

A Study of the Status of Students' Social Health at Kermanshah University of Medical Sciences and the Role of Demographic Variables

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ABSTRACT

Introduction: Given the significance of social health among people from all walks of life in societies, paying attention to the status of students' social health is of the essence.

Aim: The present study aimed to investigate the status of students' social health at Kermanshah University of Medical Sciences and the role of demographic variables in 2016.

Materials and Methods: In this descriptive study, the statistical population comprised of 400 students from different majors in Kermanshah University of Medical Sciences who were selected through multi-stage cluster sampling. For data collection, an instrument comprising the demographic questions and Keyes social health questionnaire was utilised. To analyse data, the independent t-test and one-way ANOVA were employed in the SPSS Statistics software version 23.0.

Results: The mean and standard deviation of students' social

health measured (3.27 ± 0.59). Moreover, the highest mean score of social health dimensions was related to social contribution (3.36 ± 0.69), and the lowest mean score was related to social integration (3.20 ± 0.68). The social health of male students (3.33 ± 0.55) was higher than that of female students (2.25 ± 0.66). In addition, there was a significant relationship between the demographic variables and the total scores of social health components ($p < 0.05$).

Conclusion: The results of the present study demonstrated that the status of students' social health was at a favourable and good level at Kermanshah University of Medical Sciences. It is hoped that the results of the present study pave the way for improving the dimensions of students' social health. Therefore, it is suggested that workshops and training courses be considered for strengthening the social health of students more and more by the planners of the University of Medical Sciences.

Keywords: Demographic factors, Medical students, Social health components

INTRODUCTION

Health is a multidimensional concept, for which WHO has mentioned four dimensions: physical, psychological, spiritual, and social [1]. The issue of health is the most basic title on which human life is based, and today, given the changing living conditions and structures of societies, new dimensions have been proposed for health, including social health [2,3]. Social health is one's assessment of his/her function in society and his/her attitude towards other people in society. Undoubtedly, the way one deals with his/her own issues affects his/her attitudes towards other people and social groups [4]. Moreover, social health, as one of the dimensions of health, has played a significant role along with physical, psychological, and spiritual health. In other words, health is not just being free from physical and mental illnesses, but it denotes one's performance in social relationships and one's opinion of society as the criteria for assessing the health of individuals at the macro level of society [5,6]. Keyes CLM expressed that social health had five criteria: social integration, social acceptance, social contribution, social actualisation, and social coherence [7].

The importance of social health is to the extent that socially-advantaged individuals can successfully cope with problems resulting from playing roles in society [8]. Therefore, health is extremely important, and humans have always tried to achieve it [9].

Students have a special place as intellectual and creative forces in societies. Accordingly, their health is of the essence towards learning and raising scientific awareness. Additionally, entering universities is a very sensitive period in the lives of these efficient and active forces, which is often accompanied by a lot of changes in one's social and human relationships. In addition, exposure to such situations is

often accompanied by stress and concern, thereby affecting the performance and efficiency of individuals [10].

Providing the medical students with social health, as the young and active future generations of every society, and considering their motivation and academic achievements are among the most important social issues. Therefore, the relevant organisations are required to use some methods and criteria at the time of their selection, preparation and training, and the condition of maintaining and improving their health should be prioritised. Hence, the assessment of the social health of students seems to be a very important issue in this regard [11].

Given the significance of the subject and understanding the state of students' social health, reviewing the literature suggested that few studies had been conducted in this regard. For example, some of these studies were conducted by Rehman R et al., on the students of Karachi University of Medical Sciences, Salehi A et al., on the nursing and midwifery students of Shiraz University of Medical Sciences, Babapour-Kheiroddin J et al., on the students of Tabriz University, Hashemi T et al., on the students of Islamic Azad University and Tabriz University, Mozaffari N et al., on the nurses of Ardabil-based hospitals, and Javadi N et al., on the students of Guilan University of Medical Sciences [2,12-16]. The results indicated that social cohesion and social acceptance had the highest mean scores of social health, while social integration had the lowest mean score. The results of a study performed by Haery SM et al., indicated that social health and each of gender, education and residence significantly correlated, while there were no significant relationships between the social health and each of age group, marital status, and job position [17]. Pourafkari N

showed that the relationship between gender and social health was not significant, while there was a positive and significant correlation between education and the dimensions of social health [18]. The results of a study conducted by Song Z and Zhang J on Chinese students demonstrated that physical activities effectively improved the social health of students [19]. The results also indicated that there was a positive relationship between the level of activities and social health.

Given the major role of social health in all aspects of people's lives, it seems that it is the right time to focus on this important issue in the Iranian medical education system [20]. Despite the recent studies, reviewing different backgrounds suggests that no studies have been yet done about the assessment of students' social health in Kermanshah University of Medical Sciences. Therefore, the present study aimed to investigate the status of students' social health at Kermanshah University of Medical Sciences and the role of demographic variables in 2016.

MATERIALS AND METHODS

The statistical population of this descriptive study consisted of 400 students at Kermanshah University of Medical Sciences in 2016 who were selected through cluster random sampling, and the sample size was determined using the Cochran's sample size formula. In this method, the statistical population were selected according to a hierarchy of the types of population units. Therefore, four faculties were randomly selected. Then, from each faculty, some majors and classes (as many as the number of research samples) were selected and evaluated. To commence the study, the required permits were obtained from the Department of Research and Technology at Kermanshah University of Medical Sciences and the selected colleges. Then questionnaires were distributed among the target sample. To this end, the objectives of the present study were explained to the target subjects. The inclusion criteria was the right to choose the courses freely, while the incomplete questionnaires were excluded from the study. Further, the participants were assured of the confidentiality of the collected information and lack of disclosure of their personal information.

To collect the required data, a two-part questionnaire was used. The first part dealt with the demographic information, which comprised of 11 questions on gender, age, marital status, major, degree, faculty, residence and interest in one's major. The second part was the Keyes social health questionnaire [20], which comprised of 32 questions with five-point Likert scale (4=completely agree, 3=agree, 2=no idea, 1=disagree, and 0=completely disagree). This instrument measured the social health in five dimensions as follows: social cohesion (the feeling of being part of society) (seven items), social acceptance (having positive tendencies towards people, acknowledging others and, in general, accepting others in spite of some of their confusing and complex behaviours) (six items), social contribution (the feeling that people have valuable things to offer to their communities) (six items), social actualisation (the desire for self-fulfillment, namely the tendency of a person to become actualised in what he/she is) (six items), and social integration (believing that one's society is prudent, rational, and predictable) (seven items). Eighteen items of the questionnaire were scored in reverse order (5, 11-13, 16-24, 26-29, and 32). The lowest and highest possible scores in social health were zero and 128, respectively. In addition, the range of the obtained scores were divided into three groups: low social health (0-43), moderate social health (44-88), and high social health (89-132). The validity and reliability of this instrument have been confirmed in various domestic studies [8,16,17,21,22]. For instance, in a study conducted by Hashemi T et al., the Cronbach's alpha measured 0.81 [14]. The validity of the social health questionnaire was assessed in a study performed by Sharbatian M on the students of Mashhad University of Medical Sciences (0.90) [23]. The content validity and reliability imply that this instrument can

be used effectively in social health surveys in target communities.

STATISTICAL ANALYSIS

To determine the normal distribution of data, the Kolmogorov-Smirnov test was applied. All tests were analysed through the SPSS Statistics 23.0 software at the significance level of 0.05 ($p < 0.05$) using the descriptive statistics (frequency, mean and standard deviation) and analytical statistics (t-test and ANOVA).

RESULTS

In this study, of the whole 400 subjects under study, the male population accounted for 45% (180 subjects), and the rest (220 subjects or 55%) were female. The mean and standard deviation of the age of subjects were 27.86 ± 3.95 , and the 26-30 age group was in the majority (194 subjects or 48.5%). In addition, the majority of subjects were single (366 subjects or 91.5%). Furthermore, 115 subjects (28.7%) were majoring in paramedicine, and a large proportion of the population were doing bachelor's degrees (213 subjects or 53.3%) and subjects in their fourth semester accounted for 99 subjects (24.8%). Moreover, in terms of the residence, 40.5% of the subjects (162 students) were residing in personal homes. Additionally, 230 subjects (57.5%) had the highest interest in their majors [Table/Fig-1].

Variables	Groups	Frequency (%)
Gender	Male	180 (45%)
	Female	220 (55%)
Age (in years)	≤20	22 (5.5%)
	21-25	74 (18.5%)
	26-30	194 (48.5%)
	≤30	110 (27.5%)
Marital Status	Single	366 (91.5%)
	Married	34 (8.5%)
Faculty	Medicine	85 (21.3%)
	Paramedicine	115 (28.7%)
	Pharmaceuticals	90 (22.5%)
	Health Sciences	110 (27.5%)
Degree	Associate's degree	27 (6.8%)
	Bachelor's degree	213 (53.3%)
	Master's degree	114 (28.5%)
	PhD	46 (11.5%)
Residence	Dormitory	160 (40%)
	Rental	78 (19.5%)
	Personal	162 (40.5%)
Academic Term	1 st	40 (10%)
	2 nd	48 (12%)
	3 rd	94 (23.5%)
	4 th	99 (24.8%)
	5 th	30 (7.5%)
	6 th	36 (9%)
	7 th	53 (13.3%)
Interest in one's Major	Very much	98 (24.5%)
	Much	230 (57.5%)
	Average	52 (13%)
	A little	20 (5%)

[Table/Fig-1]: The personal characteristics of the samples under study (n=400).

The mean scores and standard deviation of students' social health measured 3.27 ± 0.59 . As for the subscales of social health, the social contribution had the highest mean and standard deviation (3.36 ± 0.69), while the social integration held the lowest mean and standard deviation (3.20 ± 0.68) [Table/Fig-2].

Components of Social Health	Mean±SD
Social contribution	3.36±0.69
Social acceptance	3.29±0.80
Social cohesion	3.28±0.67
Social actualisation	3.23 ±0.76
Social integration	3.20±0.68
Total social health	3.27±0.59

[Table/Fig-2]: The mean and standard deviation of the components of students' social health.

To examine the statistical significance of students' social health using the demographic variables, the one-way ANOVA and t-test were employed. The results demonstrated that there was a significant difference between the means of students' social health in terms of gender, so that the male students had higher social health compared to female students (3.33 versus 2.25; p=0.015). The results also showed that there was a significant difference between the mean scores of students' social health based on demographic variables (age, marital status, major, degree, faculty, residence and interest in one's major (p<0.001) [Table/Fig-3].

Variables	Groups	Frequency (%)	SD±Mean	Sig. (2-tailed)
Gender	Male	180 (45%)	3.33±0.55	t=322.244 ^b p=0.015
	Female	220 (55%)	2.25±0.66	
Age (years)	<20	22 (5.5%)	2.84±0.83	F=8.646 ^a p=0.37
	21-25	74 (18.5%)	3.09±0.78	
	26-30	194 (48.5%)	3.39±0.46	
	>30	110 (27.5%)	3.33±0.61	
Marital Status	Single	366 (91.5%)	3.27±0.62	t=2.065 ^b p=0.030
	Married	34 (8.5%)	3.49±0.56	
Faculty	Medicine	85 (21.3%)	2.97±0.83	F=12.796 ^a p<0.001
	Paramedics	115 (28.7%)	3.24±0.47	
	Pharmaceuticals	90 (22.5%)	3.44±0.50	
	Health Sciences	110 (27.5%)	3.45±0.54	
Degree	Associate's degree	27 (6.8%)	2.22±0.88	F=43.623 ^a p<0.001
	Bachelor's degree	213 (53.3%)	3.28±0.51	
	Master's degree	114 (28.5%)	3.54±0.49	
	Ph.D.	46 (11.5%)	3.29±0.52	
Residence	Dormitory	160 (40%)	3.37±0.57	F=6.829 ^a p<0.001
	Rental	78 (19.5%)	3.40±0.51	
	Personal	162 (40.5%)	3.15±0.67	
Academic Term	1 st	40 (10%)	2.70±1.03	F=11.680 ^a p<0.001
	2 nd	48 (12%)	3.27±0.53	
	3 rd	94 (23.5%)	3.18±0.44	
	4 th	99 (24.8%)	3.36±0.53	
	5 th	30 (7.5%)	3.67±0.47	
	6 th	36 (9%)	3.35±0.59	
	7 th	53 (13.3%)	3.54±0.43	
Interest in one's Major	Very much	98 (24.5%)	3.64±0.45	F=72.964 ^a p<0.001
	Much	230 (57.5%)	3.24±0.55	
	Average	52 (13%)	3.37±0.22	
	A little	20 (5%)	1.84±0.59	

[Table/Fig-3]: The results of comparing the components of students' social health in terms of the personal characteristics of the research samples. p-value<0.05 is significant a=Analysis of Variance (ANOVA) test b= Independent sample t-test

DISCUSSION

The present study aimed to investigate the status of students' social health at Kermanshah University of Medical Sciences and the role of demographic variables in 2016. The results of the present study

demonstrated that students' social health was of average level at Kermanshah University of Medical Sciences. This finding was consistent with the results of studies conducted by Rehman R et al., on the students of Karachi University of Medical Sciences, Salehi A et al., on the nursing and midwifery students of Shiraz University of Medical Sciences, Babapour-Kheiroddin J et al., on the students of Tabriz University, Hashemi T et al., on the students of Islamic Azad University and Tabriz University, Mozaffari N et al., on the nurses of Ardabil-based hospitals, Javadi N et al., on the students of Guilan University of Medical Sciences, Tabar AH et al., on the students of the University of Social Welfare and Rehabilitation [2,12-16,24].

It was shown that the social contribution had the highest mean score, while the social integration held the lowest mean score. Social contribution is the feeling that people have valuable things to offer to their communities.

Those with high levels of social contribution do their best to have a share in a world that values them merely because of their humanity [25]. The social integration is one's feeling of being part of society, or it is defined as the perception of quality, organisation and performance of the individual's social world.

A socially-healthy person tries to know more about the world around oneself. As mentioned, the mean scores of students' social cooperation and social acceptance were higher than those of other dimensions at Kermanshah University of Medical Sciences.

Javadi N et al., showed that the samples under study had higher levels of social integration and social acceptance compared to other dimensions [16]. Similarly, the results of a study performed by Babapour-Kheiroddin J et al., on the students of Tabriz University demonstrated that there was a significant difference between university students in terms of social integration and social acceptance [13].

In a study performed by Sharbatiyan M on the students of Mashhad University of Medical Sciences, the results indicated that 59% of the changes of variance of social health were explained by social integration and social cooperation [23]. Given the results of previous studies about the effects of social cooperation on social health and the consistency of these findings with the results of the present study, it can be concluded that social cooperation plays decisive roles in students' social health.

The results showed that there was a significant difference between the students' social health and gender, so that boys had higher social health than girls. One of the reasons for the higher score of social health of male students can be the increase of communication and their lower limitations compared to female students. This finding was concurrent with the results of studies conducted by Fathi M et al., Haery SM et al., Tabar AH et al., and Farzi H et al., [8,17,24,26], while this result was inconsistent with the results of studies done by Javadi N et al., Pourafkari N, and Yazdanpanah L and Nikvarz T [16,18,27]. To further explicate this hypothesis, it can be stated that the difference in the social health of girls and boys can be due to various factors, such as differences in their personality characteristics, interpersonal relationships and social contexts of the samples under study, and the different socioeconomic classes. Generally speaking, gender is a determining factor of health and disease. Some of the gender differences are men and women's different control power on social and economic determinants of health, their different social status, and their vulnerability to diseases [28,29].

The results of the present study indicated that there was a significant relationship between the age and social health of university students, which was consistent with the results of studies done by Javadi N et al., Yazdanpanah L and Nikvarz T, and Saleh S and Zahedi AM [16,27,30]. Similarly, Mozaffari N et al., showed that the nurses' social health significantly correlated with their age [15]. In addition, Fathai M et al., concluded that there was a direct relationship between the teachers' age and their social health [8]. However, the results of the present study was inconsistent with the results of a study conducted

by Haery SM et al., which might be due to the difference of the ages of the samples under study [17].

As for marital status, the present study showed that the marriage and social health were significantly related. This finding was in line with the results of studies performed by Tabar AH et al., [24] and contradicted the findings of a study performed by Mozaffari N et al., Javadi N et al., and Haery SM et al., [15-17]. In a study done by Sharbatian M, it was concluded that there was a relationship between marital status and social health [23]. Similarly, the results of studies performed by Baghsorkhi AR et al., and Kaboudi M et al., demonstrated that married people had higher social health [31,32]. Nevertheless, it seems that married life leads to high levels of social health as a result of fulfilling many needs and creating a spirit of commitment and creating a stable network of relationships [33].

Moreover, the results of the present study indicated that one's degree and social health correlated, so that master's students had the highest mean score of social health as opposed to the lowest mean score in undergraduate students. This finding was consistent with the results of a study conducted by Tabar AH et al., [24] and inconsistent with the results of a study done by Javadi N et al., [16], in which undergraduate students had the highest mean score of social health. The results of a study conducted by Haery SM et al., indicated that postgraduate students had higher levels of social health [17]. Similarly, Najafabadi A showed that the social health of women residing in Isfahan, Iran, increased in line with their education [34]. Given that literacy and education is one of the strongest indicators of one's socioeconomic status that affects social health, it is expected that with physical and mental maturity and increased knowledge and life skills of higher education students, higher social health is observed.

The results of this study showed that there was a significant relationship between social health of students and faculties, so that the students majoring in health had the highest mean score in terms of social health than medical students. This finding was consistent with the results of a study conducted by Zalie A and Alaei M [35] and inconsistent with the results of a study performed by Tabar AH et al., [24]. Javadi N et al., concluded that the students of professional health and medical emergencies had the highest and lowest mean scores of social health, respectively [16]. This finding was due to the type and nature of the specialised units of students in the field of social health. Naturally, learning these issues and coping strategies are factors that can affect the behaviour of students. On the other hand, given the theoretical courses offered to healthcare students, their social health is affected in some way in comparison with other students.

In this study, the results showed that the students' residence significantly correlated with their social health. In this study, the majority of students were residing in dormitories, and the social health of students satisfied with their dormitories were significantly higher than that of others. These results were confirmed by the findings of Haery SM et al., [17]. Given the results of the present study, the higher mean score of students residing in dormitories can be attributed to their living far from their families and the necessity of performing their personal activities by themselves. Therefore, some measures should be taken to facilitate and improve the social health of students living in dormitories.

As for the relationship between the students' social health and interest in one's major, the results of the present study demonstrated that there was a positive relationship between the two variables. This finding was consistent with the results of a study conducted by Javadi N et al., [16]. Fathi M et al., showed that there was a significant relationship between the social health of teachers and their job satisfaction [8]. Similarly, Mozaffari N et al., concluded that the social health and job satisfaction of staff correlated in hospitals [15].

LIMITATION

The present study had some limitations. Since the sample comprised the students majoring in Kermanshah University of Medical Sciences, the results cannot be generalised to students in other medical schools. In addition, using different questionnaires to measure social health in different studies may affect the results of the present study.

CONCLUSION

The results of the present study demonstrated that the status of students' social health was at a favourable and good level at Kermanshah University of Medical Sciences. Given the low score of students in terms of social integration, it is suggested that understanding quality, organisation and performance of students in mastering their social environment should be taken into consideration. It is suggested that specific barriers to health promotion are identified in students and some strategies (e.g., holding workshops and training courses by the planners of the University of Medical Sciences) to be considered towards strengthening the social health of students. In this study, the effects of variables such as parental employment and socioeconomic status were not evaluated. It is hoped that future studies complete the present study and more variables are considered.

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