

Impact of Attending the *Diwaniyyah* on Kuwaiti Men's Health

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Abstract

Diwaniyyah is a traditional gathering place for men in the Arab world. Most Kuwaiti men spend most of their time in the *diwaniyyah*, which is an important part of their social activity. The current study aims to examine the relationship between the *diwaniyyah* as a social community and the attendees' health conditions to determine how the *diwaniyyah* affects Kuwaiti men's lifestyle. A questionnaire was distributed among 500 men 16 years old and above. It comprised five parts of data: sociodemographic information, frequency of attending *diwaniyyah*, types of *diwaniyyahs*, and health lifestyle of members attending the *diwaniyyah*. A *t*-test, one-way analysis of variance (ANOVA) and linear regression were used to test the study's questions. A significant difference in negative effect of *diwaniyyahs* on attendees' physical health was detected according to the participants' ethnic roots, affection for and length of time they spent in the *diwaniyyah*, time of day or evening that they visited, and dealing with chronic disease ($p < .05$). Also the results reveal significant differences in the positive effect of *diwaniyyahs* on the attendees' lifestyle behavior according to their age, occupational status, religious affiliation, government, prayer time, and type of *diwaniyyah* ($p < .05$).

Keywords

diwaniyyah, Kuwaiti, men's health, lifestyle, medical anthropology

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Health is an outcome of various sociobiological factors that affect people's mental and physical well-being. These factors vary across societies based on their natural resources, climate, and cultural values and traditions. According to the International Diabetes Federation (2013) report, there is a high prevalence of chronic disease in the Kuwaiti population. The data identify that in the Kuwaiti population, the prevalence of obesity was the highest (48.2%), followed by hypertension (25.3%), diabetes (23.3%), and cancer (11%). The high rate of the occurrence of chronic diseases in the Kuwaiti population has led to several clinical, anthropological, and sociobiological studies conducted to detect the association between Kuwaiti individuals' lifestyle, physical activities, and dietary habits and the high prevalence of chronic disease (Al-Kandari, 2010; Al-Haifi et al., 2015; Al-Hashel et al., 2016; Al-Kandari & Crews, 2014; Al-Ozairi et al., 2015; Al-Sejari, 2017; Channanath, Farran, Behbehani, & Thanaraj, 2015; Musaiger et al., 2014). These research findings reveal a significant association between (a) factors related to the high prevalence of obesity, chronic disease, and metabolic syndrome in the Kuwaiti population and (b) obese relatives, lower physical activity, sleep

duration, and poor eating habits. However, these prior studies have not assessed the effect of attending the *diwaniyyah* on Kuwaiti men's health and physical well-being from the perspective of medical anthropology.

The *Diwaniyyah*

The term *diwaniyyah* derives from the Persian word *di:wa:n*. It is a welcoming space where men gather to discuss politics and the economy (Al-Maghames, 1986). *Diwaniyyah* can be defined as a place that can be used as a male guesthouse where social gatherings and receptions are held. Therefore, the *diwaniyyah* comprises a significant aspect of Kuwaiti culture; it is a place where men can freely express their opinions and thoughts about matters of daily life both locally and globally, encompassing political, educational, social, economic, or sports issues (Al-Kandari, 2002).

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There are many types of *diwaniyyahs*, depending on their function (entertainment, intellectual, or both), age of the attendees (youths, adults, and the elderly), and gender of the attendees (males, or both males and females; Al-Kandari, 2011). A formal *diwaniyyah* is open mainly for political purposes or for formal events, such as a wedding or a funeral, where men can express their greetings or condolences to the *diwaniyyah*'s host. The attendees of a formal *diwaniyyah* can come from all social classes, gathering for a specific occasion when a big feast and drinks are offered. Most Kuwaiti homes have a casual *diwaniyyah*, where the meeting room is attached to the house, but has a separate entrance accessible from the outside than the main entrance to the house and only men can gather there. There are separate areas within the casual *diwaniyyah* where men can play traditional card games, and another area for smoking. The casual *diwaniyyah* is usually open daily or weekly, depending on the host's schedule and resources. Usually, food and drinks are offered. The timing of visiting a *diwaniyyah* is customarily associated with prayer time. Muslims have five obligatory prayers: *Alfajer* (dawn), *Dohour* (noon), *Aser* (mid-afternoon), *AlMaghrib* (sunset), and *Allsha* (nightfall), which are performed daily at their due time. A few *diwaniyyahs* are open from the *Alfajer* prayer at dawn until *Dohour*, the noon prayer. These *diwaniyyahs*, open during the morning hours, consist mainly of older men. Most other *diwaniyyahs* are open from the *Aser* prayer in the mid-afternoon until midnight and they are attended by men of all ages (Al-Kandari, 2008).

Studies about *diwaniyyahs* have mainly discussed their social function. Al-Ansari and Al-Kandari (2012) highlight the important role the *diwaniyyah* plays as a main source of news in Kuwaiti society. Researchers have also examined the association between social and political information that men gain from attending the *diwaniyyah*, types of *diwaniyyahs*, frequency of attending the *diwaniyyah*, and the educational level of men who attend the *diwaniyyah*. Another study conducted by Al-Kandari (2002) examines the social and cultural function of the *diwaniyyah*. Al-Kandari portrays the *diwaniyyah* as a society of men or as a casual social group that only men can attend for entertainment or discussing politics and business. Al-Kandari's study, conducted in 2008, is the only anthropological study to date that explores the role the *diwaniyyah* plays as an unofficial social organization in the elderly's health condition. Al-Kandari (2008) demonstrates the positive impact of attending the *diwaniyyah* on somatic symptoms among elderly Kuwaiti men. The findings from the above studies reveal that the *diwaniyyah* provides a friendly environment and promotes solidarity and unity among its members, by encouraging interpersonal relationships between the attendees despite their differing religious affiliation with two of Islam's largest sects (Sunni and Shiite) or their differing roots (Bedouin and urban).

The *diwaniyyah* serves as a major element of Kuwaiti men's culture, and it has become an essential part of their social life and daily schedule. However, attending the *diwaniyyah* poses many risk factors for the occurrence of chronic diseases among the attendees; the risk factors include rich foods offered in the *diwaniyyah*, sedentary behavior or reduction of physical activity in the case of members who spend most of their leisure time in a *diwaniyyah*, and exposure to secondhand smoke. The objective of this pioneer biocultural study is to detect how Kuwaiti men's culture—in particular, attending a *diwaniyyah*—affects their health.

Method

Study Design and Population

This cross-sectional medical anthropology research was conducted among 429 Kuwaiti men aged 16 years old and older who were selected from six Kuwaiti governorates. The sampling method was a non-probability, convenience sampling for Kuwaiti men who attend a *diwaniyyah* that is for men only. Those who agreed to participate in the study were handed the self-administered questionnaire, which was completed anonymously and collected after completion. Their confidentiality was assured and they gave written consent to participate in the study. The current study aims to answer the following research questions:

Research Question 1: Is there a significant relationship between Kuwaiti men's sociocultural variables (age, educational level, marital status, religious affiliation, social sector, Kuwaiti governorates, and occupational status) and positive/negative effect of attending a *diwaniyyah*?

Research Question 2: Is there a significant relationship between factors related to attending a *diwaniyyah* (frequency of attending a *diwaniyyah*, affection for the *diwaniyyah*, duration of time spent at the *diwaniyyah*, timing [time of day] of attending a *diwaniyyah*, and types of *diwaniyyahs*) and the men's adoption of healthy/unhealthy lifestyle behaviors and the incidence of chronic disease?

Study Instrument and Data Collection

The first part of the structured questionnaire consisted of sociocultural information about the participants (e.g., age, body mass index [BMI], ethnic background, religious affiliation, marital status, educational level, occupation, residential area, monthly income). The second part of the questionnaire consisted of questions about the *diwaniyyah*, such as the frequency and length of time spent at the *diwaniyyah*: "How often do you visit the

diwaniyyah?" (the scale of 8 ranged from "every day" to "never go"); duration of time spent in the *diwaniyyah*: "How many hours per day do you spend in the *diwaniyyah*?" (the scale of 4 ranged from "more than 4 hr" to "less than an hour"); the participants' affection for attending the *diwaniyyah*: "I can't do without going to the *diwaniyyah*" (the scale of 5 ranged from "strongly agree" to "strongly disagree"); and "The *diwaniyyah* is an essential part of my life" (the scale of 5 ranged from "strongly agree" to "strongly disagree"). The questionnaire also asked about the men's reasons for attending the *diwaniyyah*: "Among the following reasons, select the most important and least important reason for why you attend the *diwaniyyah*: social duty, entertainment, tradition, meeting influential individuals, meeting friends, eating healthy foods, spending leisure time, escaping from burdens, offering peace to help the community, sleeping and resting, following the local and global news, courtesy, offering a place to hold the *diwaniyyah*."

The participants were asked to measure their weight (in kg) and height (in m) in order to calculate their BMI in their primary health-care clinic. Their BMI was calculated by dividing their weight in kilograms by their height in meters squared. The participants were classified as underweight (BMI < 18.5 kg/m²), normal (BMI 18.5–24.9 kg/m²), overweight (BMI 25–29.9 kg/m²), and obese (BMI ≥ 29.9 kg/m²), based on the World Health Organization's definition of obesity (World Health Organization, 2014).

The second section of the questionnaire included questions related to the strength of attachment among the attendees of the *diwaniyyah*. It was modified from a previous questionnaire that was developed by Al-Kandari (2002). This part included questions such as "How would you rate the number of friends you have in the *diwaniyyah*?" (the scale of 5 began with "very many" and ended with "very few") and "How do you describe your relationship with others who attend the *diwaniyyah*?" (the scale of 5 began with "very strong" and ended with "weak").

The third part of the questionnaire asked questions about the participants' current health conditions and how attending the *diwaniyyah* impacts men's well-being. It included questions such as "Do you experience any of the following chronic diseases: heart disease, diabetes, hypertension, anemia, joint stiffness, obesity, and asthma or respiratory problems?" (*Yes* = 1, and *No* = 0). The questionnaire also asked questions about the participants' lifestyle behaviors such as "Attending the *diwaniyyah* helped me to meditate to help with my chronic disease" (*Yes* = 1, and *No* = 0); "Attending the *diwaniyyah* caused me to experience chronic disease" (*Yes* = 1, and *No* = 0); "I gained weight from attending the *diwaniyyah*" (*Yes* = 1, and *No* = 0); "I started smoking when attending the

diwaniyyah" (*Yes* = 1, and *No* = 0); and "My relationship with my family got worse because of my attending the *diwaniyyah*" (*Yes* = 1, and *No* = 0).

The fourth part of the questionnaire (8 items) asked questions about the positive or negative effects of attending the *diwaniyyah* on men's lifestyle habits (the scale of 5 ranged from *strongly disagree* = 0 to *strongly agree* = 5). These questions included "Attending the *diwaniyyah* encouraged me to eat a healthy diet"; "I gained valuable health information from others in the *diwaniyyah*"; "The *diwaniyyah* influenced me to start eating a healthy diet rich with fiber and oats"; "The *diwaniyyah* influenced me to start exercising"; "The *diwaniyyah* influenced me to quit exercising"; and "I acquired bad dietary habits from attending the *diwaniyyah*."

The fifth part of the questionnaire was modified from a previous questionnaire that was developed by Al-Kandari (2008). It covered seven items of somatic symptoms that the participants potentially experienced as a result of attending the *diwaniyyah* (*Yes* = 2, *Sometimes* = 1, and *No* = 0). The questions included "I feel dizzy and fatigued in the mornings"; "I suffer from joint pains"; "I have difficulty breathing"; and "I feel pain in my lower back." To ensure the contents' accuracy and meaning of the questions, the questionnaire was pretested with 50 individuals for content, design, question clarity, and recognition. Cronbach's α was calculated to determine the internal consistency of "the effects of attending the *diwaniyyah* on men's lifestyle habits" scale to obtain reliability, which was 0.76. The reliability of Cronbach's α of "somatic symptoms" scale was 0.73. The accuracy and meaning of the questionnaire were checked prior to data collection; the questionnaire was pretested for content, design, readability, question clarity, and comprehension on 40 Kuwaiti subjects.

Statistical Analysis

SPSS (Version 21.0) was used for data analysis. A number of statistical tests were performed such as *t*-test and analysis of variance (ANOVA) to detect differences in the degree of association between the participants' socio-cultural variables—frequency and duration of attending the *diwaniyyah*, affection for attending the *diwaniyyah*, reasons for attending the *diwaniyyah*—and men's health and lifestyle. Linear regression analysis was used to test whether factors related to attending the *diwaniyyah*, that is, sociocultural variables (age, educational level, marital status, etc.), duration, frequency, and affection for attending the *diwaniyyah* significantly predicted Kuwaiti men's healthy lifestyle behavior. For all analyses, values were two-tailed and $p < .05$ was considered statistically significant.

Results

Sample Characteristics

Out of the 500 copies of the questionnaire that were distributed, 429 questionnaires were completed by the study participants, at a response rate of 85.8%. As Table 1 reveals, more than half ($n = 253$, 58.9%) of the participants are overweight and obese, and are married ($n = 228$, 53.1%). A majority of the participants ($n = 340$, 79.3%) are Sunni Muslim with Bedouin roots ($n = 262$, 61.1%). Almost half ($n = 198$, 46.2%) of the participants hold a university degree or higher, and 43.6% of the participants are employed ($n = 187$; Table 1).

As reported in Table 1, 44.8% ($n = 192$) of the participants said that they always go to a *diwaniyyah*. More than one third ($n = 160$, 37.3%) of the participants reported that on average, they attend between three and four *diwaniyyahs* weekly, and almost an equal number ($n = 144$, 33.6%) said they attend one or more *diwaniyyahs* daily. Nearly half of the participants have a large ($n = 138$, 32.2%) and very large ($n = 72$, 16.8%) number of friends who meet at the *diwaniyyah*, and the majority ($n = 358$, 83.5%) of them said that they have a strong relationship with the other visitors to the *diwaniyyah*. More than half ($n = 258$, 60.1%) of the participants said that they cannot do without going to the *diwaniyyah*, despite the fact that they have more important obligations, and 61.3% reported that the *diwaniyyah* is an essential part of their lives ($n = 263$). Regarding how much time they spend there, 41.7% of the participants reported that they spend between 3 and 4 hr every day at the *diwaniyyah* ($n = 179$). More than half ($n = 239$, 55.7%) of the participants said that they do not eat in the *diwaniyyah*.

Sociocultural Variables and the Effect of Attending a Diwaniyyah

As reported in Table 2, Kuwaiti men who are 45 years old or older identified more positive effects of attending a *diwaniyyah* on their healthy lifestyle behavior ($M = 25.12$, $SD = 5.03$) than younger men (25 years old and younger; $p < .007$). In addition, Kuwaiti men who live in Al-Asimah and Mubarak Al-Kabeer governorates reported more positive effects of attending a *diwaniyyah* on their healthy lifestyle behavior than participants who live in other governorates ($M = 25.29$, $SD = 5.38$ and $M = 24.85$, $SD = 5.83$, respectively, $p < .019$). Moreover, the analyses indicate that Kuwaiti men who have a private business reveal more positive effects of attending a *diwaniyyah* on their healthy lifestyle behavior ($M = 26.00$, $SD = 7.38$) compared to retired participants ($M = 25.28$, $SD = 4.98$) and participants who are either students or who are still employed ($M = 25.00$, $SD = 4.77$; $p < .016$; Table 2). Attending a *diwaniyyah* had a more positive influence on the

Table 1. Distribution of Participants' Sociodemographic Variables and *Diwaniyyah's* Characteristics of the Sample ($N = 429$).

Characteristics	N (%)
Age category, years	
<24	166 (38.7)
25–44	179 (41.7)
>45	83 (19.4)
BMI, kg/m²	7 (1.6)
Underweight	164 (38.2)
Normal	176 (41.0)
Overweight	77 (17.9)
Obesity	
Occupational status	
Student	122 (28.4)
Student and employed	65 (15.2)
Employed	187 (43.6)
Retired	47 (11.0)
Private business	8 (1.9)
Religious affiliation	
Sunni	340 (79.3)
Shiite	68 (15.9)
Marital status	
Not married	188 (43.8)
Married	228 (53.1)
Divorced	10 (2.3)
Widowed	2 (0.5)
Roots	
Urban	158 (36.8)
Bedouin	262 (61.1)
Kuwait governorates	
Al-Asimah	77 (17.9)
Hawalli	61 (14.2)
Mubarak Al-Kabeer	41 (9.6)
Al-Farwayniyah	102 (23.8)
Al-Jahra	99 (23.1)
Al-Ahmadi	44 (10.3)
Educational level	
<High school	13 (3.0)
High school and diploma	217 (50.6)
>University	198 (46.2)
Taking meals in diwaniyyah	
Yes	44 (10.3)
No	239 (55.7)
Sometimes	120 (28.0)
How often do you go to diwaniyyah?	
Always	192 (44.8)
Often	116 (27.0)
Sometimes	98 (22.8)
Rarely	23 (5.4)
Numbers of diwaniyyah visited weekly	
1–2	133 (31.0)
3–4	160 (37.3)
5–6	46 (10.7)
>7	28 (6.5)

(continued)

Table 1. (continued)

Characteristics	N (%)
Frequency of visiting diwaniyyah weekly	
Daily	144 (33.6)
6 days a week	40 (9.3)
5 days a week	66 (15.4)
4 days a week	80 (18.6)
3 days a week	30 (7.0)
2 days a week	34 (7.9)
1 day a week	25 (5.8)
Number of friends you meet in diwaniyyah	
Very large	72 (16.8)
Large	138 (32.2)
Average	187 (43.6)
A little	25 (5.8)
Few	5 (1.2)
Strength of relationships with members of diwaniyyah	
Very strong	177 (41.3)
Strong	181 (42.2)
Medium	59 (13.8)
Less than medium	9 (2.1)
Weak	2 (0.5)
Diwaniyyah is an essential part of my life	
Strongly agree	129 (30.1)
Agree	134 (31.2)
Somehow	113 (26.3)
Disagree	39 (9.1)
Strongly disagree	14 (3.3)
Visiting diwaniyyah whatever the circumstances are	
Strongly agree	78 (18.2)
Agree	95 (22.1)
Somehow	157 (36.6)
Disagree	72 (16.8)
Strongly disagree	16 (3.7)
Daily average hours spent in diwaniyyah	
Less than hour	21 (4.9)
1–2 hr	90 (21.0)
3–4 hr	179 (41.7)
>4 hr	131 (30.5)

Note. BMI = body mass index.

lifestyle behavior of Kuwaiti men who were Muslim Shiite ($M = 25.11$, $SD = 4.48$) than on the lifestyle behavior of Kuwaiti men who were Muslim Sunni ($M = 23.81$, $SD = 5.51$; $p = .038$; Table 3). However, Table 3 illustrates that attending a *diwaniyyah* had a more negative effect on the physical health condition of Kuwaiti men with Bedouin roots ($M = 10.84$, $SD = 3.30$) than on the health of Kuwaiti men with urban roots ($M = 10.07$, $SD = 2.69$; $p < .010$).

Affection for, Duration, and Timing of Attending the Diwaniyyah and Physical Health Status

The results of one-way ANOVA demonstrated that the Kuwaiti men's affection for attending the *diwaniyyah*

Table 2. One-Way ANOVA Between Positive Effects of Attending Diwaniyyah and Sociocultural Variables.

Variables	Positive effects of attending diwaniyyah		
	M	SD	p
Age (in years)			
<24	22.98	5.74	.007
25–44	24.34	5.27	
>45	25.12	5.03	
Government			
Al-Asimah	25.29	5.38	.019
Hawalli	24.64	6.22	
Mubarak Al-Kabeer	24.85	5.83	
Al-Farwaniyah	23.06	5.55	
Al-Jahra	23.67	4.70	
Al-Ahmadi	22.34	5.09	
Occupational status			
Student	22.74	5.45	.016
Student and employed	25.00	4.77	
Employed	23.99	5.59	
Retired	25.28	4.98	
Private business	26.00	7.38	

Note. ANOVA = analysis of variance.

Table 3. Descriptive Statistics and t-Test Results for Sociocultural Characteristics and Attending Diwaniyyah.

Variables	Sociocultural characteristics and attending diwaniyyah			
	df	t	M	SD
Sect				
Sunni	401	-2.095*	23.81	5.51
Shiite			25.11	4.48
Roots				
Urban	416	-2.596*	10.07	2.69
Bedouin			10.84	3.30
Contribute to chronic disease				
Yes	356	3.927***	11.83	3.24
No			10.23	2.97
Waste of time				
Yes	237	3.842***	11.16	3.33
No			9.45	2.77
Let me smoke				
Yes	272	3.064***	11.72	3.14
No			10.30	3.26
Affect my relationships with my family				
Yes	332	1.217*	10.72	3.59
No			10.04	2.64
Increase my weight				
Yes	348	4.369***	11.44	3.08
No			9.90	2.89

Note. * $p < .05$. ** $p < .01$. *** $p < .001$ (two-tailed).

Table 4. One-Way ANOVA Between Attending *Diwaniyyah* and Influence on Men's Healthy Lifestyle Behavior.

Variables	Positive influence on men's healthy lifestyle behavior			Variables	Negative influence on men's healthy lifestyle behavior		
	M	SD	p		M	SD	p
Duration of stay in <i>diwaniyyah</i> by hours				<i>Diwaniyyah</i> is an essential part of my life			
<1	24.40	3.54	.009	Strongly agree	10.65	3.37	.009
1–2	24.90	4.73		Agree	11.18	2.88	
3–4	24.50	4.83		Somehow	9.94	3.05	
>4	22.78	6.03		Disagree	9.97	3.08	
Going to <i>diwaniyyah</i> after dawn prayer				Strongly disagree	9.28	2.52	
Yes	25.43	5.35	.038	Going to <i>diwaniyyah</i> after <i>Al-Aser</i> prayer			
No	23.84	5.15		Yes	11.41	2.91	.000
Sometimes	23.51	5.55		No	9.94	3.01	
Going to formal <i>diwaniyyah</i>				Sometimes	10.86	3.20	
Yes	24.78	5.20	.006	Going to <i>diwaniyyah</i> after <i>AlMaghrib</i> prayer			
No	22.69	5.12		Yes	10.66	2.95	.006
Sometimes	24.33	5.17		No	9.75	3.05	
Going to casual <i>diwaniyyah</i>				Sometimes	11.15	3.14	
Yes	23.24	5.73	.003				
No	25.17	3.86					
Sometimes	25.10	4.89					

Note. ANOVA = analysis of variance.

In addition, the current study results identified that the average hours of spending time at the *diwaniyyah* revealed negative effects on the men's physical health status.

($p < .05$) had a negative impact on their physical health status. Kuwaiti men who "agreed" and "strongly agreed" with the statement "The *diwaniyyah* is an essential part of my life" reported a more negative impact on their health ($M = 11.18$, $SD = 2.88$ and $M = 10.65$, $SD = 3.37$) than participants who answered "somewhat" to the statement ($M = 9.94$, $SD = 3.05$; Table 4).

($p < .05$; Table 4). Kuwaiti men who stayed more than 4 hr daily in the *diwaniyyah* reported more negative impact on their health condition ($M = 22.78$, $SD = 6.03$) than men who spent between 3 and 4 hr or less daily in the *diwaniyyah* ($M = 24.50$, $SD = 4.83$).

The results of one-way ANOVA demonstrated that the timing of visiting the *diwaniyyah* had a significant impact on men's health. Men who attended the *diwaniyyah* following the dawn prayer reported a more positive influence of the *diwaniyyah* on their health ($M = 25.43$, $SD = 5.35$) than men who visited the *diwaniyyah* at other times of the day did ($M = 23.84$, $SD = 5.15$; $p = .038$; Table 4).

However, men who regularly went to the *diwaniyyah* following the *Al-Aser* prayer reported more negative effects on their health condition ($M = 11.41$, $SD = 2.91$) than men

who went to the *diwaniyyah* only some of the time following the *Al-Aser* prayer ($M = 10.86$, $SD = 3.20$; $p = .000$; Table 4). Kuwaiti men who went only sometimes to the *diwaniyyah* following the *AlMaghrib* prayer reported more negative effects on their health ($M = 11.15$, $SD = 3.14$) than men who regularly went to the *diwaniyyah* following the *AlMaghrib* prayer did ($M = 10.66$, $SD = 2.95$; $p = .006$).

Attending the *Diwaniyyah* and the Incidence of Chronic Disease

Table 3 illustrates that according to Kuwaiti men's self-reports, attending the *diwaniyyah* did not help them deal with their chronic diseases ($M = 11.83$, $SD = 3.24$), but had a more negative impact on their health condition ($M = 10.23$, $SD = 2.97$; $p = .000$). In addition, Kuwaiti men who attended the *diwaniyyah* and viewed it as a waste of time experienced a more negative impact on their health status from attending the *diwaniyyah* ($M = 11.16$, $SD = 3.33$) than participants who answered that attending the *diwaniyyah* is not a waste of time ($M = 9.45$, $SD = 2.77$; $p = .000$).

Other negative influences of the *diwaniyyah* on the participants' health status is that more Kuwaiti men said that they started smoking as a result of going to the *diwaniyyah* ($M = 11.72$, $SD = 3.14$) than Kuwaiti men who said going to the *diwaniyyah* did not encourage them to start smoking ($M = 10.30$, $SD = 3.26$; $p = .001$; Table 3). Almost an equal number of participants said that attending the *diwaniyyah* had either a negative impact ($M = 10.72$, $SD = 3.59$) or no impact ($M = 10.04$, $SD = 2.64$) on their relationships with their family members ($p = .02$). Participants who reported that attending the *diwaniyyah* contributed to weight gain experienced more negative influence from attending the *diwaniyyah* ($M = 11.44$, $SD = 3.08$) than participants who answered that attending the *diwaniyyah* did not lead to weight gain did ($M = 9.90$, $SD = 2.89$; $p = .000$; Table 3).

Types of Diwaniyyahs and Healthy Lifestyle Behavior

The analyses illustrated that types of *diwaniyyahs* (formal or casual) have different influences on Kuwaiti men's health. Attending a formal *diwaniyyah* had a positive impact on Kuwaiti men's health ($M = 24.78$, $SD = 5.20$). Men who reported that they sometimes visit a formal *diwaniyyah* displayed a less positive impact of visiting the *diwaniyyah* on their health status ($M = 24.33$, $SD = 5.17$; $p = .006$). Furthermore, men who reported not attending a casual *diwaniyyah* presented a more positive impact of attending the *diwaniyyah* on their health ($M = 25.17$, $SD = 3.86$). Men who reported that they visit a casual *diwaniyyah* ($M = 23.24$, $SD = 5.73$) experienced a more negative impact on their health ($p = .003$; Table 4).

Linear regression analysis was used to test whether sociocultural and men's health variables (independent variable) were related to attending the *diwaniyyah* (dependent variable). The sociocultural variables were age, educational level, marital status, negative impact on the relationship with family, and so forth. Men's health variables were smoking, gaining weight, incidence of chronic diseases, and physical health status. The analysis revealed three predictors of negative effects of attending the *diwaniyyah*: (a) negative impact on the relationship with family (attending the *diwaniyyah*) ($\beta = -0.310$, $p < .01$), (b) physical health status ($\beta = 0.306$, $p < .05$), and (c) start smoking ($\beta = 0.249$, $p < .05$; Table 5).

Discussion

The current study results reveal that the *diwaniyyah* is an important factor for more than half of the Kuwaiti participants. Many of the men considered it as an essential part in their daily social life. The majority said that they visit the *diwaniyyah* regardless of the circumstances. The impact of attending the *diwaniyyah* was more positive

Table 5. Linear Regression Analyses for Variables Predicting Men's Healthy Lifestyle Behavior.

Source	B	β	t	p
Negative relationship with family	-2.607	-.310	-2.708	.009**
Health issue	.448	.306	2.608	.012*
Smoking	3.993	.249	2.158	.035*
$R^2 = .250$				
$F = 6.559^{**}$				

Note. * $p < .05$. ** $p < .01$.

among older men, which might contribute to the timing—when they go to the *diwaniyyah*—and quality of food consumption that is healthier among this age group. Usually, older men go to the *diwaniyyah* following the dawn prayer, which is in the early morning, and at this time of the day, healthy and light food is served. Members of this type of *diwaniyyah* are usually retired or have a private business and they spend an hour or two in the *diwaniyyah*, chatting with others about local and national issues.

The findings of the current study are comparable to Al-Kandari's (2008) study among elderly Kuwaitis, illustrating the positive role of the *diwaniyyah* on elderly men's health status because of the social support they receive at the *diwaniyyah*. Moreover, this study reveals that attending the *diwaniyyah* had a more positive influence on Shiite men's lifestyle, which can be attributed to their attending a more formal *diwaniyyah* that is usually open for religious homilies and celebrating religious events. In addition, a formal *diwaniyyah* does not allow smoking inside and serves light snacks, and men spend a shorter time there than at a casual type of *diwaniyyah*.

The study results present that attending the *diwaniyyah* had more negative effects on Bedouin men's health, which can be attributed to the Bedouin lifestyle that values offering heavy foods rich with carbohydrates and fat (rice and red meat) as a symbol of generosity, hospitality, and honoring of the guest. This type of *diwaniyyah* is usually open at night after the *AlMaghrib* prayer time when dinner is served and usually guests stay until midnight. Arabic coffee and tea are continually served and high-calorie foods (rice, white bread, red meat, and sweets) are served for dinner.

Kuwaiti men who reported that the *diwaniyyah* is an important part of their lives reported a negative impact of going to the *diwaniyyah* on their health condition. This can be connected to the longer duration and types of *diwaniyyahs* that they attend. Usually, casual types of *diwaniyyahs* are open to guests most of the time year round. As the current study results report, men spend many hours at a *diwaniyyah* every day. There they meet with their friends and develop relationships with the other attendees. The current study finding does not confirm

Al-Kandari's (2008) study that reveals a significant association between the duration and frequency of attending the *diwaniyyah* and fewer somatic symptoms reported by Kuwaiti elderly men. This difference can be attributed to the age of the participants. The current study covers a range that includes males as young as 16 years old, whereas Al-Kandari's (2008) study included only men age 60 years and older.

In addition, the current study results also disconfirm Al-Kandari's (2008) study that demonstrates the positive role of attending the *diwaniyyah* on somatic symptoms among elderly Kuwaiti men. Rather, the current study identifies that going to the *diwaniyyah* did not help Kuwaiti men to cope with their chronic diseases. In addition, it led many of them to gain weight, encouraged them to start smoking, and negatively impacted their relationships with their family members.

Conclusion

The current study demonstrates the significant social and biological role of the *diwaniyyah* on Kuwaiti men. Most Kuwaiti men consider the *diwaniyyah* as an important part of their daily social life that they cannot live without. This study is the first conducted research that aims to detect the vital influence of duration, frequency, and types of *diwaniyyahs* on Kuwaiti men's lifestyle behavior, physical health status, and social relationships. It presents the negative effects of attending the *diwaniyyah* on Kuwaiti men's well-being and adapting to unhealthy lifestyle habits particularly among young adults. However, since this is a cross-sectional study, it cannot detect the long-term effects of attending the *diwaniyyah* on young Kuwaiti men. Further anthropological studies need to compare the health and social well-being of Kuwaiti men who attend the *diwaniyyah* and those who do not attend it. Further research needs to be conducted about how Kuwaiti men can invest their leisure time in the *diwaniyyah* by engaging in useful activities that contribute positively to their health status.

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References

- Al-Ansari, H., & Al-Kandari, Y. Y. (2012). Information role of Kuwait Diwaniyyah as a model of unofficial information sources. *Journal of the Social Sciences*, 40(2), 15–50.

- Al-Haifi, A. A., AlMajed, H. T., Al-Hazzaa, H. M., Musaiger, A. O., Arab, M. A., & Hasan, R. A. (2015). Relative contribution of obesity, sedentary behaviors and dietary habits to sleep duration among Kuwaiti adolescents. *Global Journal of Health Science*, 8(1), 107–117.
- Al-Hashel, J. Y., Al-Sabah, A. A., Ahmed, S. F., Al-Enezi, M., Al-Tawheid, N., Al Mesailekh, Z., et al. (2016). Risk factors, subtypes, and outcome of ischemic stroke in Kuwait: A national study. *Journal of Stroke and Cerebrovascular Diseases*, 25(9), 2145–2152.
- Al-Kandari, Y. Y. (2002). *Kuwaiti Diwaniyyah: Its social and political roles*. Kuwait: Dar Al-Balak.
- Al-Kandari, Y. Y. (2008). *Customs and traditions that related to death stage in Kuwait society*. Kuwait: Kuwait University, Academic Publication Council.
- Al-Kandari, Y. Y. (2010). *Change and modernity: Kuwaiti family as a model*. (In Arabic). Cairo: Maktab Al-Jame'a Al-Hadeeth.
- Al-Kandari, Y. Y. (2011). Relationship of strength of social support and frequency of social contact with hypertension and general health status among older adults in the mobile care unit in Kuwait. *Journal of Cross-Cultural Gerontology*, 26(2), 175–187.
- Al-Kandari, Y. Y., & Crews, D. E. (2014). Social support and health among elderly Kuwaitis. *Journal of Biosocial Science*, 46(4), 518–530.
- Al-Maghames, K.M. (1986). *Kuwaiti Diwaniya and their impact in the parliamentary life*. Kuwait.
- Al-Ozairi, E., Al Kandari, J., AlHaqqan, D., AlHarbi, O., Masters, Y., & Syed, A. A. (2015). Obesity surgery and Ramadan: A prospective analysis of nutritional intake, hunger and satiety and adaptive behaviours during fasting. *Obesity Surgery*, 25(3), 523–529.
- Al-Sejari, M. (2013). Prevalence of andropausal symptoms among Kuwaiti males. *American Journal of Men's Health*, 7(6), 516–522.
- Al-Sejari, M. (2017). Sociocultural characteristic, lifestyle, and metabolic risk factors among a sample of Kuwaiti male university students. *American Journal of Men's Health*, 11(2), 308–317.
- Channanath, A. M., Farran, B., Behbehani, K., & Thanaraj, T.A. (2015). Association between body mass index and onset of hypertension in men and women with and without diabetes: A cross-sectional study using national health data from the State of Kuwait in the Arabian Peninsula. *BMJ Open*, 5(6), e007043.
- International Diabetes Federation. (2013). IDF Diabetes Atlas. Sixth edition. Retrieved from <http://www.idf.org/diabetes-atlas>. Accessed 2014, January 2.
- Musaiger, A. O., Al-Kandari, F. I., Al-Mannai, M., Al-Faraj, A. M., Bouriki, F. A., Shehab, F. S., et al. (2014). Perceived barriers to weight maintenance among university students in Kuwait: The role of gender and obesity. *Environmental Health and Preventive Medicine*, 19(3), 207–214.
- World Health Organization. (2014). *Global database on body mass index—BMI classification*. Retrieved from http://apps.who.int/bmi/index.jsp?introPage=intro_3.html. Accessed 2013, November 7.