



# Investigating the Effect of Demographic Factors on Youth Social Health

Hengameh Aryanezhad\*

**\*Corresponding Author**

**Abstract:** *Social health as one of the dimensions of human health plays an important role in the balance of every human's social life and its comprehensive coverage in society can lead to social development. The purpose of this study was to investigate the effect of demographic factors on social health of youth in Izeh city. The target population of this study is all young people aged 15 to 29 years old in Izeh city 2017. The results of the data analysis showed that there is no direct and significant relationship between sex and youth with the level of social health and there is a significant relationship between age, level of education and social class, and the level of social health of youth.*

**Keywords:** *Social Health, Demographic Factors, Youth.*

## INTRODUCTION

Health is one of the important issues in the culture of any society. In fact, any civil society as a part of its culture considers its health and its different dimensions in terms of its particular concept. Social health along with other dimensions and concepts of the word health in line with the expansion of urban society refers to compatibility with social indicators that citizens must play a significant role in the sustainable development and social equilibrium governing the social order of society at every level; And social welfare, social justice, psychological and emotional relaxation, quality of life, and so on. (Taghipour, 2011) in a sustainable society, equality, education, health, respect for human rights, basic needs, and especially health, of the requirements and indicators of its development (WHO, 2006). Health has always been a common issue in many cultures. In fact, the issue of health has been taken into account since the advent of mankind in centuries and centuries, but its physical dimension is generally considered and less relevant to other dimensions of health, especially its social dimension (Van Ommeren et al., 2005)

Social health is a person's assessment of how he or she behaves in society and his attitude toward other people (WHO, 2006). In other words, social health relates to aspects of health that relate to the relationship of individuals with other people or with the society in which they live. According to the health theory of a person, it is assumed in a healthy condition that he has high degrees of social health. A healthy person is socially effective when it considers the community as a meaningful, understandable, and potential for growth and development, and feels that it belongs to its social groups and shares its own community and development (House JS, 2012) Social health as one of the dimensions of human health plays an important role in the balance of every human's social life and its comprehensive coverage in society can contribute to social development (Ministry of Health and Medical Education, 2012). Title of a Transitional and Developmental Society has a great effect. The youth of each society are the most important capital for the development and development of the country and it is necessary to pay attention to the health and social health and how to interact in their social networks. Undoubtedly, if young people have good health and social well-being, they can play their social roles well, participate in more collective activities and adapt to social norms (Hezar jaribi J, Arfaie, R, 2012). This condition can also have a

positive effect on preventing abnormalities and deviations, and also preventing abnormalities and deviations (Abdollah Tabar, Kaldi, 2010)

Social health as one of the dimensions is the effective and effective ability of a social role without harm to others, social health is in fact the same assessment of the working conditions of people in society. Some social challenges have different dimensions of social health, which are: social integration, social acceptance, social acceptance, social participation, social flourishing, social inclusion Social Integrity: Individual assessment of the quality of their relationships in society and social groups is called social integration. (Keyes, 1998). Social acceptance: Healthier people understand the community as a general and general group composed of different individuals, and trust and trust others as capacious and kind people and believe that people can be social and effective. These people have a favorable view of human nature and feel comfortable with others. Social acceptance is an acceptance of self. In the social acceptance of a person, he has a positive attitude and a good feeling about himself and his past life, and despite his weaknesses and disabilities he accepts all his aspects (Keyes and Shapiro, 2004)

Social cohesion: understanding the quality and organization of the social world. A healthy person socially tries to know more about the world around him. There are countless events that occur every day that can be positive or negative, unexpected or predictable, personal or public. These events are challenges facing people who are trying to understand the complex world around them. Social adaptation is equivalent to the concept of "domination of the environment" and, in general, is reasonably intelligent, understandable and predictable to the world (Keyes and Shapiro, 2004). Social Participation: A belief that a person considers himself to be a vital member of the community and thinks he has a worthwhile gift for the world. These people make them feel loved and share in a world worthy of being humans for them. Social participation means whether and how much a person feels what is happening in the world is considered by the community to be valuable (Keyes and Shapiro, 2004). Social flourishing is a set of assessments of the potential power and evolutionary path of the community and the belief that society is a gradual evolution and has potential for positive development that is identified through social institutions and citizens. (Keyes and Shapiro, 2004).

Social health in today's society depends on the deep linkage of its indicators with the community, given that the community is a concept of credit and contract, it is realized in reality by the continuous and sustainable participation of its members. Therefore, in analyzing the health indicators from the social dimension, the focus should be on the people of that society who are inclined to maintain the sustainability of the practical implementation of social health indicators. Accordingly, if in the metropolises of the Iranian society, where the cultural, social, normative and ethical environment that is contemplated is not institutionalized among the citizens that society will deteriorate; as a result, social and cultural damages will increase with the sharp decline in social capital, insecurity, distrust, etc.; And these consequences lead the society to destruction. Accordingly, "social health is one of the concepts that has recently entered the sociology of literature and the individual's assessment of the community, and the quality and quantity of being involved in the community. Since social health is related to the socialization of people in society, it can be an important factor in the adoption of social norms and has an important role in reducing the lawlessness and social anomalies. On the other hand, a society whose people have social health show better conditions for social participation, and this can play a role in the performance of social institutions responsible for social security in the community. "(Sam Aram, 2008)

Research suggests that some factors affect the health of the community. Some of these factors are the socioeconomic status, the level of education, age and marital status. Research has shown that low socioeconomic status reduces all aspects of health, as it seems that life with such a condition is detrimental to its perception of health. According to Keyes, 2008, high levels of education and age increase social health. Some research suggests that when adults grow older, happiness is felt in the community, and social well-being increases in their lives (Kar, 2004). Some studies have also shown that increasing education is associated with increased social health, but may have an adverse repercussion on educational attitudes, so there is no relationship between these variables (Keyes, 2008). Considering the importance of

social health in the stability, health and reduction of social harm in society, the study of this category and its recognition in planning is an inevitable necessity.

**Research Method**

The present study is a survey type. A questionnaire was used to collect information from the five-dimensional questionnaire of social and self-developed social health. Farsi Nejad (2006) standardized the letter in the question. Using factor analysis, the Cronbach alpha value of social health indicators was 78%. The target population of this study was all 15-29 age group youths in Izeh city. The number of them was according to the census. In 1995, the number of 10145 people in this study was selected using the Cochran formula. The sample size was 380 as the sample size. By deleting the confused questionnaires, 376 valid questionnaires were accepted and analyzed. In this research, the results were used to generalize the probabilistic sampling and to gender variable intervention using a proportional volume sampling method. The questionnaire was used to collect the questionnaire in the social demographic and social section. Cronbach's alpha coefficient was used for the reliability of variable social health 0.81.

**Research findings**

The information obtained from 376 questionnaires is described in three sections:

**A. Subfield variables**

Research findings show that 52.4% of subjects are male and 47.6% are female who are in the range of 15 to 29 years old and the most frequent in this variable belongs to the age group of 25 years. According to the level of education, the majority of the subjects studied were 80.1% of graduates with a lower education level, 5.3% had undergraduate and bachelor degrees, and 13.8% had a Master's degree or higher. In terms of marital status, 77.7% of single respondents and only 19.1% are married. The study of the social class variables showed that 3.7 percent were down 58.8 percent in the middle class and 22.3 percent in the upper middle class and only 12.2 percent belonged to the upper class.

**B. dependent variable (social health)**

The dependent variable of social health has 5 dimensions. The descriptive statistics of the dependent variable showed that 5.6% of the people with a low level of social health were 85.9% at the moderate level and 8.5% had a low level of social health of young people. The social health score ranges from 24 to 105, with an average of 65.07 and according to this statistics, the average social health level of young people is moderate. The average score of respondents in each of the five social dimensions is close to the middle of the perpetuation, and in fact the sample population is in a low status in all five social health dimensions.

**Table 1:** Percentage distribution of youth's social health

Average	Variation range	Maximum	Minimum	Total	Top	Mean	Bottom	Variables
65.07	84	105	24	100	8.5	85.9	5.6	Social health
14.21	17	20	3	100	45.5	52.7	1.9	Social integration
12.52	14	20	6	100	9.3	68.9	21.8	social acceptance
10.70	17	20	3	100	15.7	51.2	33.1	social participation
16.87	20	25	5	100	36.0	55.5	8.5	social solidarity
10.85	19	20	1	100	20.3	64.8	14.9	Social flourishing

**Hypotheses Test**

Hypothesis 3: The social health of youth in Izeh city is significant in terms of gender.

**Table 2:** Gender and Social Health

Significance level	t amount	Average difference	Average	Number	Sex	Dependent variable
0.084	1.733-	1.72-	64.25	197	Male	Social health

			65.97	179	Female	
--	--	--	-------	-----	--------	--

According to the table above, the average social health for men is 64.25 and is less than the average of women's social health (-1.72), 65.97. Considering the significant levels of independent t-test for assessing and comparing the mean social health of women and men, considering that the significance level of 0.084 is greater than 0.05, is not statistically significant. In other words, there is no meaningful relationship between sex and the social health of young girls.

Hypothesis 4: It seems that the average social health of youth in Izeh city is significant in terms of their marital status.

**Table 3: Marital status and social health**

Significance level	t amount	Average difference	Average	Number	Sex	Dependent variable
0.317	1.003	1.275	65.15	292	Single	Social health
			63.87	72	Married	

According to the results of the t test, in Table 3, the average social health of single 65.15 and the average social health of the city of Izeh 63.87. The difference in mean scores showed that the average single-person social health is 1.275 more than married. But since the significance level is 0.317 is greater than 0.05, the difference is not statistically significant.

Hypothesis No. 5: It seems that the average social health of Izeh youth is significant in terms of education.

**Table 4: Level of education and social health**

Significance level	F statistics	Average squares	Degrees of freedom	Sum of squares	Variances
0.113	2.197	204.65	2	409.308	Intergroup
		93.15	370	34465.36	Intergroup
			372	34874.676	Total

According to the obtained data, one-way ANOVA for two variables of educational level and social health according to the significance level of F 0.113 test, which is greater than 0.05. The mean of social health of people according to the level of education is not significant. Therefore, the hypothesis is rejected and the assumption is contradictory.

Hypothesis 6: It seems that there is a meaningful relationship between the age and social health of youth in Izeh city.

**Table 5: Age and social health**

Significance level	Correlation Coefficient	Measurement level	Dependent variable	independent variable
0.016	0.124-	Interval Scales	Social health	Age

According to the information in the table above, the correlation coefficient between the two variables of age and social health is 0.015. This relationship is also negative and inverse. This means that as the age increases, the level of social health of individuals decreases. The significance level of Pearson correlation of 0.017 indicates that the relationship is statistically significant. Therefore, the hypothesis is confirmed and the contrary is rejected.

Hypothesis No. 7: It seems that the average social health of Izeh youth is significant in terms of social category of people.

**Table 6: Social class and social health**

Significance level	F statistics	Average squares	Degrees of freedom	Sum of squares	Variances
0.395	0.994	93.9	3	281.72	Intergroup
		94.43	360	33997.8	Intergroup
			363	3427.52	Total

Based on the findings of Table 6, the significance level of one-way ANOVA was used to examine the difference between the average social health rate by the social class of 0.994, which is greater than 0.05. Therefore, the average difference is not statistically significant, and this hypothesis is rejected and the contrary is confirmed.

## Discussion and Conclusion

The present article examines the relationship between social health among young people aged 15-29 years old in Izeh city. The descriptive findings show that the social health of respondents in the population under study is at an average of 85.9. Also, the level of social health in the five dimensions of social integration is social cohesion social acceptance of social participation and social flourishing in the middle level. By examining the relationship between gender and social health, there was no significant relationship between the level of social health and gender and it is not consistent with the research of BabaPour2009 and it is consistent with the research of Kangar Lou 2009, in which there was no meaningful relationship between gender and social health. The average score of social health among girls is more than boys. This finding is in contrast to the results of Abdolah Taba 2010 et al. In which the mean score of social health of boys was higher than that of girls. Perhaps the reason for this was the concern of many boys, such as going to the military, to find a suitable job of continuing education and marriage. The findings of the research show that there is no significant relationship between the two variables of marital status and the level of social health, which is consistent with the contemplation of Kangarlou 2009 Nikvarz 2010 and Taghipour 2011. There is also no significant difference between the two variables in the level of education and the level of social health of youth, which is in line with the research of BabaPour et al. 2009. There is no significant difference between the socioeconomic status of the people with the level of their social health, which is in line with the research by BabaPour et al. 2009 and contrary to the research of Hosseini 2010 and Hatami 2011. There is also a meaningful relationship between age variables and social health, which means that with increasing age in young people, the level of social health is decreasing, which is a negative finding with the research of Taghipour 2011. Given the findings of research and the importance of cognitive health in the community, it is necessary to seek ways to increase it. Based on this, it is suggested that: Because of the social health of young people in the city of Izeh, they have a low level of social health, first by investigating the causes and conditions of the situation and identifying its barriers in order to provide more precise planning to undertake basic measures to improve the condition and reduce the risk of harm as much as possible through social and psychological counseling. Meanwhile, counseling and counseling can be provided through counseling sessions and individual and group counseling. People at lower social health levels need more sessions. It is also suggested that, given that the research community included young people aged 15 to 29, this study should be conducted at a lower level. To obtain more accurate information on the health status of the younger generation of the community. It should be noted that the social health scale of Keys is designed for people over 15 years of age and its reliability has been confirmed.

## References

1. Abdollah Tabar H, Kaldi A, Mohagheghi H, Setareh A, Salehi M. A study of Social well-being among.
2. Babapour Kheiraedin Jalil, Tusi Fahimeh, Hekmaty. (2009). Investigating the Role of Determinants in the Social Health of Students of Tabriz University, Nawan. *New Psychological Researches (University of Tabriz Psychology): Winter 2009, Volume 4, Number 16; From page 1 to page 19.*
3. Carr, A. (2004). *Positive Psychology: The Science of Happiness and Human Strengths (1st edition)*. New York: Brunner-Routledge
4. Hezar jaribi J, Arfaie, R. Leisure time and social Health. *Journal of Social Development & Welfare planning 2012;3(10):39-64.*

5. House JS. Understanding social factors and inequalities in health: 20th century progress and 21st century prospects. *Journal of health and social behavior* 2012: 42-125.
6. Keyes, C.L.M. (1998). Social Well-being, *Social Psychology Quarterly*, 61, 121-141.
7. Keyes, Corey Lee. M. social wellbeing. *social Psychology* 2008;61(2):121-190.
8. Keyes, C L M, Shapiro and Di, Calm (2004). *Social Health in the United States: A Descriptive Epidemiology*, Hossein Translated by the University of Chicago Press.
9. Ministry of health and medical education, *Social determinants of health*, 2012.
10. SamAram, Ezatollah (2008), *Theories in Social Work Course notes* Allameh Tabatabai University.
11. Taghipour, Zainab (2011). *Investigating the Socioeconomic Factors Affecting the Social Health of Shahrekord Social Security Staff*, Science, Research & Technology Branch - Allameh Tabatabaei University - Social Science School Year: 2011.
12. Van Ommeren M, Saxena S, Saraceno B. Mental and social health during and after acute emergencies: emerging consensus? *Bulletin of the World Health Organization* 2005;83(1):71-5.
13. WHO. *Constitution of the World Health Organization*. Accessed October 2006.