

Studying the Social Health of Students with an Emphasis on Curriculum Planning

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Purpose: The concept of social health along with other aspects of health, including physical, mental and spiritual has a special place. Therefore, this research was conducted with the aim of studying the social health of students with an emphasis on curriculum planning.

Methodology: The research method in terms of purpose was applied and in terms of implementation method was survey. The statistical population in this study were included all 5,200 students of the second high school in Lordegan city. The sample size was determined based on Cochran's formula 357 people, which this number were selected by available sampling method. Data was collected with Keyes social health questionnaire (1998) with five components of social flourishing, social correlation, social cohesion, social acceptance and social participation, which its validity was confirmed by experts (mentors and advisors, specialists and research experts) and its reliability was confirmed by the method Cronbach's alpha was calculated 0.78. The data were analyzed with using mean, Friedman test and independent t-test methods in SPSS software.

Findings: The findings showed that 7 questionnaires were removed from the analysis due to incompleteness and analyzes were performed for 350 people. Also, the amount of social health was below average, the amount of social correlation, social acceptance and social participation was below average and the amount of social flourishing and social cohesion was above average. Among the components of social health, respectively the amount of social cohesion, social participation, social acceptance, social flourishing and social correlation was higher among students. In addition, the average social health of male students was higher than female students ($P < 0.05$).

Conclusion: In general, the results indicated an unfavorable state of social health in students, especially in female students. Therefore, it is necessary to adopt curriculum planning in the educational environment to improve their social health.

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1. Introduction

The term "health" refers to having a healthy, productive, and quality life, accompanied by an acceptable lifespan free from illness and disability (Sokol et al., 2021). Social health is one of the dimensions of health that reflects the quality of an individual's relationships with family, others, and social groups, as well as their level of satisfaction or dissatisfaction with life and the social environment (Badagabettu et al., 2018). Health is a concept of interest to all individuals and groups in different societies, and social health is one of its pillars. A person has social health when they can perform their social roles and activities at a conventional level and establish appropriate relationships with society and social norms (Lee & Ko, 2022). This variable indicates an individual's ability to perform social roles effectively and efficiently without harming others, being present in social environments, and actively participating in social situations. Therefore, social health reflects an individual's effectiveness in interacting with others, their reactions to them, and the quality of their interactions with institutions and social customs (Cuca et al., 2019). Social health is an individual's assessment of their performance in society and their attitude towards other members of society, and it affects how they deal with issues related to themselves and their attitude towards other social groups (Dharmowijoyo, Susilo, and Syabri, 2020). This structure includes the levels of social skills, social performance, and each person's awareness of themselves as a member of a larger community. It affects economic, social, welfare, and well-being conditions in relation to the social network (Tallin et al., 2017). In fact, social health reflects individuals' perception of their experiences in the social environment, which contrasts the criteria for social health in terms of individuals (Anggriani et al., 2020).

Social health assessment has been carried out from the beginning through a focus on the individual and in relation to interpersonal interactions (such as meeting friends) and social participation (such as joining groups), and both tangible elements (such as the number of friends) and mental elements (the quality of friendly relationships) have been considered in its assessment (Heimke et al., 2023). According to Keyes' theory (1998), social health has five components: social actualization, social solidarity, social coherence, social acceptance, and social participation. Social actualization evaluates the potential and trajectory of society, meaning that the individual believes they have control over their destiny and can follow an evolutionary path with their potential abilities and talents. Social solidarity evaluates an individual by considering the quality of their companionship with members of society. Social coherence means the meaningfulness and meaninglessness of life and individuals' attitudes and orientations towards life that demonstrate the predictability of life. Social acceptance means an individual's understanding of society based on the characteristics and traits of other individuals. Social participation means evaluating an individual's social value and indicates that individuals are an important part of society (Ferguson, Power, Stevenson, and Collison, 2017). Social health is the state of an individual's ability to manifest and appear in maximum social activities and roles and feel connected to society, which cannot be achieved without a sense of personal tranquility and a balanced relationship with social norms (Hybholt, 2022).

Social health is essentially a general (not specific) phenomenon based on social responsibilities that individuals face in society and social structures (Grigorakis et al., 2016). A socially healthy individual considers society as a meaningful, understandable, and potentially growth-promoting entity, feels a sense of belonging to society, is accepted through it, and contributes to the progress of society (Parmar et al., 2014). The relationships between humans with each other and with social institutions and the mutual effects of these relationships on physical and mental health have been the focus of researchers and thinkers in recent decades, and the importance of social health is such that individuals with social health are more successful in dealing with problems arising from social roles and coordinate themselves with them (Seah et al., 2019). Social health means that citizens must be compatible with the values and social norms prevailing in the structure of society to provide social security, support, welfare, comfort, justice, equal opportunities, formulation of social policies, and having a good and appropriate quality of life with suitable meanings for every culture and society (Oosterhoff et al., 2020).

Asadi, Jafari, Raisi and Molavi (2020), in a study on the social health of students at the Medical University, concluded that education had a significant relationship with all dimensions of social health, including cohesion, participation, acceptance, adaptation, and flourishing. Also, there was a significant relationship between age and marital status with social participation, but they did not have a significant relationship with other social health dimensions.

Mazloomymahmoodabad, Setoudeh, Asadian, Aghamolaei and Najafi Asl (2019), in a study on the social health of students at the Medical University, concluded that the mean of the social health of most students was moderate. Among the dimensions of social health, the social actualization dimension had the highest mean. There was a significant relationship between age, gender, dormitory and non-dormitory residence, marital status, and employment with social health: older students had higher social health than younger ones, and the social health of women was higher than men, and married and employed students had higher social health than unmarried and unemployed students.

Modiri, Safiri, and Mansourian (2017), in a study on social health and its influencing factors, concluded that most people had moderate social health. Communication skills, quality of life, leisure time, age, socioeconomic status, and gender were the most influential variables on social health, but there was no significant relationship between marital status and education with social health.

Solhi, Amini Naghadeh, and Irandoost (2016), in a study on the social health status of young people, concluded that the mean score of their social health was moderate. A significant relationship was observed between social health and communication skills, leisure time, and quality of life variables, as well as demographic variables such as age and education.

Bani Fateme, Abbaszadeh, and Chaichi Tabrizi (2011) conducted a study on social health among students of the Islamic Azad University and found that the students had an average level of social health. Age, gender, and marital status were determining factors in determining social health, but the socioeconomic status variable did not have a significant difference in social health.

Planning, developing, changing, and updating textbooks is one of the requirements of the educational system, and in this regard, one of the factors that has undergone many changes in recent decades is textbooks, which have undergone significant changes both in terms of textual content and images. It should be acknowledged that all of these changes have been made to activate students in the classroom, and content sensitivity becomes more important when we know that, in most cases, the textbook is not only an educational medium that is available to the teacher in the teaching and learning process, but also written materials developed for students, including literature, textbooks, stories, and images, are the most important source of motivation for their progress. Additionally, most of the components discussed in social health deal with health, hygiene, environmentally friendly attitudes, etc., which are hidden in the curriculum objectives. Therefore, given the importance of textbooks in Iran on the one hand and the importance of social health in today's society on the other hand, the researcher sought to study the social health of students with an emphasis on curriculum planning.

2. Methodology

The research method was applied in terms of purpose and was a survey in terms of implementation. The statistical population in this study included all high school students in Lordegan city, totaling 5200 people. The sample size was determined based on the Cochran formula, which was 357 people and was selected by the available sampling method. In the available sampling method, individuals are selected as samples who are available to the researcher and are willing to participate in the study. Of course, criteria were considered for selecting samples, including no failure in previous grades, living with parents, not using psychiatric drugs, not receiving psychological services in the past three months, and a desire to participate in the study. Also, the criteria for exiting the study included withdrawing from continuing cooperation and not responding to more than ten percent of the items.

To conduct this study, the necessary coordination was first made with the officials of the education department of Lordegan city and the executive staff of schools. In the next step, sampling was carried out, and the importance and necessity of the research were explained to them, and they were committed to ethical considerations in the presence of the executive staff of schools. Finally, after obtaining the consent of the samples to participate in the study, they were asked to answer the anonymous social health questionnaire. It should be noted that the reason for the anonymity of the questionnaires was explained to them, and they were told that there is no correct or incorrect answer and that the best answer reflects their actual situation. After completing the questionnaire by the students, they were appreciated and thanked for participating in the study and completing the social health questionnaire.

The present research tool was the Keyes Social Health Questionnaire (1998) with five components: social actualization, social solidarity, social cohesion, social acceptance, and social contribution. The questionnaire consisted of 20 items, with social actualization having 4 items (items 4-1), social solidarity having 3 items (items 7-5), social cohesion having 3 items (items 10-8), social acceptance having 5 items (items 15-11), and social contribution having 5 items (items 20-16). A five-point Likert scale ranging from 1 (very low) to 5 (very high) was used to respond to each item, and the score for each component was calculated by averaging the scores of its constituent items, while the total score was calculated by averaging the scores of all items. Keyes (1998) examined the construct validity of the tool using exploratory factor analysis, and the results indicated the existence of five factors or components: social actualization, social solidarity, social cohesion, social acceptance, and social contribution. The reliability of the tool was obtained using Cronbach's alpha method, with social actualization having a reliability coefficient of 0.69, social solidarity 0.75, social cohesion 0.81, social acceptance 0.77, and social contribution 0.75. In Iran, Afshar, Bonyad, and Adlipour (2019) reported reliability coefficients of 0.71 for social actualization, 0.78 for social solidarity, 0.79 for social cohesion, 0.78 for social acceptance, and 0.77 for social contribution using Cronbach's alpha method. In the present study, the face validity of the Social Health Questionnaire was confirmed by experts (supervisors, consultants, research specialists, and experts), and its reliability was calculated using Cronbach's alpha method, with a coefficient of 0.78 and a range of 0.71 to 0.79 for the components. The collected data were analyzed using mean, Friedman, and independent t-test methods in SPSS software. The examination of the Social Health Questionnaire responses showed that 7 questionnaires were incomplete and were excluded from the analysis, which was performed for 350 participants.

3. Findings

The results of the examination of the students' social health status are presented in Table 1.

Table 1. The results of the examination of the students' social health status

Standard Mean Error	SD	Mean	Variable
0.04	0.42	2.12	Social Health

As can be seen in Table 1, the level of social health was lower than average, as the range of social health scores is 1 to 5 and its mean was less than 2.5. Additionally, the examination results of the components of students' social health are presented in Table 2.

Table 2. The results of examining the status of students' social health components

Standard Mean Error	SD	Variable	Variable
0.04	0.57	3.13	Social actualization
0.04	0.57	1.13	Social solidarity
0.05	0.63	2.60	Social cohesion
0.03	0.42	1.44	Social acceptance
0.04	0.54	2.30	Social participation

As can be seen in Table 2, the level of social solidarity, social acceptance, and social contribution was lower than average, while social actualization and social cohesion were higher than average, as the range of scores for the components of social health is 1 to 5 and their mean was 2.5. The results of the Friedman test for ranking the components of students' social health are presented in Table 3.

Table 3. The results of Friedman's test for ranking the components of students' social health

Rank	Coefficient of variation	SD	Mean	Variable
4	15.37	1.03	2.18	Social actualization
5	14.80	1.02	1.17	Social solidarity
1	31.82	1.05	3.31	Social cohesion
3	35.65	1.12	3.15	Social acceptance
2	34.33	1.08	3.16	Social participation

As can be seen in Table 3, among the components of social health, social cohesion, social contribution, social acceptance, social actualization, and social solidarity were more prevalent in students, respectively. The results of the independent t-test for comparing the social health of male and female students are presented in Table 4.

Table 4. Results of independent t-test to compare the social health of male and female students

Sig.	t-value	Mean	Gender	Variable
0.042	4.17	2.38	Female	Social Health
		3.23	Male	

As can be seen in Table 4, the mean social health score of male students was higher than that of female students ($p < 0.05$).

4. Discussion

Improving health can be achieved through two possible ways, one being the development of healthy lifestyles and social actions for health, and the other being the creation of conditions that make a healthy life possible. The first method involves empowering individuals through awareness and necessary skills for a healthy life, while the second method involves influencing policymakers to pursue public health policies and programs at the community level, which is one of the most important pillars of preventing social deviations. Therefore, this research was conducted to study the social health of students with an emphasis on curriculum planning. The findings showed that the level of social health was higher than average, the level of social solidarity, social acceptance, and social participation was lower than average, and the level of social actualization and social cohesion was higher than average. Among the components of social health, social cohesion, social participation, social acceptance, social actualization, and social solidarity were higher in students, respectively. Mazloomymahmoodabad et al. (2019) also found in their research that the mean of the social health of most students was in a moderate state. Among the dimensions of social health, social actualization had the highest mean. Additionally, Modiri et al. (2017) found that most individuals had moderate social health. In another study, Solhi et al. (2016) reported that their mean social health score was moderate. Bani Fateme et al. (2011) also found that students had moderate social health.

Social solidarity refers to evaluating an individual based on their interaction with the surrounding community. Socially healthy individuals are not only interested in the world they live in but also in what is happening around them, and they feel capable of understanding the events taking place. This concept is in contrast to the meaninglessness of life and is essentially an understanding that an individual has regarding the quality,

organization, and management of social affairs around them. Social acceptance is one of the pervasive indicators in the fields of social sciences, behavioral sciences, planning, management, and urban development. In this study, social acceptance is examined in the form of the behavioral evaluation of an individual or the formation of a behavioral action related to a particular social element or phenomenon. In fact, acceptance is a behavior in the form of action and reaction towards a specific goal, and the degree of acceptance is an affirmative attitude towards a specific goal. This definition of the indicator is usually related to practical issues in future implementation and is theoretically similar to the term "tendency to accept."

Social participation includes various individual and group actions to participate in determining their own and society's destiny and influencing decision-making processes regarding public affairs. Participation can be mental and tangible, and mental participation is the same as the tendency to participate socially, which results in trust and other background factors. Tangible and behavioral social participation that occurs in the form of membership, monitoring, implementation, and decision-making is the same tangible link between individuals, and the spirit of participation, according to its definition, is the belief in everyone's involvement in participation. That is, the feeling of the community's need for participation and the importance and priority of collective efforts to respond to the public needs of the community. The specific meaning of the spirit of participation is the conviction and involvement of activists in participating in internal organizational activities and programs.

Social actualization is the evaluation of potentials and the path of social evolution, and the belief that society is undergoing gradual development and there are potentialities for positive transformation. These individuals are hopeful about the future of society and believe that they and others have potential for social growth and the world can be better for them and others.

Social cohesion is one of the topics that has always interested sociologists since the beginning of social theory. Social theorists, especially sociologists such as Durkheim and Parsons, have placed this concept at the center of their theories and paid special attention to it. Even now, social cohesion maintains its central importance in important sociological discussions. The functional theory in sociology considers social cohesion as a fundamental and central issue and essentially considers the sustainability and stability of society impossible without it. The issue of social cohesion has always been associated with discussions related to social institutions in these theories, as institutions are a vital element for order, security, and, consequently, the preservation of social cohesion.

Other findings have shown that the mean of the social health of male students is higher than that of female students. Mazloomymahmoodabad et al. (2019) found in their research that the level of social health of female students was higher than that of male students. Additionally, Bani Fateme et al. (2011) found in their research that gender played a determining role in determining the level of social health of students. Gender creates differences in health risks and hazards, with men being more exposed to health risks and hazards compared to women. Therefore, gender can be a significant determinant of the level of control over socioeconomic resources and behavior with individuals in the social environment. Women experience twice as much bipolar depression as men and also suffer from domestic violence, anxiety, sexual violence, pressures related to gender bias, and coercion in fulfilling multiple roles. As a result, it can be expected that the level of social health of male students is higher than that of female students.

Undoubtedly, research conducted in the field of social and human sciences is not flawless, and this research is no exception to this rule and has faced limitations like other studies, which are a set of conditions and obstacles beyond the researcher's control but can potentially affect the research results. The fundamental and unavoidable limitation of questionnaire-based research, including this study, is that the results depend largely on the researcher's perception, interpretation, and analysis of the subject. Additionally, the structured questionnaire prevented respondents from expressing their other experiences. Therefore, using other data collection methods and tools, such as observation and interviews, is recommended.

Given the results of this study and the importance of social health, especially the health of students, it is necessary to search for ways to increase social health. To this end, the following recommendations are proposed:

1. Providing counseling services to students with low social health. Since the level of social health of these individuals is different, social workers need to provide counseling services commensurate with their level of social health. Additionally, counseling services can be provided to individuals through individual and group counseling methods, and individuals with lower levels of social health require more intervention sessions.
2. Members of the community need awareness and knowledge to avoid conflict and depression in their relationships and when facing problems. Holding workshops on communication skills for students in this area can provide training in verbal and non-verbal communication skills under the supervision of counseling and mental health centers.
3. Given the impact of social health on overall health, it is no longer possible to talk about health, even physical health, independently of other aspects of health. Therefore, it is essential to pay attention to other dimensions of health to improve social health.

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Conflict of interest

There was no conflict of interest in this study.

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