)
Crime type	Drugs	66	(33)	64.66 (8.9)
	Theft	15	(7.5)	67.2 (12.78)
	Fraud	26	(13)	66.57 (9.7)
	Murder and abetting in murder	14	(7)	64.28 (5.6)
	Embezzlement	14	(7)	66.6 (8.7)
	Battery	43	(21.5)	60.88 (12.16)
	Illegal relations	10	(5)	68.6 (14.54)
	Malversation	12	(6)	69.5 (4.25)

P-value < 0.001

Discussion

Today, social health is considered as one of the important dimensions of the health of individuals in any society to the extent that absence of which will have unpleasant impacts and consequences. People with low social health are becoming inconsistent and disconnected from the system, and they are less involved in the social arena and will not play a significant role in social and scientific development with low social prosperity. Although there are numerous researches in the field of social health, the social health of prisoners has been less studied.

Therefore, considering the importance of prisoners' social health, this research has investigated the social health among male prisoners. Based on the results of this research, the mean social health score of respondents was 65.01, which shows that male prisoners have intermediate-high social health status. Among the dimensions of social health, the highest and lowest scores belonged to social participation and social integration dimensions, which was in line with the studies conducted by Zare Shahabadi et al. (2016) and Fathi et al. (2013).[15, 16]

On the other hand, the results showed that participants aged less than 30 enjoyed better social health status; however, there was no significant relationship between social health and age group. This finding was not in line with the results of Fathi et al. (2013), but was consistent with Yazdanpanah et al. (2015) and Saleh et al. (2014).[16-18]

From the educational perspective, most people, in each of the educational levels, had a moderate social health level and there was a significant relationship between levels of social health and education level in such a way that individuals with high school diploma and academic degrees enjoyed a better social status. Haery et al. (2016) also demonstrated in his study that the level of social health increases with an increase in the education level, considering that literacy and education is one of the strongest indicators of the socio-economic status of an individual that affects social health.[19] The reason for the close relationship between education and social health can be investigated using three hypotheses of economic and work conditions, psychological and social resources, and healthy lifestyle. The first hypothesis states that educated people are less likely to be unemployed and are likely to be employed in high-paid full-time jobs. The second hypothesis states that educated people benefit from multiple psychological and social resources, such as self-control feeling and high social support, as well as economic resources. Finally, the third hypothesis argues that educated individuals have a healthier lifestyle.[20]

Individuals with low economic status have lower social health levels in such a way that social health increases, with increasing income, which is

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consistent with studies conducted by Fathi et al. (2013) and Zaki et al. (2013) who showed that there is a direct relationship between social health, social class and income.[16, 22] Also, Zareipour et al. (2017) and Mahmoodi et al. (2017) also found that lower classes individuals suffered from lower mental health status.[2, 22] With regard to the marital status dimension, the results of the present study showed that the mean social health score of married and single individuals was not the same; in other words, the social health of married people is higher. The results of Sharbatian et al. (2012) and Mozaffari et al.'s (2014) study also showed that there is a significant relationship between social health and marital status.[14, 23] However, the results of Abdelah Tabar et al.'s (2009) study revealed that there is no significant relationship between social health variable and marital status variable.[24] It seems that married life leads to a positive attitude toward social affairs and, consequently, an increase in social health by fulfilling many needs and creating a spirit of commitment and a stable network of relationships.

Noorbala et al. (2009) and Sadeghi et al. (2011) also showed that the employed individuals enjoyed better health status, which is consistent with the results of the present study.[25, 26] Therefore, training skills and employment in male prisoners, in addition to improving the economic situation, increases the level of their individual health and ultimately social health by creating a sense of empowerment and usefulness as well as sense of honesty in them. The findings of the current study indicate that there is a significant statistical relationship between the crime type and social health variables in such a way that assault offenders had the lowest level of social health. This indicates the high importance of social health and its impact on the severity and type of crime committed by individuals. Nevertheless, it cannot be said that the low level of social health has caused people to commit crimes, or that the imprisonment and the extent of the conviction has affected the individual and all aspects of his health, including his social health dimension and has led to the reduced social health status of male prisoners. Investigating which factor mostly affects the other one require careful studies. In either case, these two factors are interconnected and seem to interact with each other. Therefore, it is possible to prevent more serious crimes after release by promoting social health. Therefore, it is necessary to improve the social health of prisoners by investigating the best practices and identifying high-risk groups; thereby reducing the incidence of crime.

On the other hand, the results on the crime type also showed that those who had more serious and severe crimes (battery, murder and abetting in a murder) had the lowest level of social health. Social support, as one of the dimensions of social health, can be effective as a barrier to crime by strengthening the social bond and feeling of social belonging and reducing psychological pressures. Social support in the information dimensions by increasing awareness of the rules and consequences of criminal acts, financial support by reducing pressures and tensions as well as emotional support by strengthening self-concept and strengthening affinity, can play a deterrent role in committing crime. In a study entitled "Coercion, Social Support, and Crime," Calvin et al. concluded that coercion would be lead to a crime and social support prevents it from happening.[27]

Thus, male prisoners are known to be one of the most vulnerable groups in the society, who need special attention and support. Nonetheless, by the end of the 20th century, prisoners were less likely to be taken into consideration, no research has been conducted on their health, and they received the least services of this system.[28]

Despite the importance of social health, there have been few studies on the social health of prisoners and its impact on crime incidence rate. However, there have been numerous studies on the crime in psychiatric patients. It has been observed in most of these studies that crimes committed in psychiatric patients are more frequent than the general population. Social health is related to the mental health of prisoners.[2] Therefore, crime rate

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can be reduced by promoting social health and, consequently, improving mental health of individuals.

Conclusion

Male prisoners are one of the most vulnerable groups in the community, whose numbers are still rising. They have a low social health, which is the most important dimension of mankind and imbues human life with a meaning or purpose. The social health level is directly related to severity of the crime and prisoners' convictions. This relationship indicates the importance of social health at the community level for preventing crime. Considering the low social health level of male prisoners and its relation to the crime type, it is necessary to adopt evidence-based policies to promote social health in prisoners so as to enhance their other health dimensions and to prevent the recurrence of crime.

Conflicts of Interest

The authors declare that there is no conflict of interest in this work.

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Authors' Contribution

Conceptualization, N.N. and M.A.Z.; Methodology, M.A.Z., M.G.G.; Investigation, N.N. and M.A.Z.; Writing – Original Draft, N.N. and M.A.Z.; Writing – Review & Editing, M.G.G. and M.A.Z.; Funding Acquisition, M.A.Z., M.G.G., and N.N.; Resources, N.N. and M.A.Z.; Supervision, N.N. and M.A.Z.

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