Original Article

Social Health and its Related Factors in Students

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Abstract

Background: Recently, social health has become significantly important as one of the dimensions of overall health. Additionally, the issue of students› social health is a crucial concern that poses numerous challenges. This study aimed to assess the social health status of students enrolled at Bam University of Medical Sciences and identify the factors that influence it.

Methods: This descriptive-analytical study was conducted in 2017, involving 260 students from Bam University of Medical Sciences. The participants were selected using the quota sampling method. The data collection tool was the Social Health Standard Questionnaire developed by Keyes. Data analysis was performed using descriptive statistics and chi-square test, performed using SPSS version 22.

Results: Among the students studied, women accounted for 67.7% of the participants. In terms of age distribution, 53.6% fell into the 20- to 24-year-old age group. Regarding social health, 78.4% of the students exhibited an average level. The dimension with the highest social health score was social participation (15.21±4.30), while the lowest score was recorded for social prosperity (11.18±3.10). Female students had slightly higher social health scores (76.51±14.33) compared to male students (76.21±14.33). The research findings indicated that the relationship between social health and variables such as gender, age, marital status, and educational level was not significant. However, significant relationships were observed with interest in the field of study ($P=0.002$), field of study ($P=0.048$), and academic year ($P=0.008$).

Conclusion: The study results emphasize the significance of implementing educational and health promotion interventions aimed at enhancing social health among students. It is hoped that these interventions will provide a foundation for improving the various dimensions of social health and fostering the overall well-being of students.

Keywords: Social health, Students, University of medical sciences

Introduction

Health serves as the foundation upon which all human endeavors are built. Maintaining health at an acceptable level enables members of society to fully benefit from other resources in life (1). While there are various definitions of health, the widely accepted definition by the World Health Organization describes it as a state of complete physical, mental, and social well-being, not merely the absence of disease or disability (2). Studies on health determinants indicate that 25% can be attributed to the health service delivery system, 15% to genetic and biological factors, 10% to environmental and behavioral factors, and 50% to social factors (3,4). Social determinants of health encompass the conditions in which individuals are born, grow, and live through various life stages, all of which influence their health status

(5). This concept emphasizes that the responsibility for providing, maintaining, and promoting health extends beyond a single institution or ministry to encompass all sectors of society (6). Health determinants are factors that singularly or interactively affect the health of individuals in society, potentially leading to health inequities (7). Recognizing the importance of health determinants and their role in causing health disparities, researchers have sought to design models that elucidate the impact of these determinants on health outcomes. These models aim to understand the interaction of different factors in various health contexts and devise strategies for achieving health equity (8). Today, social health has emerged as a significant dimension of overall health. Assessing how individuals function in social relationships and their perceptions of society are now integral criteria for evaluating health at

the societal level (9).

The concept of social health encompasses various dimensions, such as social cohesion, social acceptance, social participation, social prosperity, and social adaptation (10). It involves assessing individuals' social skills, social performance, and their sense of belonging to the broader society. Attention is directed toward their economic and social well-being in relation to their social network (11). Socially healthy individuals are better equipped to navigate and overcome challenges associated with fulfilling their primary social roles (5). Education level and age are positively correlated with higher levels of social health (12).

The issue of social health among students holds particular significance in today's world (13). Students represent the intellectual and human capital of society and play a crucial role in shaping the future of their nations. Ensuring their physical, mental, social, and cultural well-being establishes the foundation for a vibrant and healthy society in the years to come. Equipping students with social health skills safeguards them against challenges, enabling them to make meaningful contributions to society (9). University life marks a critical stage for young, active individuals. Transitioning to university entails exposure to new social, educational, and cultural environments, as well as economic pressures and other personal and social changes. These factors often lead to stress and anxiety, impacting individuals' performance and efficiency (14,15). Among student populations, academic pressures, ethnic and cultural tensions, and, in some cases, acute crises jeopardize their well-being (16). Medical students face unique challenges, including psychological pressures arising from clinical environments and interactions with patients (14,17). Neglecting the social aspect of health in today's interconnected world increases individuals' vulnerability to psychological issues, substance abuse, academic struggles, and other social problems (18). Given that the growth and prosperity of a society depend on the presence of knowledgeable, skilled, and innovative individuals (as well as acknowledging the crucial role of social health in various domains), comprehensive planning is essential to ensure social well-being (10).

The results of a study conducted at the University of Welfare and Rehabilitation Sciences indicated that the average social health score of master's students (72.22) exceeded that of undergraduate students (66.42) (19). Furthermore, Javadi et al found that female students exhibited higher levels of social health compared to male students, and among different educational levels, undergraduates had the highest average social health score (20). Additionally, Amini Rarani et al discovered a statistically significant relationship between social capital and various indicators of social health, such as poverty, natural population growth, violence, literacy, and unemployment (21). Cicognani et al investigated the correlation between social participation and community perception among young students from Italy, the United States, and Iran and their impact on social health. The study revealed that American students exhibited higher levels of social participation, a sense of community, and social well-being. While the sense of community positively correlated with social participation across all 3 samples, social participation was found to positively predict social well-being solely among Italian students (22).

Bam University of Medical Sciences currently consists of 3 faculties: Medicine, Nursing, Midwifery, and Health. Each year, these faculties admit students in various fields, including medicine, laboratory science, nursing, midwifery, emergency medicine, operating room technology, environmental health, public health, occupational health, and health services management. Established in 2010, the university is relatively new. However, despite its recent establishment, it is crucial not to overlook the social aspect of health in today's age of communication, as neglecting it can increase people's susceptibility to psychological and social harm. As no previous studies have been conducted at Bam University of Medical Sciences to assess the social health of its students, our current study was undertaken with the objective of investigating this aspect. Our aim was to explore the social health status of students at Bam University of Medical Sciences and identify the factors influencing it. We hope that the findings of this research will raise awareness among relevant authorities regarding the social health of students. With collaboration from relevant organizations, we aimed to implement more effective measures to maintain and enhance the social health of our students. Ultimately, this will have a significant impact on the overall health of our society.

Methods

The current research was a descriptive-analytical cross-sectional study conducted in 2018. The statistical population comprised all students enrolled at Bam University of Medical Sciences in various associate, bachelor, and professional doctoral programs. Student information was obtained by the researchers through the university's vice-chancellor. Using the Cochran table and considering the specific size of the student population, along with an error margin of 0.05, a sample size of 270 individuals was calculated. These participants were selected as a quota from each field of study. Quota sampling was employed, where the required number of participants in each field was determined based on the total number of students, and questionnaires were distributed accordingly. The researchers distributed and collected the questionnaires by visiting the classes in each faculty. A total of 260 questionnaires were analyzed, with 10 questionnaires excluded due to non-return or incompleteness. The collected questionnaires comprised

90 from the Faculty of Health (covering environmental health, public health, occupational health, and health care service management), 85 from the Faculty of Nursing and Midwifery (encompassing nursing, midwifery, emergency medicine, and operating room studies), and 85 from the Medical School (enrolling medical and laboratory sciences students).

To gather information, the researchers visited students' classes, established trust, provided necessary explanations, and distributed questionnaires to willing participants. All students enrolled in the mentioned courses were eligible for inclusion, and their willingness to participate constituted informed consent. Students were assured that their data would remain confidential and would only be accessible to the research team.

The Keyes Questionnaire was employed to gather data (23). Initially, the questionnaire included demographic questions regarding age, gender, marital status, field of study, level of study, year of study, and level of interest and satisfaction with the field of study. This questionnaire consisted of 33 questions distributed across 5 dimensions: social cohesion, social prosperity, and social acceptance (with 7 questions each) and social participation and social adaptation (with 6 questions each) (23). Questionnaire items were scored on a 5-point Likert scale, with responses ranging from "completely agree" (4 points) to "completely disagree" (0 points). Additionally, 18 questions in the questionnaire (questions 5, 11-13, 16-24, 26-29, 32) were reverse-scored. The lowest possible score for social health is 0, while the highest is 132. The score range is divided into 3 categories: low social health (scores 0-43), medium social health (scores 44-88), and high social health (scores 89-132) (23).

The validity and reliability of this tool have been confirmed in various domestic studies (15,17,24). For instance, in 2012, Sharbatiyan examined the reliability and validity of the social health questionnaire among students at Mashhad University of Medical Sciences and obtained a Cronbach's alpha of 0.90 for the social health questionnaire (25), indicating its reliability. Similarly, Heidari and Ghanaei reported a validity coefficient of 0.831 for the questionnaire (26).

After data collection, descriptive statistics such as frequency distribution tables, mean, and SD were used to assess the social health status of the students. The relationship between qualitative variables was examined using the chi-square test (or Fisher's exact test). Statistical analysis was performed using SPSS version 22.

Results

Women comprised 67.7% of the students under study. Additionally, 53.6% were aged between 20 and 24 years, and 66.5% were pursuing undergraduate studies. Regarding satisfaction and interest in their field, 56.5% expressed high satisfaction (Table 1).

Table 1. Demographic characteristics of the participants

Demographic characteristics		No. (%)
Gender	Female	176 (67.7)
	Male	84 (32.3)
Age group	<20	51 (24.4)
	20-24	112 (53.6)
	≥24	(22.0)
Field of study	Environmental health	12 (4.6)
	General health	26 (10)
	Occupational health	18 (6.9)
	Health management services	34 (13.1)
	Nursing	30 (11.5)
	Midwifery	25 (9.6)
	Medical emergency	15 (5.8)
	Operating room technology	15 (5.8)
	Medicine	62 (23.8)
	Laboratory sciences	23 (8.8)
Academic year	First	94 (36.2)
	Second	86 (33.1)
	Third	51 (19.6)
	Forth	18 (6.9)
	Fifth	11 (4.2)
Marital status	Single	230 (88.4)
	Married	30 (11.5)
Level of education	Associate degree	25 (9.6)
	BSc	173 (66.5)
	PhD	62 (23.8)
The level of interest and satisfaction with the field of study	Low	14 (5.4)
	Medium	99 (37.1)
	High	147 (56.5)

Overall, the average social health score was 76.43. The average scores for social cohesion, social prosperity, social acceptance, social participation, and social adaptation were 18.29, 11.18, 13.62, 15.21, and 12.71, respectively. Furthermore, the study revealed that 1.1% of Bam University of Medical Sciences students had a low social health level, 78.4% had a medium level, and 20.3% had a high level. Analyzing the age distribution of the average social health score, the highest average score (76.45) was observed in the age group under 20 years. Female students had a slightly higher average social health score (76.51) compared to male students (76.21). Concerning educational level, the highest average social health score was associated with associate degree students (78.92), while the lowest was found among professional doctorate degree students (74.85). Examining the field of study, midwifery students had the highest average social health score (85.48), whereas environmental health students had the lowest (63.66). Moreover, students who were highly satisfied with their field had higher social health scores

Table 2. Frequency distribution of social health status of Bam University of Medical Sciences students

Social health status		Mean ± SD	Low No. (%)	Medium No. (%)	High No. (%)	P value*
Gender	Female	76.51 ± 14.3	3 (1.7)	138 (78.4)	35 (19.9)	0.692
	Male	76.21 ± 14.33	0	66 (78.6)	18 (21.4)	
Age	<20	76.54 ± 14.92	1 (1.9)	40(78.4)	10 (19.6)	0.493
	20-24	76.29 ± 11.13	1 (0.58)	100 (89.3)	11 (9.8)	
	≥24	76.56 ± 9.16	1 (2.2)	35 (76.1)	10 (21.7)	
Field of study	Environmental health	63.66 ± 9.28	0	12 (100)	0	0.048
	General health	76.38 ± 13.4	0	21 (80.8)	5 (19.2)	
	Occupational health	73.55 ± 9.24	0	17 (94.4)	1 (5.6)	
	Health management services	74.88 ± 15.74	2 (5.9)	25 (73.5)	7 (20.6)	
	Nursing	76.13 ± 14.41	0	23 (76.7)	7 (23.3)	
	Midwifery	85.48 ± 15.22	0	13 (52.0)	12 (48.0)	
	Medical emergency	77.80 ± 15.74	0	11 (73.3)	4 (26.7)	
	Operating room technology	83.73 ± 11.83	0	10 (66.7)	5 (33.3)	
	Medicine	74.58 ± 12.94	1 (1.6)	53 (85.5)	8 (12.9)	
	Laboratory sciences	79.30 ± 11.93		19 (82.6)	4 (17.4)	
Academic year	First	77.2 ± 15.14	1 (1.1)	72 (76.6)	21 (22.3)	0.008
	Second	78.68 ± 16.13	2 (30.2)	58(67.4)	26 (2.3)	
	Third	72.94 ± 12.16	0	45 (88.2)	6 (11.8)	
	Forth	73.88 ± 4.84	0	18 (100)	0	
	Fifth	74.36 ± 4.10	0	11 (100)	0	
Marital status	Single	76.23 ± 14.15	3 (1.3)	179(78.2)	47 (20.5)	0.818
	Married	77.83 ± 12.56	0	24 (80.0)	6 (20.0)	
Educational level	Associate degree	78.92 ± 13.82	0	19 (76.0)	6 (24.0)	0.287
	BSc	76.61 ± 14.81	2 (1.2)	132 (76.3)	39 (22.5)	
	PhD	74.58 ± 12.94	1 (1.6)	53 (85.5)	8 (12.9)	
The level of interest and satisfaction with the field of study	Low	65.28 ± 15.27	0	12 (85.7)	2 (14.3)	0.002
	Medium	74.24 ± 14.11	1 (1.0)	83 (83.8)	15 (15.2)	
	High	78.94 ± 13.64	2 (1.4)	109 (74.1)	36 (24.5)	

*Chi-square test.

(78.94) than those who were less satisfied (65.28) (Table 2).

There were no significant differences in the frequency of social health concerning gender, age, marital status, or educational level. However, significant differences were found regarding interest in the field of study (P=0.002), field of study (P=0.048), and academic year (P=0.008; Table 2).

Discussion

The findings revealed that 78.4% of students had average social health, 20.3% had high social health, and 1.1% had low social health. Javadi et al investigated the social health status of Gilan University of Medical Sciences students and found that the majority of students had average social health (20). Similarly, Abdollah Tabar and colleagues' research on the social health of Tehran University of Welfare and Rehabilitation Sciences students showed that students' social health was average (19). Additionally, the

results of Mazloomy Mahmood Abad and colleagues' study indicated that most students had average social health (27), which aligns with the findings of the present study.

The majority of the average social health score was attributed to the dimension of social cohesion, followed by social participation, with the lowest average score related to the dimension of social flourishing. Similarly, Javadi and colleagues' research found that the highest average score of social health was associated with the dimension of social cohesion (20). Furthermore, in Sharbatiyan's study, which explored the relationship between social capital and the level of social health among students of Payam Noor University of Mashhad, the results showed that 59% of the variance in social health could be explained by the 2 variables of social cohesion and social participation (25), consistent with the present study. The high level of social cohesion observed in the participating

students suggests that they possess the necessary skills and abilities to navigate social events, thereby enhancing their social health.

Mazloomy Mahmood Abad et al, in their study investigating the social health of Hormozgan medical students, reported that the average score of the dimension of social flourishing was higher than that of other dimensions, while the average score of the dimension of social cohesion was lower than that of other dimensions (27), which contradicts the findings of the present study. The low level of social flourishing among the participating students in this study suggests a negative perception of their society and a potential hindrance to their social progress in the future.

Regarding the gender variable, the average social health score of female students was slightly higher than that of male students. Haery and colleagues' study demonstrated that women had better social health than men (9). Similarly, Yazdanpanah and Nikvarz found that women's social health was higher than men's (28), aligning with the present study. This result may be attributed to women generally receiving better support than men and exhibiting more favorable behavior in establishing interpersonal relationships, assuming responsibility for health, and adopting health-promoting lifestyles. However, Abdollah Tabar and colleagues' study indicated that the average social health score of male students was higher than that of female students (19). Additionally, findings from Porafkari's study suggested that men had higher social health than women (29), which contrasts with the present study. These studies justified their findings by citing the higher prevalence of physical and mental disorders among girls compared to boys (30,31).

Regarding the age variable, the majority of students were in the age group of over 20 years, with most of this group exhibiting average social health. However, the highest average score for social health was observed in the age group under 20 years. This finding may be attributed to the younger age groups, under 20 years, compared to those over 20 years. This result differs from the findings of Javadi et al (20) and Mazloomy Mahmood Abad et al (27), who suggested that social health increases with age among students.

In terms of the academic year, the highest average social health score was associated with the second and first academic years, while the lowest average social health score was linked to the third academic year. However, Javadi and colleagues' study revealed that the highest average social health score was related to the fourth and seventh academic years, with the lowest score seen in the sixth academic year (8). These findings are inconsistent with the present study. The elevated average social health score among first- and second-year students may stem from their relatively younger age compared to other students, as they may not have encountered significant

challenges yet and may not be overly concerned about future employment, similar to students in their final years.

Regarding educational level, the findings indicated that the highest average social health score was observed among associate degree students, while the lowest was among professional doctorate degree students. Abdollah Tabar et al demonstrated that master's degree students had a higher average social health score compared to undergraduate students (19). It is expected that higher social health will correlate with physical and psychological maturity and increased awareness and life skills of students at higher levels of education. However, the results of the present study did not support this expectation. An explanation for these findings could be attributed to the relatively short duration of study at this level and the lower level of expectations compared to higher levels within the university.

Regarding the field of study, the results indicated that midwifery students had the highest average social health score, while environmental health students had the lowest average. This outcome may be attributed to the specialized nature of midwifery units and the gender composition of students in this field, as all students are female. Females tend to exhibit a stronger sense of responsibility toward their health, and they may also provide more accurate responses to health-related questions (32). However, the findings of Javadi and colleagues' study showed that occupational health students had the highest average social health score, whereas emergency medical students had the lowest (8), which differs from the results of the present study.

Regarding marital status, the results revealed that the average social health score of married students was slightly higher than that of single students. This finding aligns with Abdollah Tabar and colleagues' and Sharbatiyan's studies, which suggested a significant relationship between social health and marital status (19,25). However, it contradicts the findings of Mozaffari and colleagues' study, which did not find a significant relationship between social health and marital status (33). These contradictory results may indicate varying impacts of demographic and background factors on health outcomes.

In terms of interest and satisfaction in the field of study, the results indicated that students with higher interest and satisfaction in their field had a higher average social health score compared to those with lower interest and satisfaction. This finding is consistent with Javadi and colleagues' study, which found a relationship between students' social health and their satisfaction with their field of study, suggesting that individuals satisfied with their field tend to have a higher social health status (8). This result partially aligns with Larsen's theory, which defines social health as an individual's assessment of the quality of their relationships within their family, social groups, and society. Larsen posits that social health scales

measure a component of an individual's health related to their satisfaction or dissatisfaction with life and the social environment, encompassing internal responses such as feelings, thoughts, and behaviors (34).

The findings of the present study revealed a relatively favorable social health status among the students of Bam University of Medical Sciences. However, these results underscore the importance of implementing health education interventions and promoting social health among students. Adequate social health is essential for students to effectively engage in meaningful interactions and address challenges.

It is worth noting that the researchers encountered limitations during the study, such as conservatism, impatience, and reduced accuracy among students in providing information and completing questionnaires. Efforts were made to mitigate these issues by clearly explaining the research objectives and fostering confidence in the feedback of research results.

Conclusion

This research investigated the social health status of students and the influencing factors at Bam University of Medical Sciences. While the results indicated a relatively favorable social health status, certain dimensions of social health, particularly social adaptation and social prosperity, received lower scores. These findings highlight the need for attention from officials to enhance the dimensions with lower average scores. Through careful planning and appropriate interventions, improvements in students' social health can be achieved. Therefore, implementing education, health, and health promotion interventions is crucial to lay the groundwork for enhancing social health dimensions and overall well-being among students.

Author's Contribution
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Competing Interests
The authors declare no conflicts of interest regarding the present study.

Ethical Approval
This study was conducted as part of a research project with ethics code IR.MUBAM.REC.1400.069 from the esteemed Vice President of Research and Technology at Bam University of Medical Sciences.

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