Impact of Attending the Diwaniyyah on Kuwaiti Men’s Health

Maha Al-Sejari

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, Faran, 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:w:a: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).

Corresponding Author:
Maha Al-Sejari, Associate professor, College of Social Science, Kuwait University, Kaifan 71962, Kuwait.
Email: huna1973@hotmail.com

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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 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 (midafternoon), 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 midafternoon 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’ sociocultural 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 \((n = 187; \text{Table 1})\).

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 \((25 \text{ years old and younger}; p < .007)\). 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 \((M = 25.29, SD = 5.38 \text{ and } M = 24.85, SD = 5.83, \text{ respectively}, p < .019)\). 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 \((M = 25.00, SD = 4.77; p < .016; \text{Table 2})\). 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** | |
| 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)
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.

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

| Variables | Positive influence on men’s healthy lifestyle behavior | Negative influence on men’s healthy lifestyle behavior |
|-----------|-------------------------------------------------------|-----------------------------------------------------|
|           | M          | SD          | p    | M          | SD          | p    |
| Duration of stay in diwaniyyah by hours |             |             |      |             |             |      |
| <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 diwaniyyah after dawn prayer |             |             |      | Strongly disagree | 9.28       | 2.52 |      |
| Yes       | 25.43      | 5.35        | .038 | Going to diwaniyyah after Al-Aser prayer | 11.41       | 2.91 | .000 |
| No        | 23.84      | 5.15        |      | Yes         | 11.18       | 3.01 |      |
| Sometimes | 23.51      | 5.55        |      | No          | 9.94        | 3.01 |      |
| Going to formal diwaniyyah |          |            |      | Sometimes   | 10.86       | 3.20 |      |
| Yes       | 24.78      | 5.20        | .006 | Going to diwaniyyah after AlMaghrib prayer | 10.66       | 2.95 | .006 |
| No        | 22.69      | 5.12        |      | Yes         | 11.15       | 3.14 |      |
| Sometimes | 24.33      | 5.17        |      | No          | 10.66       | 2.95 |      |
| Going to casual diwaniyyah |          |            |      | Sometimes   | 9.75        | 3.05 |      |
| Yes       | 23.24      | 5.73        | .003 | Going to casual diwaniyyah | 11.15       | 3.14 |      |
| No        | 25.17      | 3.86        |      | Yes         | 11.15       | 3.14 |      |
| Sometimes | 25.10      | 4.89        |      | No          | 9.75        | 3.05 |      |

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 \((M = 9.94, SD = 3.05; \text{Table 4}).\)

\((p < .05; \text{Table 4}).\) 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 \((M = 23.84, SD = 5.15; p = .038; \text{Table 4}).\)

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 \((M = 10.86, SD = 3.20; p = .000; \text{Table 4}).\) 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 \((M = 10.30, SD = 3.26; p = .001; \text{Table 3})\). 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 \((M = 9.90, SD = 2.89; p = .000; \text{Table 3})\).

**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 \((p = .003; \text{Table 4})\).

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 \((\beta = 0.249, p < .05; \text{Table 5})\).

**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 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 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

| Source | B | β | t | p |
|--------|---|---|---|---|
| Negative relationship with family | -2.607 | -0.310 | -2.708 | < .001** |
| Health issue | .448 | .306 | 2.608 | .012* |
| Smoking | 3.993 | .249 | 2.158 | .035* |

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