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Comparative Study of Spiritual Health between Female Prisoners and Nonprisoners in Urmia County

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Abstract

Background and Objectives: Women comprise a small yet rising prison population whose health needs have been disregarded in most communities. Spiritual health represents a health aspect and therefore should be studied. The aim of the current study was to compare spiritual health between female prisoners and nonprisoners.

Methods: This descriptive-analytical study was conducted on 300 women (150 prisoners and 150 nonprisoners). Paloutzian & Ellison's Spiritual Well-Being Scale was used to measure spiritual health. Demographic characteristics were gathered using a researcher-developed demographic questionnaire. Data analysis was conducted using independent t-test and ANOVA in SPSS 16.

Results: The mean age of the participants was 33.42 (9.9) years. According to the findings, Physical health, religious, and spiritual health levels were significantly lower among the prisoners than the nonprisoners. One-way ANOVA results demonstrated that spiritual health was statistically significantly associated with marital status, economic status, and history of neurological diseases in both groups.

Conclusion: Female prisoners represent one of the vulnerable populations of the community and have low levels of spiritual health that is the most important human aspect and helps achieve meaning and purpose in life. It is necessary to adopt evidence-based, gender specific policies to promote female prisoners' spiritual health so that other health aspects of this population can be promoted.

Keywords: Spiritual Health, Physical Health, Health, Religious Health, Female Prisoners.

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Introduction

Prison and prisoners, although unpleasant, are two realities of communities. The existence of certain people called offender, sentenced, or prisoner, as a pathological group who need special services, requires health professionals to pay closer attention to them and take measures to promote their health and reform them (1). Health is a fundamental human right especially for people who are in prison (2). According to evidence, prisoners worldwide have many health needs (3). More than 10.1 million people are in prison around the world, and Iran's prison population is 200000 (4). Female prison population, according to the data, was around 500000 in 2008 (5,6). Women comprise a small yet rising prison population. Between 1992 and 2002, the number of incarcerated women increased by 173% much higher than 50% for men (7).

Although women should enjoy all the rights, the prison system has been originally designed for men and therefore many prisons do not have adequate facilities to protect women's rights to promote their health. The problem in taking into account this issue lies in lack of sufficient evidence on female prisoners' health conditions (2). According to the WHO's definition, women's health refers to a state of mental, physical, social, and spiritual health of all female infants, girls, and women at all ages and socioeconomic status irrespective of their

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race and ethnicity in all geographical regions (2). According to this definition, spiritual health is one of the aspects of women's health.

Spirituality represents a global human phenomenon that determines people's integrity and relationship with a higher power as well as meaning and purpose in life (8). According to one of the first formulated definitions, spiritual health was defined in format of relationship with God, self, community, and environment (9). Spiritual aspect is the most important human aspect, helps human achieve meaning and purpose, and contributes greatly to treatment, health, and well-being (8). Spiritual health has two aspects, Religious health and Physical health. Physical health, addresses our relationship with others, environment, and ourselves that could be considered ability to consolidate different of human existence. Physical health health focuses on psychosocial issues and the ways in which people relate and adapt to the community, environment, and self (10). Religious health represents association with God or an infinite power (11).

The significance of spirituality and spiritual growth in humans has attracted psychologists' and mental health experts' attention in the recent decades (4). When spiritual health is seriously threatened, one is likely to develop certain disorders such as loneliness, depression, or feel that he/she is living a meaningless life. In addition, spiritual health plays a fundamental role in coping with stress and helps promote health (12).

The WHO recommends that health systems should make prison health policies in a way that women's health needs are taken into account in all stages of planning and implementation. The WHO too recommends that policies should be gender specific, evidence-based and take into account the main aspects of women's health (2). However, most of the research on psychiatric disorders has been conducted on male prisoners and therefore the findings cannot be generalized to female prisoners (13). In Iran, as with other countries, few studies have been conducted to investigate female prisoners' health although female prison population is on rise. However, a number of studies have investigated psychiatric disorders among female prison population in Iran, but spiritual health, one of the effective factors on female prisoners' spiritual, physical, and social health, has not yet been investigated to the best of our knowledge. As few studies have been conducted to investigate female prisoners' spiritual health, this study was conducted to compare spiritual health between female prisoners and nonprisoners.

Methods

In this cross-sectional, analytical study conducted in 2016, 300 women (150 prisoners and 150 nonprisoners) were enrolled. The study population of this study consisted of all female prisoners of Urmia. In addition, one hundred and fifty women were selected from female nonprisoners referring to Justice Department by convenience sampling if they were matched with the female prisoners based on age, education, income, marital status, and social class. The instruments of data gathering were a demographic questionnaire and Paloutzian and Ellison's Spiritual Well-Being Scale (1982). Of the 20 items of this scale, 10 items have been developed to measure religious health and the rest investigate Physical health. Sum of the scores for these two subscales represents the score for spiritual health that ranges from 20 to 120. The responses to the items are rated by a 6-point Likert scale (from absolutely disagree to absolutely agree).

Negatively-keyed items of this scale are rated reversely. The scores for spiritual health, according to this scale's guideline, are divided into three levels, namely low (20-40), moderate (41-99), and high (100-120). This scale has been used in studies in Iran and its reliability and validity have been confirmed (14,15). The Cronbach's alpha coefficient of this scale was derived 76% in the current study.

After the research purposes were explained to the participants, they filled out the questionnaires as the researcher assisted them if necessary. Ethical considerations were observed during the study, including voluntary participation, anonymity of the participants, and privacy of their information. Data analysis

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was conducted by SPSS 16. If the data were normally distributed, they were analyzed by ANOVA and independent t-test; if the data were not normally distributed, they were analyzed by Kruskal-Wallis test and Mann-Whitney. The level of significance was considered 0.05.

Result

The mean age of all participants, prisoners, and nonprisoners was 33.42 (9.9), 34.51 (11.66), and 32.32 (10.2) years, respectively. Eighty six participants (28.7%) had guidance school completion certificate and 165 (55%) married. The normality of the data distribution was investigated by Kolmogorov-Smirnov test.

Married prisoners and nonprisoners had significantly higher levels of spiritual health than the single and widows (p=0.03). In addition, women with previous psychiatric disease had significantly lower levels of spiritual health in both groups (p=0.005). Spiritual health was significantly associated with economic status in both groups such that women with lower economic status had lower levels of spiritual health (p=0.035). The female nonprisoners with low education level (illiteracy, elementary school completion certificate) had higher levels of spiritual health than those with higher education levels. Regarding other demographic variables, there was no significant difference in spiritual health between the prisoners and nonprisoners (p>0.05) (Table 1).

The findings demonstrated that 18% and 60% of the prisoners had low and moderate levels of spiritual health, respectively, and the rest had high levels, while 38.7% of the nonprisoners had moderate levels of spiritual health and the rest had high levels.

Altogether, the levels of Physical health and religious health as well as total level of spiritual health were significantly lower in the prisoners than those in nonprisoners (p<0.05). The score for religious health was higher than the score for Physical health in both groups.

Discussion

According to the findings of this study, the levels of Physical health, religious, and spiritual health were significantly lower in the female prisoners than those in the female nonprisoners. Interestingly, the score for religious health was higher than the score for Physical health in both groups. Almasi study demonstrated that the scores for religious health were higher than those for physical health

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Table 1. Comparison of spiritual health between female prisoners and nonprisoners based on demographic characteristics

Demographic information		Frequency	Spiritual health of women non prisoners		Frequency	Spiritual health of women prisoners	
			Mean±SD	P-value		Mean±SD	*P*-value
Age	Less than 25 years	37	97.49±15.45	0.81*	29	87.03±14.36	0.57*
	25 - 30	33	102.30±13.52		27	86.35±22.13	
	30 - 35	48	101.5±17.45		35	90.51±11. 53	
	More than 35 years	32	104.31±14.43		59	86.55±14.14	
Education level	Illiterate/ elementary	26	113.42±19.83	0.012	57	87.29±13.95	0.64
	Guidance	23	101.46±12.16		41	87.48±14.35	
	Diploma	52	95.19±14.86		34	88.14±15.94	
	Collegiate	49	95.45±13.49		18	87.53±17.92	
Job	Housekeeper	54	100.43±13.14	0.45	89	88.52±15.46	0.22
	Out of home	96	102.33±14.30		61	86.7±16.63	
Marital status	Single	52	96.76±13.88	0.03*	23	86.78±17.26	0.04*
	Married	85	105.76±13.52		80	90.83±16.24	
	Chargeable / widow	13	101.62±21.63		47	85.68±13.12	
History mental illness	Yes	13	98.0±15.75	0.01	66	84.37±13.13	0.00
	No	137	106.36±14.65		84	90.85±15.23	
History chronic disease	Yes	45	99. 6±15.84	0.64	80	87. 78±15. 40	0.85
	No	105	103.16±14. 6		70	89.96±19. 22	
Economic status	Good	44	107.02±10.65	0.03*	25	91.65±17.76	0.04*
	Moderate	89	99.11±15.08		76	85.97±12.92	
	Weak	17	98.23±19.93		49	85.97±12.92	

* Kruskal-Wallis test

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Table 2. Comparison of mean (standard deviation) scores for total spiritual health and its subscales between female prisoners and nonprisoners

Spiritual health	Female nonprisoners	Female prisoners	t(T-Test) Z(Mann-Whitney)	P.value
	Mean± SD	Mean± SD		
Physical health	48.11±9.27	37.12±11.01	-9/33	<0.001
Religious health	53.26±6.84	50.49±7.50	-3/6	<0.001*
Spiritual health	101.38±15.22	87.61±15.54	-7/74	<0.001

* Mann-Whitney test

in both infertile and fertile women (16), which could be attributed to the religious context of Iran. Therefore, Iranians religiosity can be an appropriate opportunity to promote their spiritual health more conveniently especially because religiosity and spiritual health mutually affect and have overlapping with each other.

In this regard, Carter argues that religious teachings can develop human nature positive attitudes that are attitudes and feelings associated with the outcomes of physical and mental health conditions. Beliefs and values enhance self-esteem and promote religious orders of interpersonal behaviors (17).

A marked difference (11 scores) was seen in Physical health between the two groups, while the difference in religious health was 3 scores. The marked difference in Physical health between the two groups can be attributed to the adverse conditions of women in prison, loneliness, having no relationship with friends and family as well as no purpose in life. Because no study, to the best of our knowledge, has yet been conducted to compare female prisoners' spiritual health with other populations', the mean score for the female prisoners' spiritual health was found, especially in terms of Physical health, to be lower than those of students (14), fertile and infertile women (16), cancer patients (15), pregnant women (18), women (19), nurses (11), and infertile women (10,20).

Altogether, female prisoners represent one of the vulnerable populations of the community to whom special attention should be paid; however, inadequate attention was paid to this population, no study was conducted on their health, and they received a minimal level of services by the late 20tb century (17).

Spirituality and Physical health may manifest daily in different ways; these manifestations include interaction with others, clear spiritual interaction by means of love, respect, trust, honesty, integrity, dedication, compassion, and certain experiences with nature (4) of which female prisoners are unfortunately deprived due to their conditions. As a results, the female prisoners' scores for Physical health were lower than those of other groups.

Regarding marital status, being married was found to improve mental health in both female prisoners and nonprisoners such that the scores of married women were higher than those of both single women and widows. Therefore, prison officials should provide facilitative conditions for prisoners' marriage. In this regard, Zareipour et al. study demonstrated that the levels of spiritual health were significantly lower in women marrying by age 20 years than those marrying after age 25(18). Accordingly, marriage at younger ages can impair spiritual health although being married can help promote spiritual health.

In addition, the findings demonstrated that spiritual health was significantly associated with economic status and employment. Therefore, skills training and entrepreneurship in women's prisons causes promotion of Physical health and finally spiritual and mental health, in addition to inducing senses of capability, usefulness, and integrity, among them.

According to comparison of spiritual health between female prisoners and nonprisoners in this study, spiritual health was significantly associated with history of developing psychiatric diseases.

Research findings demonstrate that mental health issues are highly frequent among female prisoners. Some studies in Iran have indicated that 87.5% of prisoners are suspected psychiatric patients. In addition, suicide attempt has been reported 6 times higher in prison population than in general population (5). According to evidence, spirituality can help prevent one from arriving at this

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conclusion that life is not valuable enough to outlive and therefore committing suicide (17).

As with men, women, at admission to prison, experience distress, anxiety, physical problems, and stress (21) and then continue to experience these conditions or exacerbated levels of them (22). Psychiatric disorders are more frequent in female prison population than female general population (23).

Punishment, correction, and rehabilitation, integral parts of prison, are in contradiction to health care and mental health. A review reported that mental problems were one of the most important problems in prisons (24). It is therefore necessary for prison officials to cooperate with psychologists and mental health experts to promote female prisoners' mental health via promoting their spiritual health.

Monotheistic integrated therapy is one of the new methods recommended to promote spiritual and mental health. This method has been reported to be able to integrate scientific findings on psychotherapy into religious and spiritual teachings and therefore help develop a spiritual thought-based treatment approach (25).

Hopelessness, frustration, and depression are the most frequently unmet needs among prisoners to which much attention should be paid. Many prisoners experience such feelings during their sentence (3). Spirituality and religious beliefs are considered to be effective in reducing depression and adapting to difficulties and stressful events in life (18). Therefore, prisoners represent one of the populations that most urgently need to promote spiritual health.

Conclusion

As one of the vulnerable populations of the community, female prison population continues to rise. The level of this population's spiritual health, which is one of the most important human aspects and helps reach meaning and purpose, is low. Prison policies in most countries have disregarded women's special needs and health aspects particularly spiritual health. Prisoners should know that God loves, and therefore blesses and forgives them. In crises, spirituality can be a source of power to face hopelessness and difficulties. Given the low levels of female prisoners' spiritual health, it is necessary to make gender specific, evidence-based policies to promote their spiritual health so that their other health aspects may be promoted.

Conflict of interest

The authors declare no conflict of interest.

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References

1. Hassan HA. the effectiveness of group therapy on self-religious spiritual prisoners in the Male prisoners of Central Prison Mashhad. Res Consult. 2006;1(2):49-69.
2. Women's health in prison. Correcting gender inequity in prison health. World health organization. 2009. Available at: http://www.euro.who.int
3. Dixey R, Nyambe S, Foster S, Woodall J, Baybutt M. Health promoting prisons–An impossibility for women prisoners in Africa?. Agenda. 2015;29(4):95-102.
4. Radi H, Vaziri S, Lotfi KF. The effectiveness of implementing the project of hope on increasing prisoners'subjective well-being. RAVANSHENASI VA DIN. 2014;7(25):71-80. [Persian]
5. Rimaz S, Ebrahimi-Kalan M, Gharibzadeh S, chehrehgosha M, Vasali S, Zandian E, et al . The mental health and its related factors in women prisoners. Rahavard Salamat J. 2016;1(2):1-15. [Persian]
6. Atabay T. Handbook for prison managers and policymakers on women and imprisonment. New York: United Nations Publications; 2008.
7. Plugge E, Douglas N, Fitzpatrick R. The health of women in prison study findings. Oxford: Department of Public Health University of Oxford; 2006.
8. Cavendish R, Konecny L, Mitzeliotis C, Russo D, Luise B, Lanza M, et al. Spiritual care activities of nurses using Nursing Interventions Classification (NIC) labels. Int J Nurs Terminol Classif. 2003;14(4):113-24.
9. Amiri P, Abbasi P, Gharibzadeh M, Asghari S, Jafarabadi M, Hamzavi Zarghani N, et al. Designation and psychometric assessment of a comprehensive spiritual health questionnaire for Iranian populations. Med Ethics J. 2014;8(30):25-56. [Persian]
10. Hosseini R, Alijanpour Agamaleki M, Mehrabi T, Ziraki Dana A, Dadkhah A. The Relationship between Existential Dimension of Spiritual Well-being and

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Quality of Life in Women with Infertility. J Health Care. 2014; 16 (3) :53-60. [Persian]
11. Osarrodi A, Golafshani A, Akaberi S. Relationship between spiritual well-being and quality of life in nurses. J North Khorasan Univ Med Sci. 2012;3(4):79-88. [Persian]
12. Zareipour M, Khazir Z, Valizadeh R, Mahmoodi H, Ghelichi Ghojogh M. The association between spiritual health and blood sugar control in elderly patients with type 2 diabetes. Elder Health J. 2016;2(2):6-13. [Persian]
13. Marquart JW, Brewer VE, Simon P, Morse EV. Lifestyle factors among female prisoners with histories of psychiatric treatment. J Crim Justice. 2001;29(4):319-28.
14. Heydarzadeghan AR, Kochekzadeh M. Study of the relationship between spiritual well-being and self-efficacy of students of faculty of engineering and psychology and educational sciences. Hist Med J 2015;17(65):79-93. [Persian]
15. Baljani E, Khashabi J, Amanpour E, Azimi N. Relationship between Spiritual Well-being, Religion, and Hope among Patients with Cancer. Hayat. 2011;17(3):27-37. [Persian]
16. Almasi M, Mahmoudiani S, Ghasemi T. Comparing Spiritual Health and Quality of Life among Fertile and Infertile Women. Iran J Neonatol. 2015;28(93 and 94):87-95. [Persian]
17. Promoting Mental Health. Concepts emerging evidence practice. World Health Organization Geneva. 2016. Available at: http://www.who.int/mental_health
18. Zareipour M, Abdolkarimi M, Asadpour M, Kazemi M, Dashti S, Askari F. The relationship between spiritual health and self-efficacy in pregnant women referred to Rural health centers of Urmia durin 2014. Community Health J. 2016;11(2):1-10. [Persian]
19. Ackabery S, Khazaei SA, Khazaei SA, Naderi Z, Assarroudi A, Kamranian H, et al. A new method to promote the quality of life based on spiritual wellbeing in health care workers: A predictive model. Int J Humanit Cult Stud. 2016;2(3):1123-31.
20. Mehrabi T, Alijanpoor Aghamaleki M, Hosseiny RS, Ziraki Dana A, Safaee Z. A study on the relationship between spiritual well being and quality of life in infertile women referred to infertility centers in Isfahan. J Urmia Nurs Midwifery Fac. 2014;12(7):562-7. [Persian]
21. Gibbs JJ. Symptoms of psychopathology among jail prisoners: The effects of exposure to the jail environment. Crim Justice Behav. 1987;14(3):288-310.
22. Hurley W, Dunne MP.Psychological distress and psychiatric morbidity in women prisoners. Aust N Z J Psychiatry. 1991;25(4):461-70.
23. Jordan BK, Schlenger WE, Fairbank JA, Caddell JM. Prevalence of psychiatric disorders among incarcerated women. II. Convicted felons entering prison. Arch Gen Psychiatry. 1996 Jun;53(6):513-9.
24. Watson R, Stimpson A, Hostick T. Prison health care: a review of the literature. Int J nurs stud. 2004;41(2):119-28.
25. Sharifi Nia MH, GholamAli A, Shams A. Psychology and counseling services in prisons in the context of integrated monotheistic therapy approach. Tehran: the Prisons and Security and Corrective Measures, published by the Way Training; 1389. [Persian]

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