



Social well-being among students: A study in Southern Iran

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Abstract

Background: The aim of this study was to investigate the social well-being and its effective factors among the students in the universities located in city of Jahrom, south of Iran.

Methods: This study was a cross-sectional descriptive-analytical work, in which 437 students from Jahrom University of Medical Sciences, Payam Noor University and Jahrom University were participated using proportional stratified sampling method. The data collection tool consisted of two parts of demographic properties and Keyes Short-form Social well-being Questionnaire.

Results: In all the three universities, the dimension of social cohesion had the maximum mean and dimension of social contribution had the minimum mean. Scores of dimensions of social correlation, social cohesion, social acceptance and total score based on type of university were significantly different (P<0.05). Also, scores of dimensions of social integration, social cohesion and social contribution were significantly different among men and women (P<0.05). Age had a significantly negative relationship with social correlation (r=0.156, P<0.001) and significantly positive relationship with social cohesion (r=0.162, P=0.001). There was also a significantly positive relationship between the mean score of students and social cohesion (r=0.112, P=0.019).

Conclusion: The total score of social well-being of students in the universities of Jahrom was moderate given the resulting scores, but at the same time, the scores of some areas of social health (social contribution, social integration, and social actualization) were low. Findings indicate that demographic characteristics can cause changes in the social health score of university students. **Keywords:** Health, Social well-being, Students

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Introduction

The World Health Organization (WHO) define health as a state of complete physical, mental, and social wellbeing, and not just a lack of sickness (1). Social well-being, as a key dimension of health, plays a significant role in determining individuals' quality of life. Students, as future leaders and key contributors to their societies, undergo a critical period of life when entering universities. This phase is often accompanied by stress and anxiety, which can affect their performance and efficiency. Therefore, considering physical, psychological, and social well-being status is a capital for society (2-4).

During their university years, students experience considerable changes in their social health and interpersonal relationships. Each health determinant has its own percentage in such changes as 25% for the health service system, 15% for hereditary and biological factors, 10% for environmental and behavioral factors, and 50% for social factors (5). Humans that are better united with their own society have a longer life span. These people, as a result of benefits they receive from the society, better overcome the stress and illness threatening their social well-being (6).

Social well-being is defined as one's perception of the quality of relationships with other people, relatives, and social groups of which one is a member (7). This concept encompasses several subcategories, including social coherence, social contribution, social acceptance, social integration, and social flourishing (8).

In any society, the social well-being of students, as the builders of tomorrow, is of critical importance. Despite previous studies, there has been no report on the social well-being of university students from the southern provinces of Iran, particularly from Jahrom city, Fars Province. Therefore, the present study aimed to assess the status of social well-being and related factors among students in Jahrom city, Southern Iran, to provide a base for policymakers.



Methods

The present cross-sectional descriptive-analytical study was conducted aiming to investigate social well-being of the students of Jahrom University of Medical Sciences and Jahrom Payam Noor University and Jahrom University. The population of this study included all 437 students of three above-mentioned universities who were studying in the first semester of 2018-2019 school year.

The inclusion criteria were: being Iranian, Student of one of Jahrom universities, At least one semester of study time has passed. The exclusion criteria were: Guest student.

Data collection was performed using a two-section questionnaire, the first section of which focused on demographic information (age, gender, marital status, satisfaction with course of study, employment status, parents' educational level, residence status, etc.), and the second section was Keyes Short-form Social wellbeing Questionnaire (9). This questionnaire includes 20 questions aimed at investigating the social well-being level in different domains (social actualization, social integration, social coherence, social acceptance, and social contribution). The responses give to the questions were measured on a five-graded Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Albeit, this order of scoring was reversed for questions 3, 5, 6, 7, 13, 14, 15, 16, 17, 18, 19, and 20.

To obtain the score of each domain, scores of the questions related to that domain were summed up. Then, the scores of the questions were summed to obtain the total score of the questionnaire. The expected minimum and maximum scores for this questionnaire were 20 and 100. Also, the expected minimum and maximum scores for each of the social well-being domains were 4-20, 3-15, 3-15, 3-15, 5-25, and 5-25 for social actualization, social integration, social coherence, social acceptance, and social contribution, respectively. In order to calculate all of the scores out of 100 so that the domains and scores can be comparable, the score of each question and the total score of the questionnaire were obtained using the following formula:

Score out of $100 = (minimum \ score - sum \ of \ scores) \div (minimum \ score - maximum \ score) \times 100 \ (10).$

The higher scores indicate higher social health, and vice versa. Scores 20-46 show poor social health, 47-74 show moderate social health, and 75-100 show appropriate social health (10). It should be noted that the Persian version of this questionnaire is valid and reliable for use by Persian speakers (9).

Data were collected by a team of trained interviewers. As such they were given necessary training on how to communicate and how to record the information. All interviews were conducted at participants' Universities. Once the subjects announced their consent and readiness for responding the questions, the questionnaires were distributed in presence of the interviewers among them in order to be completed through self-administration. One of authors (AN) was responsible for monitoring the data collection processes to ensure the accuracy of data and information collected.

To describe the quantitative variables, the mean and standard deviation were reported, whereas the qualitative variables were described using frequency and frequency percentage. Furthermore, the independent t-test, Pearson's correlation coefficient, and one-way ANOVA were used for data analysis. The data were analyzed using IBM SPSS 22 (IBM SPSS Inc., Armonk, NY) at significance level of 0.05.

Results

In all 437 students of three universities were examined. Of these, 271 (62%) of the students were female. The age range of the participants was 17- 46 years old with a mean of 21.81 ± 4.02 . The demographic information of the participants is presented in Table 1.

Mean and standard deviation of dimensions of Keyes scale depending on the type of university, indicated in Table 2. The results showed that there is a significant difference in the total score of social health and its dimensions among the students of different universities (P<0.05).

Table 3 shows the relationship between the social health score and all its dimensions with the variables of gender, marital status, satisfaction with the field of study and employment status. The score of dimensions of social contribution, social coherence and social integration was significantly higher in women (P<0.05). In married

 Table 1. Frequency distribution of the demographic variables of the students

 from University of Medical Sciences, Payame Noor University and Jahrom

 University

Variable		No.	%
	Medical Sciences	78	17.8
University	Jahrom	156	35.7
	Payame Noor	203	46.5
6	Female	271	62.0
Sex	Male	166	38.0
	Single	350	80.1
Marital status	Married	87	19.9
	Employed	53	12.1
Occupational status	Unemployed	384	87.9
	Yes	379	86.7
Satisfaction with field of study	No	58	13.3
	Ν	Mean	SD
Mean score grade point average (GPA)			
University of Medical Sciences	78	16.28	1.31
Jahrom University	156	15.99	1.68
Payame Noor University	203	15.78	1.61

Table 2. Mean and standard deviation of dimensions of Keyes scale depending on the type of university

Dimensions of social well-being	Payam Nour (N=203)	Jahrom (N=156)	Medical Sciences (N = 78)	P value
Social actualization	51.78±13.65	53.56 ± 14.04	51.63 ± 11.90	0.371
Social integration	51.35 ± 19.51	46.36 ± 18.16	49.46 ± 16.68	0.042*
Social coherence	73.72 ± 19.01	67.89 ± 22.05	73.61 ± 14.73	0.012*
Social acceptance	51.79 ± 6.89	50.89 ± 12.06	54.29 ± 10.55	0.027*
Social contribution	50.53 ± 7.17	39.83 ± 14.45	37.94 ± 14.13	0.588
Total score of social well-being	52.66 ± 7.58	39.92 ± 15.88	51.79 ± 6.89	0.025*

*One-way analysis of variance test.

Table 3. Relationship between sub-scales of social well-being and sex, marital status, occupational status and satisfaction with the field of study

		Dimensions of Social well-being						
Variable		N	Social actualization Mean (SD)	Social integration Mean (SD)	Social coherence Mean (SD)	Social acceptance Mean (SD)	Social contribution Mean (SD)	Total score of social well-being Mean (SD)
Sex	Male	166	53.8(14.2)	46.0(19.5)	67.2(21.7)	51.7(12.2)	43.0(15.9)	51.2(7.3)
	Female	271	51.5(13.1)	51.0(17.5)	74.2(18.2)	54.0(12.2)	37.9(14.3)	52.0(7.3)
	P value		0.081	0.008*	< 0.001*	0.062	0.005*	0.234
Marital status	Single	350	51.9(13.4)	49.5(12.2)	70.2(14.8)	53.1(12.0)	40.2(15.1)	51.6(7.3)
	Married	87	53.8(14.3)	48.3(12.9)	77.2(16.1)	52.5(14.3)	36.7(14.5)	51.9(7.3)
	P value		0.242	0.629	< 0.001*	0.696	0.051	0.776
Satisfaction with the field of study	Yes	379	52.8(13.6)	48.9(18.9)	73.0(18.8)	53.3(12.2)	39.2(14.9)	52.0(7.3)
	No	58	49.0(13.3)	51.1(16.4)	62.3(22.5)	50.8(13.8)	41.7(15.5)	49.9(7.4)
	P value		0.047*	0.356	0.001*	0.152	0.237	0.049*
Occupational status	Employed	53	55.1(10.6)	42.4(18.9)	76.2(15.1)	52.1(11.8)	38.3(14.9)	51.4(6.2)
	Unemployed	384	51.9(13.9)	50.1(18.4)	70.9(20.1)	53.1(12.6)	39.7(15.0)	51.7(7.5)
	P value		0.051	0.005*	0.026*	0.696	0.555	0.783

*Independent samples t test.

people, the social coherence dimension score was higher than single people (P < 0.05). Satisfaction with the field of study had a significant relationship with social activity dimension, social coherence and the total score of social health (P < 0.05), and people who were satisfied with their field of study had a higher score. The social integration score in unemployed people and the social cohesion score in working people had a higher average.

Table 4 shows the correlation coefficient between the variables of age and grade point average (GPA) with the social health score and its dimensions. As can be seen, age had an inverse correlation with the social integration score and a direct correlation with social coherence (P < 0.05). Also, students' GPA had a direct relationship with social coherence dimension (P < 0.05).

Discussion

In the present study, the social health of university students in Jahrom city was evaluated. As we found that the studied university students had high social coherence but had a low social contribution, so that the highest and lowest score of social well-being domains in males and females were related to social coherence and social contribution, respectively. Social cohesion is a concept that helps to $\ensuremath{\text{Table 4.}}$ Correlation of age and grade point average (GPA) variable with questionnaire dimensions

Dimensione of control well being	А	ge	GPA	
Dimensions of social well-being	R	P value	R	P value
Social actualization	0.047	0.326	-0.004	0.938
Social integration	-0.156	< 0.001*	0.027	0.580
Social coherence	0.162	0.001*	0.112	0.019*
Social acceptance	0.542	0.376	0.041	0.398
Social contribution	-0.038	0.434	-0.020	0.672
Total score of social well-being	0.022	0.648	-0.064	0.183

* Pearson correlation coefficient test.

explain the relationship between personal intentionality as psychosocial factors and health-related behaviors. A person with a high level of social cohesion considers himself a part of society and social relations become a source of peace and trust (11,12). Javadi et.al have reported that the majority of Guilan medical university students had moderate social well-being, and also, the highest mean score of the social well-being dimension was related to social coherence and the lowest average score was related to social integration (13). Entering the university is an important stage for the efficient and active youth of any society; because entering a larger society, different educational, social and cultural environment and sometimes economic problems obviously cause changes in the personal and social well-being or social integration of young people (3,14).

The results indicate that the total score of social wellbeing did not differ significantly between male and female university students, while significant gender-related differences were seen in social correlation, coherence, and contribution domains, which this consistent with the results reported in previous studies (11,13,15). In addition, based on the report of the WHO, men are more exposed to health related risks than women because gender can greatly determine the control level of socioeconomic resources. On the other hand, women experience bipolar depression two times more than men and suffer from family violence, mental anxiety, sexual violence, pressures on gender bias and forced multiple role play, resulting in lower levels of health (16).

The results indicate that marital status can affect the social cohesion of university students so that married students had significantly higher social coherence than single university students, and social health theorists have confirmed this found (17,18). Sharbatiyan have reported that marital status could affect the social well-being of university students so that the average total score of social health and the domains of social acceptance and actualization in married students was higher than in single students (19). Married life, by satisfying many needs and making a spirit of commitment and lasting relationships, creates a positive attitude towards social relationships in married people, and consequently, the level of social well-being will increase. Furthermore, it has been accepted that marriage reduces high-risk behaviors in men, and being married is associated with an increase in social well-being (4).

After analyzing the effect of the level of satisfaction and field of study and also employment status of university students with their social health domains, the results of the present study illustrated that satisfaction and the field of study can have a positive effect on university students' social actualization, coherence, and overall social wellbeing scores. Also, the students with different education levels had significantly different social correlation, coherence, and acceptance scores. In the study of Muller et al, it was reported that people with higher levels of education have higher social health so that people with higher levels of education in the domains of public health, mental health, and also have a higher ability to perform the task affected by emotional problems than others (20). As well as favorable employment status can lead to an increase in the level of social correlation and cohesion of university students. In the study of Fasihi Harandi et al, it was found that interest in the field of study has a positive effect on students' social coherence and the actualization, that also job opportunities in the field of study have a significant

role in this issue (21). In another study about the social well-being and its related factors in 128 female and 182 male students of Islamic Azad University of Tabriz, it was confirmed that these university students had average social health score. Further, age, gender and marital status were important factors in the level of social well-being (5), which is consistent with the results of the present study.

The results indicated that with increasing age, the score of social correlation was decreased, and on the other hand, the levels of social coherence of university students increased. Keyes reported that with increase of age, people felt more happiness and satisfaction and found economic and social independence; therefore, their decision-making power and self-esteem increased and all of them increased their social well-being (7). Positive association between age and social well-being in university students (13) and nurses (22) was also reported previously. Despite certain differences in subcategories of social well-being in our study, which are in line with previous reports from Tehran (23) in Iran, we found that men and women had no significant difference in the total social well-being score, which is opposite to the reports by Keyes (7), Banifatemeh et al (5), the WHO (16), and Abbasi et al (4). Differences in the findings of this study and the above mentioned studies may be due to differences in the demographic properties of studied samples, fields of study and jobs as well as due to some unknown reasons.

One of the strengths of the study was that the study was conducted on students of 3 different universities, and one of the limitations of the study was that it could have used more possible variables that can be related to social health, such as physical activity, parents' occupation, and social capital.

It is suggested to study the role of physical activity and social capital on the social health of university students in future studies. Also, the relationship between other aspects of health and social welfare should be investigated.

Conclusion

The total score of social well-being of students in the universities of Jahrom was moderate given the resulting scores, but at the same time, the scores of some areas of social health (social contribution, social integration, and social actualization) were low. Findings indicate that demographic characteristics can cause changes in the social health score of university students. Therefore, educational interventions are necessary in order to strengthen the notification, increase the basic skills, and develop social well-being as an essential part of the development of the community, and the authorities must provide the required grounds for this matter.

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Authors' Contribution

Conceptualization: Azam Namdar. Data curation: Marzieh Zamani, Shiva Bigizadeh. Formal analysis: Azizallah Dehghan. Investigation: Marzieh Zamani, Shiva Bigizadeh. Methodology: Azizallah Dehghan. Project administration: Azam Namdar. Resources: Marzieh Zamani, Shiva Bigizadeh. Software: Azizallah Dehghan. Supervision: Azizallah Dehghan. Validation: Marzieh Zamani. Visualization: Marzieh Zamani. Writing-original draft: Shiva Bigizadeh, Azam Namdar. Writing-review & editing: Azizallah Dehghan, Azam Namdar.

Competing Interests

The authors declare no conflict of interests.

Ethical Approval

The ethics committee of Jahrom University of Medical Sciences (IR.JUMS.REC.2017.052) approved this study. All participants gave consent to take part in the study.

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