

Predicting the Impact of Religious Beliefs on Social Health

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Abstract

Today, social health is one of the most important aspects of individual health and as people's perception of the quality of their relationship with others, the people and the surrounding community are defined and are considered as indicators of quality of life. Many health variables are explained by religious beliefs. Religious beliefs have a positive effect on people's social health. The aim of this study was to predict the effect of religious beliefs on social health. In this research, the library-documentary method has been used. The theorists used in this study are Elisha Keyes, Emile Durkheim, Peter Berger, Kinsley David and Milton Yinger. The findings show that religion stimulates the sense of social sharing and unity and strengthens group solidarity. Religious teachings of establishing extensive relationships and interactions with others make religious people more inclined to expand social connections and provide social support, which in turn leads to more social support from those around them.

Keywords: Religious beliefs, Social health, Social communication, Social life.

Introduction

A person's health is the foundation of community health. The health status of each individual in the society affects others and includes the emotions of others and the social and cultural characteristics of the society (North Textile and Chai Chi Tabrizi, 2015). Social health is influenced by the quality of one's behavior on others, relatives and social groups. Health is a topic in all cultures and its definition in any society refers to people's shared sense of health

and culture, when it comes to health, most of its physical dimension is taken into account. While the growth and excellence of the society depends on the health of that society from physical, psychological and social dimensions. Each person is considered a member of the older family. Social health is a function of various social and cultural factors, among them religious beliefs (Alizadeh et al., 2016).

Religious beliefs are the cornerstone of social order and are a source of social values. It affects individual life and many areas of daily life and is also known as a manifestation of the collective and general spirit of solidarity, trust and integration of society (Serajzadeh Javaheri & Velayati, 2013).

In this context, it should be said that man's need for religion is old to the life of history. Because human beings have felt the need for a strong supporter and strong support from the very beginning of their lives. Religion is one of the main pillars of societies that has emerged and manifested in many times and events. In other words, religion in societies is an undeniable fact while making changes and the impact of religion in human societies (Saleh, 2019). Religion exists in a certain way in any known culture. Religion can be examined from the perspective of the rituals of symbolic personalities and types of prayers.

Religious beliefs are the main factor of socialization and thought cohesion, practicality and orientation in solving problems, phenomena and social issues. Therefore, it is a factor in improving people's social health and religious actions and beliefs are related to the individual and social health of people in a society. Some scientists believe that many health variables are explained by religious beliefs. In fact, religion is one of the factors affecting people's behavior and cognition. Accordingly, having religion has created meaning, hope, a sense of control, a healthier lifestyle accepted by others and thus an increase in health.

Religious commitment and commitment have led to people's belonging to social networks (Idrissi, Sheikhzadeh and Barzegari, 2016). When people agree, they can help each other when they need to. In this way, with the increase of common health among individuals and their social support, physical and social health increases (Rezadoust, Hosseinzadeh and Rostami, 2019).

One of the main aspects of health assessment of different societies is the social health of people in that community. Social health plays an important discussion about the dynamics and efficiency of society). (Ommeren, Saxena, Saraceno, 2019, as well as those with social health are more successfully involved with the challenges posed by their main role with people in society and in social activities (Cates, 2019). Progress has created energy and appropriate direction of behavior, interests and needs in line with the valuable goals set by Meng, Fang (Liu, Beibei, Jin, 2015). Social health is present in all individual, family and social fields (Rahmani Jalili, 2020).

Religious beliefs are among the most important issues that can be found from efforts that have been used in recent years to construct and apply religiosity measures. The necessity of these studies is constantly based on the influence and prestige that it still has for humans and society. Religion provides a unifying principle and common ground, allowing human beings to transcend their selfish desires and to act beyond these selfishness and collective exports because of their love for their fellow human beings. Therefore, it affects the social health of human beings. In addition, the effect of religious beliefs on social health is a fundamental issue and in this regard, the present study seeks to answer the main question whether religious beliefs affect social health?

History of Research

Newburgh, Lee (2006) conducted a study entitled Religion and Health. In this research, survey method is used. The findings show that religiosity

mechanisms affect health and religiosity reduces anxiety. Religious people are less stressed.

Khalak (2006) conducted a study entitled "Happiness, Health and Religiosity". In this research, survey method is used. The findings show that religious men have more health and happiness than religious women. Health accounts for 60% of happiness while religiosity accounts for 15% of happiness. Also, among Kuwaiti undergraduate students, religious people are happier.

Pourstar and Hekmati (2010) conducted a study entitled "Predicting Social Health Based on Religious Beliefs among Female Students. In this study, quantitative method and questionnaire were used. The findings show that acceptance and social participation are related to all aspects of practice to religious beliefs and social integration and adhesion with some aspects of practice to religious beliefs. Performing obligations and obligations predict social acceptance and social participation, mustahabbat religious activities and decision making and selection have the ability to predict social prosperity, social continuity of the total score of health.

Alizadeh, Akbari, Salehi Mobarakeh, Dehkordi Unit (2016) conducted a study entitled "The relationship between different aspects of religiosity and social health of students" (sample studied by high school students in Dahaqan city). In this study, quantitative method and questionnaire were used. The findings show that health is a topic in all cultures and when it comes to health, most of its physical dimension is considered. Dimensions of belief religiosity, outcome, manaski, experiential and emotional are associated with social health. The strongest dimension of religiosity is the manaski dimension and the weakest one is the consequence.

Shahmirzadeh, Rafiee, Mousavi, Amini Harooni, Hosseini Safa (2019) conducted a study entitled The Relationship between Religiosity Components and Social Health in Adults in Tehran. In this research, library method has been used. The findings show that social health is

related to the dimensions of social religiosity, worship, and social ebadi. The social dimension of religiosity has a significant relationship with social health and worship.

Theoretical Foundations of Research

Theories about religiosity and social health are divided into theories of psychology and sociology. According to Evans Pritchard's Division (1965), two categories of psychological theories about religion are discernible: one is the rationalist theory that is the result of primitive human intellectual activity to explain the natural and social events surrounding it, and in the process of historical evolution of man gives its place to science, and the other is the affectional theory that considers religion an emotional and psychological response to human concerns, fears and misfortune. The most important rationalists are August Kent, Herbert Spencer, Edward Tyler and James Frieze. Unlike psychologists, most sociologists, especially functional sociologists, believe that what matters is not how things begin, but the role these things play in current societies. As it turns out, these theorists have adopted and applied a functionalist position in their work. In this section, the definition of social health and religiosity is discussed, and in the next part of the study, the theories of Alfred Schutz, Elisha Keyes, Emile Durkheim, Peter Berger, Kiisley Davis, Milton Yinger are presented.

Social Health

One of the emerging concepts of social studies in recent decades is the concept of social health. Health is one of the most important concerns of human beings during the past centuries and this justifies its special place in the culture and literature of different civilizations. Despite the apparent simplicity and popular understanding of the concept of health as having a healthy body, reducing it to physical dimension and neglecting other dimensions is simplistic thinking. In general, it can be said that the concept of health is a relative concept and a comprehensive definition and its barrier cannot be provided.

There are generally two different approaches in the definition of health, a patient-centered approach that is limited by the presence and absence of disease in various physical and psychological categories. In this context, it should be said that the role of environmental, social and psychological determinants is ignored. On the other hand, in the health approach, health has a high degree of well-being.

Social health includes health indicators in a community (Bowling, 2019). In social health, social factors are effective and social dimensions are considered more than individual dimensions (Ryan, Cragun, Sumerai, Alexandra, 2012). Social health means the ability to interact with humans and the environment with the aim of creating a satisfactory interpersonal relationship (Tavakoli, 2014). Accordingly, the ability to communicate honestly with others and manage conflict in a healthy and ethical manner during the appropriate and acceptable time is one of the indicators of social health (Kawachi, 2020). Khalek, 2016) includes respect for others, responsibility for society, readiness to spend their resources on society, healthy and mutually balanced interaction with others (in a way that neither abuses nor abuses others). There are two conceptions of social health: the first is the unit of definition of social health, in fact, social health is defined as the trait and characteristics of the individual and social life of the individual (Zare Shahabadi and Kazemi, 2015: 65). Also, the social health of the individual is defined not only by the absence of illness, but also on the realization of complete physical, mental and social comfort. (Marmot & Wilkinson, 2015).

In these definitions, the social relationships and interactions of the individual have been emphasized, but there is another concept of social health. The centrality around society is considered social health as an adjective for a "society" and pays attention to a healthy society or a healthy society. In this regard, social health can be considered as "social health conditions" and social health-rich society can be considered

as "a society with favorable health conditions" (Ghaffari, Molaei and Momeni, 2018).

The concept of social health can be considered in a particular society, but it cannot be considered as an ultimate matter with a general, unified and universal definition, in other words, it is not easy to provide a fixed definition of social health. In this regard, it is necessary to first know the dimensions and components that researchers have considered, and in addition to knowing which indicators have been used to measure this concept.

Religiosity

The history of religion coincides with the emergence of man. Religion, as one of the social institutions, plays an important role in maintaining social cohesion, enhancing the social spirit of individuals, as well as helping people to find their moral identity, evolving in the shadow of a true religion, and has advanced to a stage where one can be called the perfect human being (Corren, Bazerman, 2017). is one of the main goals of religion.

Religiosity consists of separate dimensions that necessarily require a conceptual approach and measurement strategies. All religions in the world, despite being very different in detail, have areas in which religiosity appears. These areas, which can be regarded as dimensions of religiosity, are: belief, manaski, intellectual, consequence and emotional. (Schettino, 2012) Religion has always been considered by all human beings as a comprehensive set of dos and don'ts of value to guide man to redemption. Religiosity is one of the most important places in many people's lives. But this term does not have the same meaning that is accepted by scientists in the humanities, and the numerous definitions of religion itself bear witness to the difficulty of presenting the definition of religion. Religion is regarded as people's personal feelings, actions and experiences about what they have in their privacy and solitude from God (Henrich, Bauer, Cassar, Chytilov, Purzycki, 2020). Religion essentially deals with symbols that are indecent

and express the feelings, values and hopes of believers, or organize and organize the course of interaction between human beings and foreign lords, or sum up the entire set of minds and lords and illustrate the context of this whole. These symbols, even if they express a reality, are not diminishable to empirical cases (Hamilton, 2010).

Religiosity is one of the important components that is effective in health analysis because by creating a collective spirit, religious enthusiasm and spreading public feelings through rituals and collective ceremonies can provide the necessary grounds for organ transplantation and social cohesion. Religious rituals bring people together, thus reaffirming their common ties and thus strengthening social solidarity (then manaski)

Also, religious beliefs and beliefs through creating purpose and meaning in life, spreading social relationships and sense of belonging in the person has caused peace and prevented the feeling of loneliness and isolation in the person (later belief). In religiosity, people feel that they have a spiritual point of reliance in life throughout the material world, and with this thought, the individual has left himself to his God and considers himself to be in very close relationship with God, and his trust and confidence in God's help and assistance has increased. Therefore, with the help of Divine Mercy, he has become more hopeful in solving his problems and his attitude in dealing with stress has changed. This change of attitude positively leads to feelings of hope, feeling close to others, opportunity for self-actualism, feeling comfortable, controlling impulses, proximity to God and helping to solve problems (Emotional Dimension) (Shojaee Zand, 2001).

Theorists of Social Health and Religiosity

Inspired by the idea of Edmund Huswell, sociologist Alfred Schutz expanded and expanded the sociology of phenomena. This approach is combined in the famous book "The Social Construction of Reality", by Peter Berger and Thomas Luckman, with the votes of Herbert

Mead, Weber, Durkheim and Marx, and what is called the social structuralism approach. This approach is then developed by Berger in "Holy Canopy" about religion and by Peter Berger and others in "Homeless Minds: Renovation and Awareness" about the process of development and modernization in developing countries. In this discussion, society is experienced as an external reality (specifically the institutions that one faces) and what is understood as one's Dorney awareness (Berger & Kelner, 2002).

Elisha Keyes: Social health has long been defined as being free from negative social support and alienation or chaos, and not necessarily that the existence of psychological conditions is the basis of social health. While social health has been paid a lot of attention in the individual aspect. It has also been suggested that social health should be considered in relation to social nature. According to Keyes, social health or lack thereof has been a prominent concern in classical sociological theory. Despite the importance of concepts such as chaos, alienation that has been considered by Marx and Durkheim, they have discussed multiple dimensions of positive social health. One of the potential benefits of social life is social integration and cohesion, which means a sense of belonging and inner attachment and a sense of shared conscience and collective destiny (Tavakol, 2014). Keyes believes that people's social health is composed of the following five components:

Social integration: Social integration means the individual's assessment of the quality of mutual relations in society and social groups. Healthy people feel like they're part of society. Therefore, social integration is a range that people feel share with others and belong to society and social groups. This concept goes against the alienation and social isolation and class awareness of Marx.

Social contribution: represents the individual's assessment of his or her social value. Those who have a desirable level from now on believe that they are an important member of society and have valuable to offer to others. Social contributions

indicate that, as people have felt, what they have done in the world is important and valuable to society and has been perceived as social assistance.

Social acceptance: One's interpretation of society and important characteristics of social acceptance. People who have this dimension of social health have seen society as a collection of different people and accept others with positive and beneficial aspects and have known others as people of capacity and kindness, trust and confidence.

Social continuity: the belief that society is understandable, logical and predictable. Socially healthy people are not only interested in the new world they live in, but also about what's going on around them, and feel able to understand what's going on around them. This concept means meaninglessness in life and in fact shows the precipitate of the person's quality, organization and administration of the social world around him (Pourstar & Hekmati, 2010).

Social flourishing is the assessment of the potentials and paths of society's development and the belief that society is gradually evolving and has potentials for positive transformation. These people hope for the future of society and believe that themselves and others have the potential for social growth and that the world can be better for them and others (the same).

Emile Durkheim: Emile Durkheim believes that in small and traditional cultures, almost all aspects of life are influenced by religion. Religious causes both ideas and intellectual categories to be rooted and stabilizes existing currencies. He emphasizes that and collective ceremonies consolidate and strengthen group cohesion and solidarity. From Durkheim's point of view, religion is a social issue and religious values affect people's social health in a way that people, by internalizing these shared values, feel altruistic and belong to the community (Hosseini, 2018). In his book *Suicide*, Durkheim has well illustrated the seemingly individual social dimension of a human being's action against

himself, reveals the effect of religious faith, which is one of the most important factors in one's bond with society, and has well illustrated the difference between followers of different religions among cohesion. The four main functions of religion are classified as social forces of discipline, cohesion and sectoral happiness in terms of Durkheim (Giddens, 2007). Religious rituals prepare human beings for social life by imposing self-discipline and some restraint. Rituals bring people together, thus reaffirming their common ties and thus strengthening social solidarity. Performing religious ceremonies will uphold the group's social heritage and convey its enduring values to future generations. Finally, religion has a happy function that morality is moral by arousing the feeling of happiness in believers and the basis of trust in the essential truth of the world. Given Durkheim functions for religion, there can be a positive relationship between religiosity and health. In groups and societies where religion is widespread, people are likely to receive more cohesion from people in the community, and therefore healthier (Abedi et al., 2019).

Peter Berger: Religion is considered meaningless in front of a world. In his interpretation of how man has been forced to impose a meaningful order on reality, Berger is a religion (sacred military) and socially the product of human existence. Religion has an established society and stability or legitimacy that is derived from powerful sources of human own efforts, this sacred quality that can be attributed to different things in different societies. It's something other than human beings and it's related to human beings, it connects him with a powerful reality other than himself. This sacred quality puts human life in a larger meaningful order (Thompson and others, 2002). According to Berger, the semantic systems that humans make are not the result of a person's work, but a social production; However, from anyone's point of view, it is as if this system is an objective existence that is outside itself. Each individual has a share in this system in general, but this

system is superior to individuals and has a foreign objectivity socially (Tavasoli, 2001). Berger refers to the horrors of man in chaos and believes that there is always a fear of meaningless life in human beings, so that human beings are forced to tend to a socially purposeful semantic system; He believes that "religion is a bold attempt to make sense to human beings around the world (Niazi & Sakhaee, 2020).

Kinsley Davis: Kinsley Davis believes that there is a significant difference between refereeing and explaining the researcher with the understanding of the religious activist. Therefore, new functionalism has provided a better explanation of religion by giving more importance to religious activists and entering the psychological element and combining it with functionalism theory. Davis presents the positive functions of religion and sees religion as a cohesive factor in society that people increase their dependence on group goals by participating in religious ceremonies. Davis uses the distinction between sacred and unholy affairs and finds it symbolic (Afshani and Shir Mohammadabad, 2017).

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Milliton Yinger: Yinger believes that every human being needs the absolute values he lives with, and that these absolute values must provide answers to the question of human life and death. Yinger believes that religion has dual roots because it meets both individual and group needs.

In other words, religion mostly meets group needs through its functions for people in society. By presenting these discussions, Yinger claims that religion maintains the moral organization of society by emphasizing on general and accessible values, i.e. values such as redemption or justification of suffering, failure and deprivation, and so on, and causes the bonding of members of society and social solidarity (Heidarkhani, Noorbakhsh and Ghanbari, 2020).

In general, according to the theories of Schutz, Durkheim, Yinger and Berger, one can have the impression that religion unites society, strengthens social solidarity and maintains social cohesion. Religion also strengthens the unity of people in society and intensifies their separation from members of other groups. Religion can provide the grounds for group cohesion, categorize individuals in the form of a co-addition of a certain worldview and ideology against other corresponding groups and communities. This category can be a factor for the expansion of group cohesion against external groups that follow different opinions and systems of thought than the insider group. Religion played its part by creating a collective spirit, religious enthusiasm and spreading public sentiment through rituals and mass ceremonies, paving the way for cohesion. According to Berger, religion is a meaning against a world that is constantly leaning toward meaninglessness. Religiosity has a positive effect on human health, so religious people have a wide relationship and strong relationship with society. There are wide support networks, and a lot of social support, in turn, promotes people's health. Religious people, who see the world as meaningful and purposeful because of their religious faith, suffer from less emptiness, better control their instincts and sensual desires, and are less likely to engage in risky behaviors, healthier than other people. In addition, from Durkheim's theories, it can be underserved that religion causes solidarity among individuals, and religious rituals strengthen the collective beliefs and ethics, as well as by linking participants to each other. Therefore, in terms of

religion, it increases social integration and cohesion as an indicator of social health. Davis also praises religion as a cohesive factor in society, adding that individuals increase their dependence on group goals by participating in religious ceremonies, religious affiliation. Therefore, religiosity and health are related to each other. By presenting these topics, Yinger claims that religion maintains the moral organization of society through emphasis on accessible values, i.e. values such as redemption or justification of suffering, failure and deprivation, and so on, and causes the bonding of members of society and social solidarity as indicators of social health.

Research Methodology

In this research, documentary-library method has been used. Library method is used in all scientific researches and in some of them the subject of research in terms of methodology relies on library research findings from start to finish. In researches that do not have a library nature, researchers are forced to use library method in their research. In this research group, the researcher should study the literature and background of the problem and the subject of the research. As a result, it should use the library method.

Conclusion

Health is the most fundamental title to which human life is based. Peace and health have been considered as a fundamental concept in human life since the emergence of human beings and in the centuries and ages, and human beings have mobilized all their facilities and forces to achieve it, but whenever there is talk of it, most of the physical dimension and in the last few decades its psychological dimension has been considered and its social aspect has been less considered. Today, social health along with physical, mental and spiritual health has become a widespread role and importance. In such a way that health is no longer free from physical and mental illnesses, but also how humans function in social relationships and how he thinks of society is one

of the criteria for assessing the health of the individual at the macro level of society.

Social health is a function of various social and cultural factors, including religiosity. Religion is the cornerstone of social order and is a source of social values and affects individual and many areas of daily life and is also considered as a manifestation of the collective and general spirit of solidarity, trust and comprehensive integration. Religious beliefs stimulate a sense of commonality and social unity, strengthening the group's solidarity. By creating a collective spirit, religious enthusiasm and spreading public sentiment through rituals and mass ceremonies, religion can provide the necessary grounds for organ bonding and social cohesion. Religious teachings of establishing extensive relationships and interactions with others make religious people more inclined to expand social connections and provide social support, which in turn will lead to more social support from those around them. Finally, according to the findings of the research, the following suggestions are proposed:

1. In educational books, a section entitled Religion and Health should be added and the health-based messages of religion should be used in this field, as both the results of this research and similar researches in the Islamic world show that Islam is rich and brain-filled in terms of health messages.

2. The potentials of religion to improve the health of people by people who specialize in religion should be paid more attention, people who specialize in this field can mix health and religion with people's daily lives and use religious beliefs to improve the health of the community.

3. In this regard, it can be said that in addition to the social and moral dimension of religiosity, performing worships and having a spiritual relationship with God also has a positive impact on the way people's social interactions and promotion of their social health.

4. Considering the positive relationship between the empirical dimension of religiosity and social health, it is suggested that people's religious feelings be strengthened at their personal level. Religious experience or religious feelings represent the most personal and private aspects of religious people and to strengthen this dimension, religiosity must be internalized among individuals. Religious propaganda, especially from the media, plays an important role in internalizing religiosity.

5. The grounds for teaching religiosity among individuals can be provided and social religious behaviors that strengthen social responsibility and cooperation can be encouraged.

Resources

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