

The comparison of social health in non-athlete and athlete male and female disables and veterans with spinal cord injury of Tehran City

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ABSTRACT: The purpose of this study was to compare the social health in non-athlete and athlete male and female disables and veterans with spinal cord injury. 150 subjects were randomly selected ($M_{age}=33\pm 4$). The instrument of this study was the Keynesian social health questionnaire. Levene's test was used to analyze the data. The results showed that there was no significant difference between non-athlete and athlete disables and veterans in social health. Also, there was no significant difference between athlete and non-athlete male and female disables and veterans in social health. The evaluation of disables and veterans' satisfaction in the field of sports facilities, the media reinforcement for the supporting of their exercise, disables and veterans' appointment and selection in positions of related federations are suggestions that can be considered disables and veterans' social health and lifestyle diversification.

Keywords: Disables with spinal cord injury, social health, Tehran.

INTRODUCTION

The mental health is one of the aspects of health assessment of a society. The mental health plays an important role in the assurance of the efficiency of any society (Saki and Keikhani, 2002). The individuals' health is largely dependent on their personality characteristics and social performance in different situations (Zarean, 2004). The person's dealing with the problems that happen to him, the person's attitude toward them, and the effective use of personal and social facilities to achieve an optimum and pleasant state are a direct relationship with the general health (Zarean, 2004). The World Health Organization has announced mental health problems were 5.11 percent in 1998. Statistics show that these disorders will increase 15 percent disorders in 2020. It means that the existence of Distressed and disappointed people will put a big burden on society. It shows that world community will has many ways to improve the individual and social life (Catherin, 2007). The social health is the most basic standards of social welfare in any society. The social health is related with the life style and the individual and mental health. The social health and its relationship with social capital are the most important concepts that sociological studies and planning of social welfare researchers consider them in recent decades. The development of a society depends on its physical, mental and social health. The World Health Organization states the health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Pour Afkari, 2012). The social health is a type of individual and mental health that citizens have the motivation and mood with its existence and finally, the community will be happy and healthy (Zaki and Khoshouei, 2013). Goldsmith defines social health as an assessment of the individual's significant positive and negative behaviors in relation to others (Blanco and Diaz, 2010). He presents it as one of the most important indicators of health in any society that it will lead to the individual efficiency in society (Blanco and Diaz, 2010). Experts have found the clear relationship between individuals' social health, spirit, nutrition quality, and physical activity and their physical disability that this shows the relationship between mental health and life style. Individuals will not be able to play a full and proper role in their life due to the types of physical and mental disabilities that it creates problems for them and affects on their life (Lawrance, et al., 2009). The social

health is affected by various factors such as social relationships, recreation, exercise, work, and disability that the set of these factors constitutes an individual's lifestyle (Shafiabadi and Naseri (2001). The disability is one of factors that affect on the social health (Turner and Turner, 2004). Traumatic events of life such as war affect on the individual's character and attacked levels of human's psychological actions. Veterans are faced with the most severe stress. Some of them have stresses until the end of their life due to the injuries and physical defects in the war in addition to the severe stresses due to their presence on the battlefield that it causes the disorders at their compatibility (MatiniSadr, 1991). Pour Soltani (2003) examined the relationship between sport activities and general health in disables and veterans of Iran. The results showed that veteran athletes had better general health than non-athlete veterans. Also, there was no significant relationship between subjects' age and general health. This study showed that physical activities had mental benefits for disables and veterans. Pour Afkari (2012) surveyed effective factors on social health in Pave city. The results of this study showed that there was no significant relationship between gender and social health. But there was a significant relationship between social health and education, social cohesion, social acceptance, social participation, social prosperity, and social adaptation. Keyes and Shapiro (2004) studied social well-being in the United States. The results of this study showed that employment status had more effects on the social health in women than men. Also, women who had a poor employment Status had lower social health than men with the same position. In addition, women had higher levels than men in the participation acceptance and social cohesion with the increasing of occupational status. The study has shown that young people who have experienced a failed marriage have had the lowest levels of the social health and social cohesion and single peoples have the lower level of occupational status. The high social participation was reported in single women with high occupational status and the low social participation was reported in elderly men with low social status. Also, adults (45-54 years old) and individuals with high occupational status had higher social prosperity than others and young people and individuals with a poor social status had lower social prosperity. The higher social adaptation was observed in married men with the high social status and lower social adaptation was observed in married and elderly women with a poor occupational status. The elderly women with a high occupational status had higher social acceptance and young people with a poor social status had lowest social acceptance than others. In total, the results showed that the majority of the adult population had a good social health in America exception of 16 percent of people who had not high levels in any of the dimensions and 10 percent of those who had a poor function at three dimensions (Keyes and Shapiro, 2004). Paul (2007) examined the relationship between communication functions with social and spiritual health and the quality of life in cancer patients. The results of this study showed that spiritual health was the most effective factor on cancer patients' life. Then social health was an effective factor on cancer patients' life but communication functions had no significant relationship with the quality of life. The mentioned studies have examined separately different factors such as the relationship between the population, social health, and population variables the relationship between communication functions spiritual and social health and quality of life, and the relationship between sports activities and general health in disables and veterans with spinal cord injury. Also, there are few studies about disables' social health and gender and its relationship with exercise. In addition, the conflicting results have been reported in this regard. Therefore, this study has compared the social health in non-athlete and athlete male and female disables and veterans with spinal cord injury.

MATERIALS AND METHODS

Methodology

Method

The method of this study was a cross-sectional survey.

Participants

The statistical population of this study was all non-athlete and athlete male and female disables and veterans with spinal cord injury in Tehran City (N= 1241). 150 people were randomly selected from this statistical population ($N_{\text{male}}=75$, $N_{\text{female}}=75$).

Instruments and Tasks

The instrument was the Keynesian social health questionnaire (1998). Keynesian has measured the social health through the five dimensions: social cohesion, social acceptance, social participation, social cohesion, and social prosperity. Ever dimension has four items. So, the social health questionnaire has 20 items. Cronbach's alpha was calculated 0.81 for the 20 items of social health.to 81/0.

Procedure

The purpose and the process of study were explained to subjects. The participants were assured that their data will be kept confidential and those will not be available to anyone. Then all subjects completed a consent form to participant in this study and they attended with the complete satisfaction in this study. The researcher distributed the questionnaires among the subjects. The subjects completed the questionnaires without name due to the subjects, security sense.

Data Analysis

The collected data were classified by descriptive statistical methods and were analyzed by Levene’s test. The SPSS software (version 20) was used for data analysis ($\alpha \leq 0.05$).

RESULTS AND DISCUSSION

Results

The results of table (1) show the subjects’ frequency and percent.

Table 1. The subjects’ frequency and percent

Option	Frequency	Percent
Athlete	75	50.0
Non-athlete	75	50.0
Total	150	100.0

Table 2. The determination of difference and lack of difference between athlete and non-athlete subjects in social health through the comparison of means

Variable	Group	N	Mean	SD	The SD of the mean
Social Health	Athlete	75	66.8533	11.21617	1.29513
	Non-athlete	75	66.1200	9.02243	1.04182

The results of table (2) show the mean of social health between athlete and non-athlete subjects. The mean of social health is 66 in athlete subjects and is 66 in non-athlete subjects. So there is no difference between these two groups in social health.

Table 3. Levene's Test for comparison of means in independent groups

Difference according to groups	Levene's Test for Equality of Variances	t-test for Equality of Means								
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Social Health	Equal variances assumed	.683	.410	.441148	.660	.7333	1.66215		-2.55129	4.01795
	Equal variances not assumed			.441141	1.503	.660	.7333	1.66215	-2.55253	4.01920

The results of table (3) show that there is no significant difference between athlete and non-athlete subjects in social health ($P > 0.05$).

Table 4. The determination of difference and lack of difference between male and female subjects in social health through the comparison of means

Variable	Group	N	Mean	SD	The SD of the mean
Social Health	Men	75	65.5467	9.89443	1.14251
	Female	75	67.4267	10.38212	1.19882

The results of table (4) show that the mean of social health is 75 in male subjects and is 75 in female subjects. So there is no difference between these two groups in social health.

Table5. Levene's Test for comparison of means in independent groups

	Difference according to gender	Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Social Health	Equal variances assumed	1.211	.273	-	148	.258	-1.8800	1.65605	-5.15256	1.39256
	Equal variances not assumed			-	147.659	.258	-1.8800	1.65605	-5.15263	1.39263

The results of table (5) show that there is no significant difference between male and female subjects in social health ($P > 0.05$).

Discussion and conclusion

The purpose of this study was to compare of social health in non-athlete and athlete male and female disables and veterans with spinal cord injury of Tehran City. The results showed that there was no significant difference between non-athlete and athlete disables and veterans in social health. Also, there was no significant difference between athlete and non-athlete male and female disables and veterans in social health. These results are conflict with Pour Soltani (2003) and Sabouri (2012)'s study. The results of Pour Soltani's (2003) study showed that there was a significant difference between athlete and non-athlete veterans in social health. The results of Sabouri's (2012) study showed that there was a significant difference between women and men in social health. People have different types of stimulus in the urban life that they should respond to them. Disables and veterans are not exception in this issue and the precision will be more important about their special status. This idea that this class can not do a lot of work like normal people due to a physical disability may be correct but we can not say that these people have not strong social relationships with the community, the spirit of cooperation, and diversified lifestyle. This people may be more active than normal individuals in fields such as leisure, cultural goods consumption, exercise, art, and other fields. Therefore, we can say that this class can have its own unique lifestyle. Bourdieu believes that the life is affected by the palate that its changes are the function of the changes in individuals' character. The character also is a produce of a person's position on social objective structures that the person's utilization of capital types plays an important role in its determining. Bourdieu believes that the consumption is a system of signs and symbols that it leads to social differentiation. So the consumption is not only to response to the biological needs in Bourdieu's discussion but it is a significant use of a system of signs and symbols. Thus, we can say that the difference in disables and veterans' lifestyle of this study may be due to the difference in the consumption that this consumption can be the cultural goods, leisure, and etc. subjects who are athlete in this study involve in social relationships and these social relationships provide the basis of social health in this group. Bourdieu states that the style is a way that has most capable of the expressing of features that has summarized all activities on own (e.g., an equation which is summarized a curve in that). Bourdieu considers the lifestyle as systematic activities that arise from individual's taste and those have mostly the external aspect. Those symbolically give identity to the person and create the distinction between different social strata. The values of these activities can be obtained from their positions in the conflicts and connections systems. We can apply this definition about the disables and veterans with spinal cord injury in this study. This identity mean is derived from the conflicts and connections systems for them. The conflicts system can be healthy individuals' identity for this group that they want to acquire athletic identity at odds with them. The lifestyle in Bourdieu's idea and in conformity with disables and veterans of this study is the assets that the occupiyings of different positions create the distinction from others for themselves by it (with the intention or unintentional). Therefore, the distinction is a strong motivation to adopt a different lifestyle.

REFERENCES

Balboni TA and Paul C. 2007. Religiousness and spiritual support among advanced cancer patients and associations with end - of - life treatment preferences and quality of life journal of clinical oncology.25(5), p. 555-560.

Blanco A and Diaz D. 2010. Social order and mental health: a social well-being approach, Autonomy university of Madrid, Psychology in Spain, 11(5).

Catherin Ann L. 2007. Accountability for mental Health Counseling in schools. Thesis the degree of mis Rochester: New York.

Keyes Corey Lee M. 1998. Social well-being, social Psychology, Quarterly, 61(2), 121-190.

Keyes CLM and Shapiro A. 2004. Social well-being in the U.S.: A descriptive epidemiology. University of Chicago Press.

Lawrance KS Wong MD, Jean Woo MD, Timothy Kwok MD. 2009. Handicap and its determinants of change in stroke survivors, American Heart Association, Inc. rehabilitation psychology, 49(3), 241- 249.

MatiniSadr MR. 1991. The survey of depression and Suicidal Tendencies in veterans admitted in hospital in Tehran and the comparison it with veterans with spinal cord injury at home and healthy people. MA thesis. Medical University of Tehran.

- Pour Afkari. 2012. The survey of effective factors on social health in Pave city. *Journal of Islamic Azad University of Social Sciences*. 6(18): 41-60.
- Pour Soltani H. 2003. The relationship between sport activities and general health veterans of Iran. *Journal of Motor and Sport Sciences*. 1(2): 10-16.
- Sabouri S. 2012. The survey of social health in Employees of Education District 11 of Tehran. MA thesis. PayamNoor University.
- Saki K and Keikhani S. 2002. The survey of mental health state in Students of Medical Sciences of Ilam. *Journal of Ilam University of Medical Medical Science*. 10(34): 11-15.
- Shafiabadi A and Naseri GHR. 2001. Theories of psychotherapy and academic center. Tehran.
- Turner JB and Turner RJ. 2004. Physical disability, unemployment, and mental health. *Journal of Rehabilitation Psychology*, 49(3): 241-249.
- Zaki MA and Khoshouei M. 2013. Social health and effective factors on it in citizens of Isfahan city. *Journal of Sociological Studies Urban*. 3(8): 79-108.
- Zarean M. 2004. The relationship between emotional intelligence and the style of problem solving with general health. MA thesis. Tabriz University.