

Sociological Examination of Mechanisms in the Relation between Social Factors and Depression among Citizens over the Age of 18 in Hamadan City

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Extended Abstract

1. Introduction

Health is one of the most important aspects of life and a part of social welfare; accordingly, it is considered as a social value and a necessary condition for playing social roles. In many countries, particularly the third-world countries, the mental aspect of health has been overlooked as a result of focusing on other primary health-related priorities such as infectious diseases or the chronic illnesses of today's world. In fact, mental illnesses are a serious problem faced by modern societies. Among various mental illnesses, depression is one of the most prevalent mental problems that are known by psychologist and psychiatrist as the "mental cold" due to its universality and importance (Chalabi&Yaqouti, 2013).

There are a considerable number of depressed individuals in various societies. As an increasingly growing mental disorder, depression demonstrates the prevalence of social problems. Consequently, such a universal social problem should be placed under examination through studying the social factors related to depression. Given the considerable prevalence of depression and its growing trend, the present study seeks to examine the relation between social factors and depression to identify the origins and causes behind this illness. According to theories and studies on depression, it is assumed that social factors such as religiosity, family solidarity, social capital, and socioeconomic base could explain how and why depression is widespread across the society.

2. Literature Review

To provide answers to the question posed on depression, this study makes use of the related literature and theories. By offering individuals a meaningful system for life and providing them with hope, purpose, optimism, and reduced anxiety and concerns, religion increases mental health. Therefore, religiosity has a direct relation with reduced depression (Shahidi, 2009: 65). On the other hand, religion develops social capital by creating connections between individuals via its norms, beliefs, and evocative rituals (Jong & Johnson, 2004); subsequently, it indirectly results in enhanced mental health and reduced depression as a structural factor behind the development of social capital (Cochrin, 1997). By offering social resources, the socioeconomic base can provide the means to cope with stressful factors. Individuals with higher socioeconomic bases enjoy a better mental health due to their control and access over social resources. Therefore, socioeconomic position directly reduces depression. Alternatively, the socioeconomic position may also create family solidarity through necessary social resources, particularly in a society where the gathering of individuals in a community such as family could, in itself, be a challenge (Ghods, 2003). Thus, socioeconomic base also directly influences the reduction of depression through providing family solidarity. By attracting and integrating individuals within a family-based community and adjusting their behaviors, family solidarity provides the context for developing and retaining the members' mental health. Individuals integrated in a community to a higher extent along with having hopes, wishes, and expectations adjusted with the norms of their community are less likely to suffer from depression. Furthermore, family solidarity creates a structural context to facilitate social relations as well as social capital in an indirect manner, resulting in a decrease in the possibility of depression (Elson, 1988: 48). As mentioned, religiosity has a direct relation to mental health and reduced depression; religious people enjoy better mental health and are less susceptible to depression. Moreover, given its contents involving beliefs, rituals and certain behaviors along with providing the means for family solidarity, there exists an indirect relation between religiosity and reduced depression.

3. Method

The present study was conducted using surveys. The total population of the study included the entire citizens of Hamadan city over the age of 18. Sample population was indicated as 384 individuals using multi-stage cluster sampling. To examine the relation between the mechanisms of social factors and depression, the collected data were analyzed using t test and path analysis.

4. Results and Discussion

Results of the study showed that 35.5% of the examined cases suffer from depression. Findings also showed three important factors behind the pathology of the outbreak and prevalence of depression. These factors include religiosity, family solidarity, and social capital. A protective shield is created for individuals against depression through religiosity and its provision of meaning for life, family solidarity and its attraction of individuals towards family community and adjusting their behaviors, and social capital and its related resources. These three social factors behind depression can also be explained through the connections among them, both directly and indirectly.

5 .Conclusion

Today, a significant portion of illnesses, whether physical or mental, have strong ties to social factors. Though social factors can play an important role in providing, retaining, and improving individual health, they significantly affect the outbreak and prevalence of diseases as well. Religious people are usually less depressed; they are also less susceptible to depression by having social capital which also is influenced by religiosity. This study demonstrates that family solidarity has immunized people against depression by adjusting the behaviors of family members as well as increasing their social capitals. In addition to having reduced depression, religious people are more attracted towards their families and are integrated with such community based upon their religious norms and beliefs; hence enjoying a higher level of family solidarity. In addition to the direct relationship between religiosity and family solidarity, social capital increases family solidarity and reduces depression. The results of this study point to the importance of three social factors including religiosity, family solidarity and social capital in the pathology behind the outbreak and prevalence of depression. These three factors explain the mechanisms behind suffering from depression both directly and through the connections among them.

Keywords: Depression, Religiosity, Social Capital, Family Solidarity

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