

The Relationship between Social Health and Social Networks using among Female Student's Parent

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Abstract

Purpose: The present study aimed to investigate the relationship between social health and the usage of social networks among the parents of female students in Baharestan. **Methodology:** For this purpose, 370 parents (172 males and 198 females) were selected randomly through cluster sampling based on kerjeki & Morgan's table. Then, the social health questionnaire developed by Keyes and Shapiro (2004) and social networks using questionnaire which is a researcher-made questionnaire were completed. **Findings:** The results of convergent and divergent validity, composite reliability, Cronbach's alpha, average variance extracted, factor analysis, Stone-Geisser's criterion, goodness of fit, and independent t-test revealed that there was a significant relationship between all the components of social health (i.e. social integration, social coherence, social actualization, social acceptance, and social contribution) and the usage of social networks. Accordingly, social health explains 42% of the usage of social networks. As regards the components, the percentages are social integration (86%), social coherence (52%), social actualization (25%), social acceptance (44%), and social contribution (36%). In addition, no significant relationship was found between gender and usage. There was a positive and significant relationship between virtual social network and the components of physical health and general health scales, physical function, physical role, and physical pain. Social health refers to how a person's relationship is with others in a society is, or to his socialization. **Conclusion:** social health is one of the three components (plus physical and mental health) of general health.

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1. Introduction

The invention of the Internet has led to the development of new forms of virtual communication and virtual communities. Since 1990 when it became possible for the public to use the Internet and virtual spaces, there has been a growing use due to the Internet's unique communications capabilities like hypertext and multimedia. Internet services have evolved to the extent that public access to information and news provided by the first generation of websites was upgraded to web-based public participation and interaction with the second generation of websites, also known as social media. Public participation means the possibility for users to produce and share content such as texts, videos, photos, and even software applications. Social media relies on web and mobile technologies. Virtual social networks are a subset of social media. By joining such networks, users can communicate with their friends and relatives, associates, colleagues, and even those who have been forgotten to begin new friendships. They are also able to become members of different groups according to their needs and wants. They thus become members of virtual communities. All such links are possible to form regardless of temporal, spatial, cultural, social, and class differences and constraints (Sattari, 2015).

The widespread use of virtual networks has both advantages and disadvantages. Improper use of such spaces significantly affects the social health of users. This chapter provides a theoretical framework of social networks and social health components. After focusing on the components, the paper provides the background for each component. Finally, the conceptual model of the present study is presented. With the rapid development of electronic infrastructure on national and global scales, a new virtual dimension (cyber) has been added to other dimensions of everyday life. Some pundits have admitted that cyberspace is a complement to physical or real space (Saghafi, 2012). Social networks are considered as a form of social media that provide a new means of communicating and sharing content on the Internet (Amirpour & Garivani, 2014). The key feature of such networks is the possibility for introduction of new players, interaction with others, unlimited production of content, knowledge and information sharing, and their independence from official power centers. With the social networks existing in cyberspace, the power of official control over the flow of information has been limited in favor of new players, and the network of relationships between the players has created enormous social capital (Babaei, 2011).

Today, social networks have received such attention among Internet users that one can claim that they are one of the most influential Internet services that brought about a tremendous transformation in social systems during recent years. In the today's digital world, social networks have influenced many aspects, such as communication, thinking, work, practice, and in general social life. Among the factors, social health is a key variable influenced by the extent to which people use social networks (Aryani & et al., 2015). According to the World Health Organization (WHO), mental health includes "subjective health, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others", as well as the ability to overcome the usual pressures of life, having productive work, and contribution in collective activities. Accordingly, the concept of "social health" as one of the four pillars of health includes the ability to fulfill the social roles effectively without adverse consequences for others, to participate in collective environments, and to engage actively in social situations (Nikoo Goftar, 2014). Social health is also defined as the quality of one's interaction with society that positively affects the general welfare of people of different social strata. The final result of this interaction is the development of social capital, security, integration, coherence, acceptance, and justice, and the opposite is increased social problems (Rafiei & et al., 2010). Keyes & Shapiro (2004) also believes that social health, quality of life, and personal performance are not possible to evaluate without taken social criteria into consideration, and good personal performance is beyond mental and emotional health and involves fulfilling social roles and obligations. Hence, social health refers to one's efficacy to communicate with others, to deal with others' attitude, and how to interact with social institutions and customs. It is also closely related to concepts like social welfare, adjustment, and performance. Therefore, all communities aim to create

conditions to maintain and enhance the health of their members. In the present era, social health as a social construct is affected by the quality and quantity of participation in social networks.

In this regard, Entezami Bayan & Ghodsi (2015) found a significant statistical relationship between social networks, social support resources of networks, network communication, and social health among the youth. In a study conducted by Muqaddas & et al (2017), some of the participants said that social media has changed their behavior, and 51% of them mentioned that it was a negative change. Those who said their social life has worsened also reported that they feel less self-confident than those with more achievements. In social networks, many people share their ideal views of life, a social comparison based on which arouses many negative emotions. It was also found that two-thirds of the participants had trouble relaxing or sleeping after using such websites. Other studies by Dr. Rokh have shown that social networking has a negative effect on face-to-face relationships. Another problem caused by continuous use of social networks is cyber violence. The social health of individuals, which is one of the most important factors in an adaptive and peaceful life, is thus directly influenced by social networks. Dependency on social networks may be created among people of all social strata. Such dependency among parents is a significant issue to consider, as it affects their own and their children's health, the children's education, their family relationships, and the children's future. The time the parents are able to spend on productive family relationships with their children, is wasted in social networks. The fleeting pleasure they take in using the content of such networks may prevent them from enjoying the moments they could experience with their loved ones. This neglect has negative effects on children's education and their future. It is thus necessary to focus on such an important issue (excessive use of social networks) to develop a culture for correct use and show the potential risks of misuse of such a communication system in the form of photos, texts, videos etc. Accordingly, the present study focuses on the relationship between this variable and social health and seeks to answer two questions, "Is there any relationship between social health and parental usage of social networks?" and "How does it affect the education of children?"

Social health is a concept that has been widely considered besides physical and mental dimensions of health. It focuses on the social dimension of health in a person-centered manner. Belloc and Breslow were the first researchers focusing on social health in 1972. According to them, social health is defined with the value of individuals' contribution to society. They thus developed the social health index. They aimed to determine the level of activity and performance of a person with questions about the physical, mental, and social aspects of personal health. This concept was further developed a few years later by Donald & et al. (1978). They argued that health is not only the absence of symptoms, diseases, and functional capabilities of an individual. They believed that social health a dimension of individual well-being distinct from both physical and mental health. They conceptualized social health both as a component of health-status outcomes and as a dependent variable. In addition to a general attitude towards the quality of health among all people, the social health literature developed a specific attitude including mental health and social health in the industrialized countries since 1995. A group of experts aimed at integrating the general goals pursued with the slogan "Health for All" with the social aspects of health in the general sense by functionalizing the concept of "health promotion". They believe that the concept, in fact, includes the conditions for social utilitarianism aimed at the promotion of health. On this basis, health promotion is possible in two ways, one of which is the development of healthy practices and health-centered social utilitarianism and the other is the creation of conditions making it possible for people to live a healthy life. Generally, The World Health Organization (1924) defined health as "a state of complete physical, mental, and social health and not merely the absence of disease or infirmity" (WHO, 1946).

Ryff and Keyes argued that health is more than life satisfaction and the sense of happiness defined in hedonic terms. Today, social health is regarded as a product of cognitive, psychological, social, and biological factors, and this approach is associated with a broader approach to health and illness and the treatment of harmful effects. This new approach to health developed a range of interconnected terms, such as quality of

life (Power, 2013), social subjective health and mental health (Ryff & Keyes, 1995), positive individual performance and emotional health (Waterman, 1993), and social health (Keyes, 1998). This wide conceptualization of health and social health allows a more comprehensive examination of all mental and cognitive factors that are related to individuals' perception of their optimal performance in their living environment. This emphasis on positive mental factors related to social health can also be generalized to psychology (Rastegar & et al., 2015). Keyes (1998) believes that the conceptualization of mental health should be so broad as to include social health. It has long been considered that social health is not affected by negative social conditions, such as self-alienation or anomie, and it is not necessarily based on psychological states. Although social health has received considerable attention in individual terms, there is an argument that the social aspect of social health should be given equal attention. According to Keyes, social health or its absence is a major concern in classic sociological theory. In spite of the importance of concepts such as anomie and alienation emphasized by Marx and Durkheim, they have also discussed several dimensions of positive social health. One of the potential benefits of social life is social integration, which means a sense of belonging and interdependence and a sense of shared consciousness and collective fate (Mousavi et al., 2015).

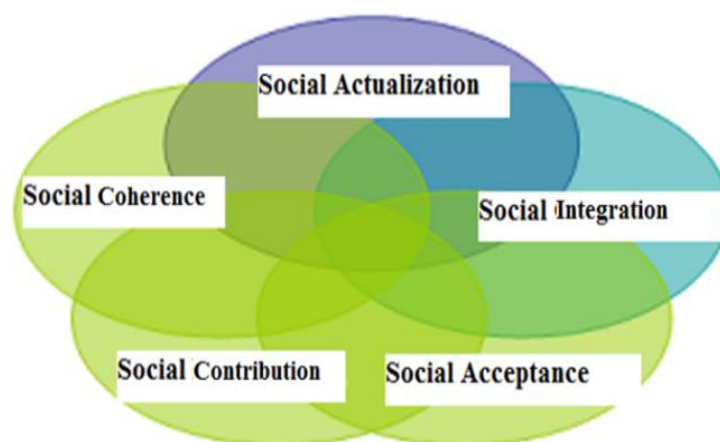


Figure 1. Dimensions of social health (Keyes & Shapiro, 2004)

Social integration refers to the one's evaluation of his interaction with society. The sense of belonging can be a pivotal aspect of health (Ryff & Singer, 2005). Integration is therefore the extent to which people feel they have something in common with others who constitute their social reality. Social integration draws on concepts such as social cohesion (Durkheim), cultural estrangement and social isolation and class consciousness (Marx). For Durkheim, social coordination and health reflect individuals' connections to each other through norms (Keyes & Shapiro, 2004). Social coherence is analogous to meaninglessness in life, and includes views that society is discernable and predictable. Psychologically, healthier people see their personal life as meaningful and coherent. Antonovsky believes that the sense of personal coherence can be a sign of health: those who have coherence try to maintain coherence when faced with unpredictable events. Social coherence is the perception of the quality, organization, and operation of the social world. It gives meaning to the life of a person. Those who are healthier are interested in the nature of their social world and can understand the way it functions.

According to Keyes, social coherence is an understanding that "society is intelligible, somewhat logical, predictable, and meaningful." (Keyes & Shapiro, 2004). Autonomy is a sense of personal control over one's fate, while social actualization is the understanding that society has control over its own future. According to the Keyes' views, this concept has a common characteristic with Maslow's concept of "self-realization" (1968) and is also related to Ryff's emphasis on personal growth. Social actualization reflects the proper

functioning of individuals, which is the result of their welcoming of new experiences and continuous growth (Keyes, 1998). Social acceptance is the social version of self-acceptance. People who have a positive attitude towards their personality and accept both good and bad aspects of their lives are manifestations of mental and social health. Social acceptance is one's perception of the society through the character and qualities of other people. By accepting others and oneself as a generalized category, one trusts others and thinks that others are capable of kindness, with a positive attitude towards the nature of human beings, which all make him feel comfortable with others.

Those who accept others have come to realize that individuals are generally productive. As mental health includes self-acceptance, socially accepting others can lead to social health. Keyes conducted two research studies (one with an attitude survey and the other with a researcher-made questionnaire), which proved five dimensions of social health and provided evidence for convergent validity among social health scales such as social contribution, productive nature of activities, understanding of constraints, life satisfaction, and happiness (Hatami, 2010). Social network is not a new concept. Humans created social networks since centuries ago when, for example, they would sit around a fire and tell stories. Nevertheless, what made today's social networks receive increasing attention, is the development of digital tools that contribute to the development of social networks. Therefore, we need to first distinguish between the following three concepts in order to define social networks: • Social networks as a network of human interactions • Services for creating and developing social networks (social networking services) Digital services for creating and developing social networks (digital social networking services). The term "social network" was coined by the social anthropologist John A. Barnes in 1954. In a research project on social groups in Norway, he developed the term to describe the relationships between humans and analyze the mechanisms of communication and, in particular, their decisions. From his perspective, Social networks are created when a structure of interrelated units is formed together. A unit can be a person, group, or organization. The social network is the representation and analysis of the relationship between these units and the flow of knowledge and information between them.

In this form of definition as mentioned earlier, social networks are as old as humans on Earth. However, the scientific and structured study of such networks began in 1954 (Ghassabi & Naqib al-Sadat, 2015). Ziviar & Shahir (2015), in a study entitled "The Sense of Security among Iranian Users in Social Networks in terms of Gender, Age, Educational Level, and Usage (a Case Study: Facebook)", concluded that there is a significant relationship between gender, age, and usage of Facebook and the feeling of security and comfort among the users. Gholizadeh Khajeh (2015) conducted a research study on "The Relationship between the Usage of Social Networks and Social Health: Female Students living in Salamat Dormitory". The results revealed a significant relationship between the usage of virtual social networks and social health of the female students. There is a significant and direct relationship between the usage and social acceptance, social contribution, and social actualization, as the level of social acceptance, contribution, and actualization increases with increasing usage. Nevertheless, there is a significant but inverse relationship between the usage and social adaptation and social coherence, that is, the level of social adaptation and coherence decreases with increasing usage. Sattari (2015) carried out "A Study on Factors Affecting the Social Health among Female and Male High School Students in Khalkhal City, 2014, with an Emphasis on Social Cognition Theories". The results indicated an almost normal distribution and a moderate level of social health among the students.

A significant statistical correlation was also found between social actualization, social adaptation, network relationship, and social acceptance of students and their social health. Fallis (2014), "An Applied Analysis of Misinformation", suggests that government propaganda includes social, economic, and political misleading information in social networks and fake websites. Such fake networks threaten people's lives, including their social health. In a study titled "The Power of Prediction with Social Media", Schoen & et al. (2013) argued that user interactions are among the reasons for the phenomenon of misinformation that can predict political,

economic, and social events based on the performance of social networks and can damage the health of individuals personally and socially. Hence, it is possible to prevent unreasonable expectations, misinformation, and wrong conclusions by understanding such predictive power. Wilt & et al. (2010), in a study on the relationship between personality traits and social health, found that some of the personality traits predict social health, since most traits, attitudes, and behaviors are capable of predicting Keyes' four dimensions of social health. For example, extrovert people have higher social integration. Similarly, those with social adjustment typically enjoy a higher level of social acceptance. There is a relationship between social health and the usage of social networks among parents of female students in Baharestan City.

2. Methodology

This is an applied study according to the purpose, i.e. the relationship between the components of social health and the usage of social networks. In addition, the study is a descriptive correlational study in methodological terms. The statistical population of the study included all the female students of elementary schools in Baharestan 1, i.e. a total of 15,137 students in 35 schools in the academic year 2016-2017. As only one of the parents of the students participated in the study, the total number of parents was also 15,137, among which 370 were selected based on Morgan-Jersey's table for sample size through random cluster sampling; several schools were first randomly selected from all the schools. From the selected schools, several classes were then randomly selected. Finally, several students were selected randomly from each class. Their parents were thus the study subjects, who received the questionnaires. One of the main steps in a scientific research method is the choice of appropriate tools. In the present study, the data collection tools were the social health questionnaire (Keyes & Shapiro, 2004) and a research-made questionnaire about the usage of social networks. The coefficient of reliability for each questionnaire was calculated using SPSS 22 based on Cronbach's alpha. The obtained Cronbach's alpha coefficients were 0.95 and 0.97, for the social health and usage of social networks questionnaires respectively. This means that the measurement tools were highly reliable. Validity was measured using the AVE method (average variance extracted) and the Fornell-Larcker criterion (the correlation between a construct with its indexes when comparing the relationship between that construct and the other constructs). The results are reported as follows.

Table 1. The validity of the measurement tools (questionnaires) based on AVE method

Minimum Acceptable Value of Criterion AVE > 0.5	Average Variance Extracted (AVE)
Social networks	0.64
Social health	0.57

According to Table 1, the average of the variance shared between each construct and its indexes or average variance extracted is greater than the criterion. In other words, the AVE criterion was developed for the measurement of convergent validity (0.5), and an AVE above 0.5 is indicative of an acceptable convergent validity (Fornell & Larcker, 1981). The measured convergent validity is thus acceptable. In order to analyze the collected data (real data and survey data), the tables including frequency distribution, and percentage of responses, bar graphs, the mean and standard deviation were used in the framework of descriptive statistics in order to analyze the descriptive data. Structural equation modeling based on partial least squares (PLS) is the method employed for testing the hypotheses. In this section, the software programs Smart PLS and SPSS 22 were used to test the study hypotheses. Before testing, it was necessary to confirm the technical features of the measurement model. This included the use of criteria such as convergent and discriminant validity, composite reliability, Cronbach's alpha, average variance extracted, Fornell-Larcker criterion, R-Squares, Stone-Geisser's Q², and Goodness of fit (GOF). The calculated values for the Cronbach's alpha and composite reliability are higher than the value of criterion (0.7). The AVE is above 0.5. The convergent validity and reliability of the present study was thus confirmed to be acceptable. The

criterion value is 0.7 for the suitability of the Cronbach's alpha and composite reliability and is 0.5 for AVE (Fornell & Larcker, 1981).

Table 2. Cronbach's alpha and combined reliability coefficients

	Average Variance Extracted (AVE)	Composite Reliability (>7.0)	Cronbach's alpha (0.7)
Social health	0.86	0.96	0.95
Social networks	0.84	0.95	0.93

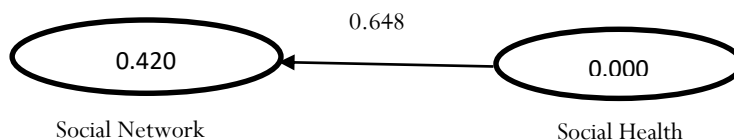


Figure 2. R^2 values

According to Fig. 2, the values of R^2 is equal to 0.42 of the average value of this criterion (0.33), indicating an acceptable fit for the structural model.

Table 3. Q^2 coefficient of the study model

Total	Sum of Squared Observations (SSO)	Sum of Squared Errors of prediction (SSE) of Endogenous Constructs	1-SSE/SSO
Usage of social networks	1480.000	064.724	0.35

Table 3 shows that the Q^2 of the endogenous construct of social networks is equal to 0.35, which indicates a strong prediction of the model for these constructs and confirms the good fit for the structural mode.

3. Findings

The study population included all the elementary female students in the city of Baharestan 1, i.e. a total of 15,137 students in 35 schools in the academic year 2016-2017. Since one parent of each student participated in our study, the total number of parents was also 15,137. From the population, 370 were selected based on Morgan-Jersey's table through random cluster sampling as mentioned earlier. The questionnaires were thus distributed among the subjects in the final step. - In terms of gender, the subjects were 172 males (46.5%) and 198 females (53.3%). - In terms of age, 36 respondents were aged below 20, 105 aged 21-30, 126 aged 31-40, 72 aged 41-50, and 31 aged over 50. - In terms of education, 22 subjects had a high-school diploma, 66 had an associate degree, 194 had a bachelor's degree, 79 had a master's degree, and 9 had a doctorate degree. - In terms of employment, 253 were self-employed and 117 were government employees. A) Significance (t-value) coefficients related to the hypotheses

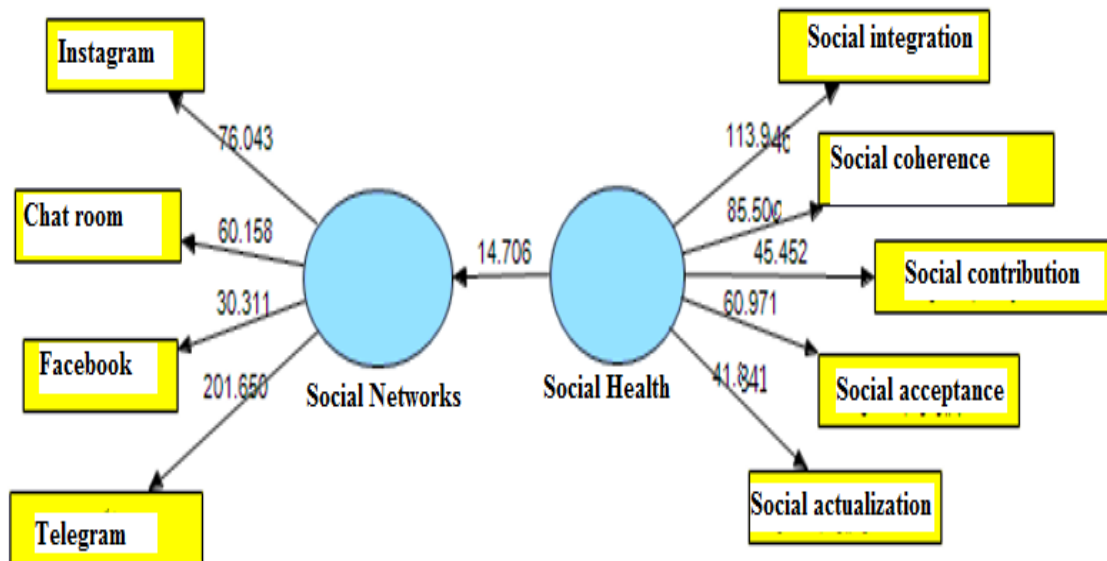


Figure 3. T-value coefficients of the study model

B) Standardized coefficients of the hypotheses paths

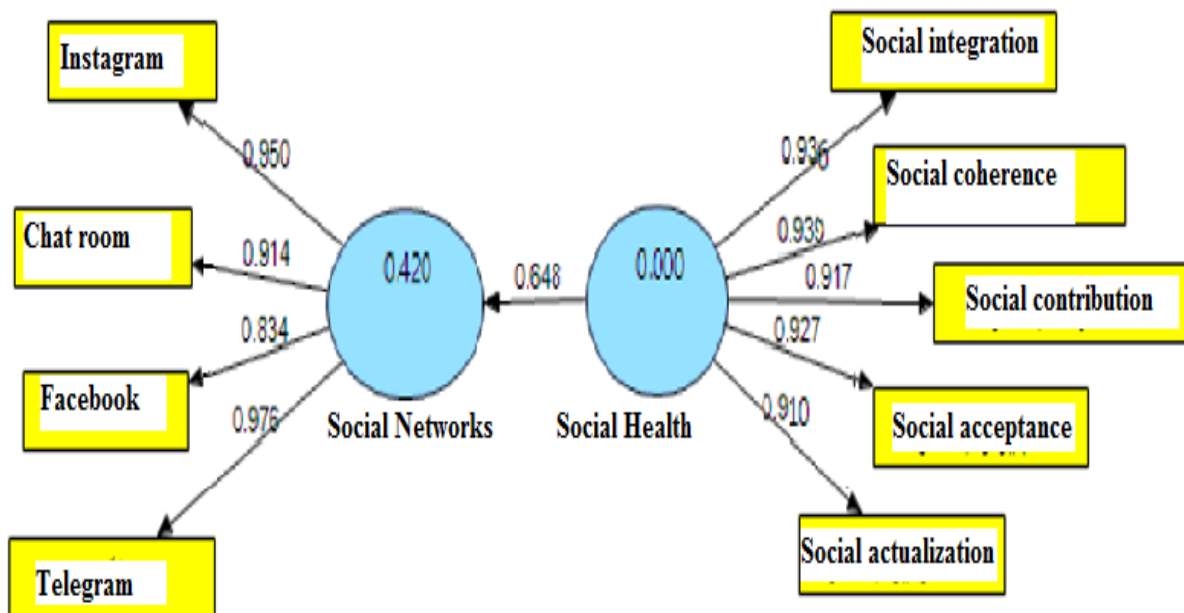


Figure 4. The model with the standardized coefficients (factor loads)

For testing the study hypotheses, the t-value statistic was used to measure the significance of the path coefficients, and standard factor loads were used to examine the effect of path coefficients between variables. In the main hypothesis, the path coefficients between social health and the usage of social networks are equal to 706.14, at a confidence level of 95%. The t-value statistic is greater than 1.96. It can be thus concluded that there is a significant relationship between social health and the usage among the parents (Fig. 3). Hence, the main hypothesis is confirmed. To examine the size of the effect, it is necessary to use the standard factor loads of the path coefficients between the variables. The results of the calculations are reported as follows. The path coefficient of social health and the usage of social networks is equal to 0.68. This suggests that social health directly explains 42% of the variance regarding the usage. Hypothesis 1: The path coefficients between social integration and the usage of social networks are equal to 54.014, at an error level of 0.05 that is greater than 1.96. This indicates the significance of the path coefficients at a confidence level of 0.95%. In addition, the standard coefficient is 93.9. This shows that social integration directly explains 86% of the aforementioned variance. Hypothesis 2: The standard coefficients of social coherence and the usage both equal 0.72. Accordingly, social coherence explains 52% of the variance. The significance of the t-value at the error level of 0.5 is greater than 1.96, i.e. 18.342. This indicates a significant relationship between social coherence and the usage. Hypothesis 3: The standard coefficients of social actualization and the usage of social networks are equal to 0.49. Hence, social actualization explains 25% of the variance. The significance of the t-value at the error level of 0.5 is greater than 1.96 (10.621). This is also indicative of a significant relationship between social actualization and the usage of social networks at a confidence level of 95%. Hypothesis 4: The path coefficients between social acceptance and the usage are equal to 15.441, which is more than 1.96 at the error level of 0.05. This shows that the path coefficients equaling 0.67 are significant at the confidence level of 95%. Accordingly, Social acceptance explains 44% of the variance. The fourth sub-hypothesis of the study is thus confirmed. Hypothesis 5: The standard coefficients between social contribution and the usage equal 0.60. The significance of the t-value at the error level of 0.5 is greater than 1.96, i.e. 13.008. This indicates a significant relationship between social contribution and the usage of social networks. The confidence level is thus 95%. Consequently, the hypothesis is confirmed. Hypothesis 6: According to the results of this hypothesis, Levin's test is not significant (sig. = 0.740). The assumption of the equality of variances is thus accepted. $t = 1.528$ and $df = 368$, which is less at the level of error of 0.05 than the threshold of 1.96. Therefore, the hypothesis zero is confirmed (there is no significant difference between gender and the usage of social networks). As the lower limit and the upper limit of the confidence interval estimate also includes zero, the hypothesis of the study is rejected and the hypothesis zero is confirmed.

4. Discussion

Gholizadeh Khajeh (2015), in a study on "the Relationship between the Usage of Social Networks and Social Health: Female Students living in Salamat Dormitory", concluded that there is a significant relationship between the usage of virtual social networks and social health of the female students. Fallis (2014), in another study "An Applied Analysis of Misinformation", argues that government propaganda includes social, economic, and political misleading information in social networks and fake websites. Such fake networks threaten people's lives, including their social health. Schoen et al. (2013), "The Power of Prediction with Social Media", suggest that user interactions are among the reasons for the phenomenon of misinformation that can predict political, economic, and social events based on the performance of social networks and can damage the health of individuals personally and socially. This reflects the relationship between social health and social networks. In a study entitled "Investigating the Relationship between the Size of Social Network and Physical Health among Parents of Mentally Retarded Students", which included 226 parents, Akbari Bayatiani et al. (2013) concluded that there is a positive and significant relationship

between virtual social network and the components of physical health and general health scales, physical function, physical role, and physical pain. Social health refers to how a person's relationship is with others in a society is, or to his socialization.

Therefore, social health is one of the three components (plus physical and mental health) of general health. In fact, a person may be considered to be socially healthy when he is capable of fulfilling his conventional social roles and communicating with society and social norms. Given that social network is today considered to be a means of communication, there is a significant difference between the health of the person and the usage of such networks. Aelaei and Bashiri Givi (2015), "A Sociological Study on the Impact of Virtual Social Networks on Social Coherence (Case Study: Students of the Ardabil Payame Noor University)", found that there is a significant difference among the students using social networks in terms of social coherence. There is thus a significant relationship between the usage of social networks and social coherence. Ryan and Xenos (2011) showed that Facebook users had higher levels of family loneliness, although they are more extrovert. They also found that people who do not use Facebook are more likely to be conscientious, shy, and socially alone. On this basis, there is a relationship between social acceptance and the usage of virtual network. Parsa Mehr and Niknejad (2011) in a study on "The Role of Social Networks in Encouraging Female Students to Participate in Sports (Case study: Yazd city), which conducted on 319 subjects, concluded that there is a positive and significant relationship between social networks and participation and acceptance among the students. However, social networks cannot explain a significant percentage of the variance in the participation in sports. Hence, other influential variables should be considered in this area. Social acceptance is the social version of self-acceptance.

People who have a positive attitude towards their personality and accept both good and bad aspects of their lives are manifestations of mental and social health. Social acceptance is one's perception of the society through the character and qualities of other people. By accepting others and oneself as a generalized category, one can trust others and think that others are capable of kindness, with a positive attitude towards the nature of human beings, which all make the person feel comfortable with others. Those who accept others have come to realize that people are generally productive. As mental health includes self-acceptance, socially accepting others can lead to social health. This relationship between self and social acceptance is of particular importance in environments like social networks.

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