



Effects of Socio-Cultural Factors on Quality of Life in a Group of Soldiers: Based on Quranic Teachings

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ABSTRACT

Background: Given that Iran's population is young and all these young people have to fulfill their military service in military centers, it is worthwhile (decent) to study the quality of life of this stratum of society.

Objectives: The main objective of this study is to examine socio-economic factors associated with quality of life of soldiers with emphasis on Quranic teachings.

Materials and Methods: Data were collected from the structured questionnaire designed for 209 soldiers, who were selected by systematic random sampling. Statistical methods of Cronbach's alpha for assessment (tools) reliability, Pearson correlation coefficient for testing hypotheses, analysis of variance to test statistical comparison and regression were used in this study.

Results: According to research findings there is a significant relationship between the variables including: age ($r = -0.241$), time spent in military service ($r = 0.21$), housing status ($t = 22.90$), social class identity ($f = 14.95$), religious orientation ($r = 0.41$), social capital ($r = 0.12$), self-esteem ($r = 0.34$) and the quality of life of soldiers.

Conclusions: Based on research findings it can be concluded that the variable of quality of life is affected by other variables including: religious orientation, time spent in military service, self-esteem, age, education and housing status. And any changes in each of these variables will change the quality of life of soldiers.

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► **Implication for health policy/practice/research/medical education:**
Increasing the soldier's quality of life.

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1. Background

The concept of "quality of life" was appeared in the late 1960s and early 1970s as part of social life indicators. Quality of life as the social and economic policy, includes all or part of the major areas of life and its subsets. In addition to improving the material and spiritual conditions of the individual, it encompasses social values such as freedom, justice and assurance of normal conditions of life for present and future generations (1). The main chal-

lenge in practicing the concept of quality of life revolves around defining the term "quality of life" so that despite the quality of life is used for many years there is no general agreement over the concept of quality of life. According to its vision and direction of research, each field and discipline provides specific definition in relation to this concept. However, it is generally accepted that in reality the quality of life is a multidimensional fact. These dimensions include physical, emotional, psychological and socio-economic dimensions. World Health Organization defines the quality of life as: Understanding of individuals (people) from life, in the format of culture and values prevailing in society and in relation to objectives, expectations and their own interests (2). Based on this definition, quality of life is closely associated with emotion-

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al status, psychological status, personal beliefs, the self-reliance, social relationships and environment. The term quality of life has been mostly used in the field of medicine for measurement and evaluation of disease type and mode. Therefore, over recent years, lots of research works have been done within the context of medicine in order to explain this term and its management and especially, to discuss health-related quality of life. But the quality of life is a concept broader than a mere medical discussion and also can be used in areas such as psychology, sociology and environmental studies and regional economy (3). Aristotle and McCall (1976) expressed that the quality of life is equivalent to the happiness of life. Other scientists consider the quality of life equivalent to a sense of satisfaction and/or fulfilling life goals, hopes and wishes (4).

Today, Iran's society is considered as a young society, because the youth constitute more than 33% of the society in Iran (5) and due to laws and in order to guard and protect the Islamic Republic (against foreign threats), a high percentage of its young society enters into the sacred military service. The youths from different provinces with different cultures and different families come together in the military places and begin new stage of life and responsibility. Despite all the benefits of this new course, it is also associated with high stress including changes in daily habits, changes in eating habits, restrictions on choice and freedom, specific discipline, frequent and forced displacement, change in sleep habits, anxiety caused by the extraordinary performance against expectations, problems related the commander or colleagues, fear of making relationships with others, and inability to deal effectively with the issues mentioned (6). The stress of military life, besides (together with) the hardships and potential risks of military training and work, rush into the soldier as a revealing factor and due to existing susceptibility and previous back-ground and also due to the definition of health which is presented as the consequent of physical health, mental health and social health of people, act in cooperation (interaction) with each other (7), and may lead to mental and physical problems in soldiers and thereby adheres the quality of life in the lower stratum of society.

Given that human resources are considered as unmatched and major capitals in any organization and the survival and continued existence of the relevant organization depends on them, changing world of today calls for the organizations to look for new tools in order to survive, especially when the properties of this rapidly changing and profound changes have been undertaken in all social strata. It is therefore imperative for organizations to take an action through developing appropriate plans and programs in order to improve efficiency and productivity in their workforce which is necessary to carry out the quality of their life. In order to achieve their lofty goals, organizations need people to go beyond their duty in benefits of the organization. Considering

the most important description of the legal duty, this important issue is of particular importance in military and police centers. Because in order to achieve organizational goals a strong, healthy, intelligent and loyal and cheerful workforce is required and to achieve this workforce, reinforcing factors should be identified and after identifying and reviewing these factors, steps should be taken to strengthen them and concurrently the debilitating factors should be identified and eliminated. Although the level of individual belief and faith in action is essential to this operation, the stresses imposed on the person, being single, being unemployed, mental illnesses and addiction has a major role in its occurrence in such a way that its incidence is higher in the first months of service (8). Soldiers' Health (physical and mental health) is important in two ways: Firstly, a healthy soldier as an individual who is living in the community can be involved in general health of the community and moreover, soldiers are responsible of protecting country borders, fighting against foreign (enemy) and protecting the foundation of society, and this fact is not possible without having good health (9). Existing history records and statistics indicate that each year, due to commitment of soldiers in a variety of offenses, crimes and repeating them, a significant number of university soldiers (soldiers attend the university) deregulate from the organization or severely be punished by the disciplinary, while such kind of punishments, besides induction of mental and emotional problems in soldiers, encounters the university with difficulties associated with shortage of human resources and disturbance in performing the mission. It also results in a high cost. Undoubtedly it is important for every commander to be aware of the issues related to his soldiers and can help him to take appropriate solutions to reduce existing problems. It is worthwhile to mention that being aware of this information allows the authorities to follow targeted scientific methods when preparing strategic scheduled plans. Moreover, having access to the research results, it would be possible to conduct a useful planning method. By obtaining an accurate understanding of the factors affecting quality of life for soldiers, the government and related organizations can follow effective policies on soldiers' life and their living conditions. On the one hand, they can identify potential factors associated with decreasing quality of life among soldiers and consequently they can reduce these factors with expertise, and on the other hand, through an accurate and systematic planning, they could provide necessary conditions for enhancing the quality of life for soldiers and can prevent their isolation and abnormality in their lives. Therefore, they can provide favorable conditions for the troops (soldiers) in place by having a prospective vision, budget and proper facilities. By highlighting factual dimension, this study aims to investigate the relationship between economic and demographic variables and also social capital, religious orientation

and self-esteem factors with quality of life of soldiers. Aghapoor (2008), in the study titled "Explaining and predicting the socio-economic factors associated with quality of life for immigrants" who are living in a town next to Karaj, tried to investigate this fact (subject). Data were collected through structured questionnaires designed for the 400 immigrants who were selected by systematic random sampling. According to research findings there is a significant relationship between variables including: social capital variables ($r = 0.41$), the religious orientation, ($r = 0.38$), coping strategies ($r = 0.15$), acculturation in destination ($r = 0.21$), acculturation pressures ($r = 0.50$) and the quality of life of immigrants. Regression results show that dependent variable has been directly affected by acculturation stress variables, housing status, type of immigration, class, culture, acculturation in destination, social capital, marital status, age, educational level and length of stay and in total (general), these variables have been able to explain 58% of the variability of dependent variable (10).

2. Objectives

The overall objective of this study is to identify socio-cultural factors related to quality of life of soldiers. Detailed purposes of this article can be pointed as following:

- What is the relationship between religious affiliation and the quality of life of soldiers?
- What is the relationship between social capital, self-esteem and demographic variables, and the quality of life of soldiers?

3. Materials and Methods

A quantitative method has been used In this study. The main technique of this survey is mensuration (Scaling). And necessary information is collected through a questionnaire. The scholar of this study follows the deductive approach when conducting this technique. He starts his work with theoretical or applied research. And finalize it with experimental measurements and data analysis (11).

The population investigated in this study is consisted of troops in a military zone, and due to confidentiality of information, we have refrained to reveal the name of military regions and population. Sample population in this research, includes part of the research community which is also representative of the community: Cochran formula have been used for determining sample size in this study. Accordingly, 209 soldiers have been selected and were questioned using Systematic random sampling.

In this study, the quality of life is considered as a dependent variable. For its assessment, the World Health Organization's Quality of Life Short scale is used. In origin this questioner considers 24 dimensions for quality of life. According to initial conceptual framework in designing this scale, these dimensions (24 dimensions)

were included in 6 domains. 4 questions were considered for each dimension. Recent analyzes on these six domains provide the experts and researchers with a new version, which is the WHOQOL-BREF scale. This scale has been used in this study. This scale tends to study the four domains of quality of life, including: 1- Physical health, 2 - Mental Health, 3 - environment, 4 - relationships with others (12). Reliability of the scale, have been measured by many researchers in different countries around the world and have been tested widely in different environments and different cultures. Consequently, its reliability and validity have been obtained. According to the results reported by designers of the World Health Organization's life scale which is organized in 15 international centers, Cronbach's alpha coefficient have been reported between 0.73 to 0.89 for the four subscales and total scale (12). Reliability and validity of this questionnaire in Iran were measured by Taghavi (1380) and the extent of its validity and reliability have been reported in a desirable level (12).

4. Results

According to (Table 1), among the total number of respondents in this study, the youngest person has had 18 years of age and the oldest respondents has had 29 years of age. Educational status of respondents indicates that 36.8, ie 77 (maximum number) of the respondents have studied 12-10 years and 9.6, ie 20 (minimum number) of the respondents have spent 0-5 years at school. Most respondents are in a group who has passed 13-18 months of their compulsory in army, consisting the 85 respondents. Most of the respondents are living in private homes. 62.7 percent of respondents were Farsi speaking people and 37.3 percent of them were non-Farsi speaking people. The highest number of respondents was from lower social levels while the lowest number of respondents was from higher social levels.

In this study, there were nine hypotheses of which 7 were confirmed while 2 hypotheses were rejected. The results (Table 2), indicate that there is a negative and significant relationship between two variables. This means that with increasing age, the quality of life is diminished. According to the significance level ($\text{Sig} = 0.000$) and the Pearson coefficient ($r = 0.241$) this hypothesis is significant at least 99 percent.

Statistics included in (Table 2), shows that there is no significant relationship between education and quality of life. The coefficient calculated for this variable ($r = 0.09$) with a significance level ($\text{Sig} = 0.072$) indicates that the above hypothesis can be rejected. The statistics contained in (Table 2), shows that there is a significant and positive relationship between the time spent in military service and quality of life. The coefficient for this variable ($r = 0.21$) with a significant level ($\text{Sig} = 0.000$) indicates that the above hypothesis is significant at the 99% confidence. (Table 3), shows the mean difference of quality of life in soldiers population in terms of housing condi-

tions. Results based on T test confirm the above hypothesis and has shown a statistically significant difference. Mean quality of life for those living in private homes is equal to (71.33) which is more than the average quality of life scores for those living in non-private homes (61.79), the observed difference between mean scores of quality of life of people in each group based on T-test (90.22), is significant at the level of 99 percent. These results indicate that those soldiers living in private homes, in comparison to the people living in non-private houses, have a better quality of life.

Statistics included in (Table 4), shows that there is no significant relationship between ethnicity and quality of life. The coefficient for this variable equal to ($T = -4.47$) with a significant level ($Sig = 0.252$) which indicates that the above hypothesis can be rejected.

(Table 5), shows the mean difference of quality of life in soldiers population in terms of social class. Results based on F test confirm the above hypothesis and has shown a statistically significant difference. Mean quality of life for those living in upper classes of society is equal to (62.25), while this score is equal to (54.78) for the middle class and

(39.47) for those who living in lower strata of society. The results show that the difference between people who are living in upper classes of society and lower strata of society is significantly high and mean quality of life in upper classes is higher than the score for lower strata. Based on the value of F test (14.95) and a significant level of 0.004, this hypothesis is confirmed.

Considering the results shown in Table 6, the coefficients for the variables of religious orientation and the quality of life is equal to (0.41) with a significant level ($Sig = 0.000$), which indicates a direct and positive relationship between these two variables. This means that with increase or decrease in the level of religious orientation of individuals, the quality of their life would increase or decrease.

The results included in (Table 6), indicates that there is a significant and positive relationship between social capital and quality of life of soldiers. This means that with increase in social capital among individuals, the quality of their life would be far better. Considering the significant level ($P = 0.013$) and the Pearson value calculated as (0.12), it can be said that the above hypothesis is confirmed.

Table 1. Distribution of Respondents by Age ^a

Variable	Groups	Frequency	Percentage
Age, y	18 - 21	110	52.6
	22 - 25	62	17.7
	≥ 26	37	17.7
Service Term Performed, Mo	1 - 6	40	19.1
	7 - 12	84	40.2
	13 - 18	85	40.7
Education	Primary School	20	9.6
	Secondary School	42	20.1
	High School	48	23
	University	77	36.8
	Master	22	10.5
Housing Type	Personal	109	52.2
	Impersonal	100	47.8
Ethnicity	Persian	131	62.7
	Non - Persian	78	37.3
Social Class	Low	9	4.3
	Average	62	29.7
	High	138	66.0

^a Performed During the Service, Education, Housing Type, Ethnicity And Social Class of The Sample

Table 2. Pearson Correlation Coefficient Between Background Variables (Age, Education, etc.) and Quality of Life

	Age, Y	Education	Time Spent on Military
Life Quality	-0.214	-0.19	0.21
Significant Level	0.000	0.072	0.000

Table 3. The Average Difference in Test Quality with Regard to Housing Conditions

Housing Type	Frequency	Life Quality	Standard Deviation	T Value	Significant Level
Personal	109	71.33	9.69	22.90	0.000
Impersonal	100	61.79	12.40		

Moreover, in table 6, the relationship between the self-esteem of individuals and quality of life of the soldiers are shown. Considering Pearson's coefficient ($r = 0.340$) and significance level ($\text{Sig} = 0.003$), there is a significant relationship between self-esteem and quality of life in with 95% confidence. Consequently our hypothesis is confirmed. This means that with increase in self-esteem level of individuals, the quality of their life would be improved.

5. Discussion

Basically this study aimed to investigate soldiers' life after entering the military environment and shows the radical ways of improving the quality of life of soldiers, in a way which would be applicable opposed (against) to the existing realities. Quality of life as a social and psychological phenomenon, not only influence psychological and mental quality of individuals, but also provides a positive and healthy type of life for individuals, resulting in forming proper social environment. According to theoretical bases of this study, quality of life, ranges from raw material resources to the state of mind of person and includes objective and subjective conditions in which he lives. Indicators of quality of life include: mental and physical health, social relationships, life satisfaction, and sense of satisfaction of material and spiritual needs, living conditions, housing conditions, family integrity, educational status of children, willingness to criminal and delinquent behavior in family members, alienation from society and himself, and interest in future life expectancy, desire and willingness to migrate and desire to be isolated. Consequently, it covers objective and quantitative aspects of quality of life such as living conditions and subjective aspects such as life satisfaction. There were nine hypotheses in this study, of which 7 were confirmed and 2 hypotheses were rejected. In the first stage of analysis, among the independent variables and quality of life, Pearson correlation coefficient was calculated. Pearson coefficients which were calculated for variables, includes:

age ($r = -0.214$), time spent in military (0.21), religious orientation, ($r = 0.41$), social capital ($r = 0.12$), self-esteem ($r = 0.34$), and all of these variables have a significant relationship with the dependent variable. But due to significance level, variable of educational proficiency can be rejected. As the results indicate, correlation between religious orientation and quality of life is more than the rest of variables and the results are almost consistent with previous findings. Ghaffari and Anugh point to the significance in relationship between social capital and quality of life and Moghadas and Amiri (1394!!!) point to the role of acculturation and social capital (13), Moradi (1385) emphasizes on the important role of variables such as social capital, religious orientation, coping methods and acculturation in destination, acculturation pressures and also points to the demographic variables and their relation with quality of mental health of immigrants (14), Castillon and others, point to investigating and determining the role of social participation, demographic variables, and to the use of health services (15), Bowling and others (2002) emphasizes on the relationship between social capital and quality of life (16) and the same results were obtained in a similar manner and is consistent with the results of this study.

In order to test the hypotheses that their independent variables are in nominal or sequential measurement level, the T-test has been used for comparing two means and the F test has been used for comparing more than two means. Analysis indicate that among 3 hypothesis that their independent variables are in nominal or ordinal measurement level, two variables including social class ($F = 7.952$) and housing status ($T = 22.90$), have been approved in the variance analysis, while the ethnicity variable ($T = 4.47$) has been rejected, and has no significant relationship with dependent variable. Based on theoretical arguments and findings of this research, factors associated with quality of life of soldiers in this community are somewhat clear. One of these factors is social capital in society. With the transition of societies from traditional

Table 4. Average Test Quality on Ethnicity Differences

Ethnicity	Frequency	Life Quality	Standard Deviation	T Value	Significant Level
Persian	210	64.57	12.49	4.47	0.252
Non - Persian	190	66.97	11.82		

Table 5. Soldiers Test the Quality of Life Score of the Sample in Terms of Class Identity

Social Level	Frequency	Average	Standard Deviation	F value	Significant Level
Low	9	62.259	8.225	7.952	0.004
Average	62	54.782	7.661		
High	138	39.478	7.014		

Table 6. Pearson Correlation Coefficient Between the Main Variables and Quality of Life

Ethnicity	Frequency	Life Quality	Standard Deviation	T Value	Significant Level
Perian	210	64.57	12.49	4.47	0.252
Non - Persian	190	66.97	11.82		

form into industrial and post-industrial form, the importance of debates about the quality of life in society has been given rises in a way that international organizations including the World Health Organization have given attention to quality of life. Entering this new society that has changed all the structures of society in some way, has influenced the quality of life of people. In our society as a society which is passing from semi-industrial form into industrial form, this debate has become more critical. During this transition any changes in living environment of young people, especially attending military services is seen more frequently, because their lives has been fluctuated and changed during this transformation. However, these changes not only have affected their lives, but also have influenced the values and norms of soldiers as the actors in the system. These changes plus the spatial and environmental changes of soldiers may result in a kind of cultural confusion and mental disorders due to lack of complete separation from the past living conditions. But it is obvious that all people do not respond to these changes in the same way. One of the other factors associated with quality of life of soldiers that can be pointed is the role of religious values in society. Although our society has entered the industrialization process, alongside these changes, values and religious beliefs have retained their role and can play a role as the monitoring force, in order to monitor the behavior of individuals. Religion implies what man does, or how deeply he feels, or what affects his will. It invites him to obedience or threatens him with punishment, or reward him by promised or committed him to the community. Eric Fromm believes that even the meanest person has shadow of religion in his believes, If there is no divine system, people start to think of creating it and if they do not have a god to worship, they create it. They worship trees, statues, demonic forces, sun, fire, and the Totem to feel relax. Therefore, religion, as a common believes of a group of people, can have a supportive role for young people, especially soldiers and can provide positive experience. Psychiatry and religion both have stressed the importance of people and the significance of their experiences, and try to improve the satisfaction of mankind in terms of social exigibilities. Results of this study indicate that soldiers with a strong religious orientation and believes, has a better quality of life.

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Authors' Contribution

Eslam Aghapour in terms of theory and data analysis Dr. Mehdi Mesri in terms of theory.

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