

Factors Affecting Social Health from Young Adults' Perspective: A Qualitative Study

Abstract

Background: Factors affecting social health, especially in young adults, are among the most important research priorities. Knowledge of social factors affecting young adults' health will lead to understand them in the social context. The present study is aimed to explain the perspective of young adults on social factors affecting health. **Methods:** In the present qualitative content analysis study, semi-structured open interviews were conducted through targeted sampling of young volunteers aged 18–30 who were selected from Tehran Province. Interviews were recorded, transcribed, and analyzed. The inclusion criteria for participants were willingness to participate in the study and ability to express their personal experiences. Twenty-one data were collected through collection was done with individual in-depth interviews. **Results:** Using this qualitative approach, the present study was conducted to identify factors affecting social health from the perspective of young adults. The analysis led to the extraction of three main categories, each with two or three subcategories: expectations regarding the community, expectations regarding the family, and expectations regarding infrastructures. **Conclusions:** Our findings shown that social support considered as effective elements in providing social health of young adults. The evidence on controlling factors should be considered in promoting the social health of specific target groups. The results of the present study could be used for better planning of interventions in youth social health domains.

Keywords: Iran, qualitative study, social health, young adults

Introduction

Adolescence is a key developmental stage and decisive period in human life. Young adults are exposed to many harms, which become more important when we consider their lasting role in and impact on one's entire life.^[1]

In adolescence, the social aspect of life becomes more dominant. Young adults try to be socially accepted, acquire personality values relating to social interactions, and feel more certain of their personality when they perform their social roles better.^[2]

Social factors have an undeniable effect on young adults and their health. The social dimension is emphasized in the definition of health by the World Health Organization. In a qualitative study, researchers in Singapore cited social health as one of the key aspects of health.^[3] Researchers have used different methods to assess the social aspects of health in various populations and explained their importance. Some have regarded socioeconomic status as an indicator of young adults' health^[4] and

considered the necessity of economic and cultural interventions for the promotion of their health.^[5] Economic discriminations in adolescence have adverse consequences in adulthood,^[6] and some researchers have regarded poverty as the biggest health risk for young adults.^[7]

Many studies have been conducted on various young adults' health-related subjects (such as mobility and exercise, nutrition, lifestyle, learning techniques, and sexual health) and also the risk factors in this period (such as addiction, cigarette and tobacco use, violence, and sexually transmitted diseases). However, the concept of health has received little attention from these studies. In investigating the social aspects of young adults' health, a group of researchers considered the undeniable effects of social factors on young adults and their health.^[8-15] Moreover, living and work conditions, limited resources, and their effects on social relations make the effect of poverty and deprivation on health evident,^[16] another study has emphasized

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the role of community centers in providing young adults and young adults with preventive services.^[17]

With more than 19 million young adults (a quarter of the country's population), Iran is one of the youngest countries in the world.^[18] A brief review of studies conducted on Iranian young adults suggests that using satellite televisions and the internet in recent years has affected their behavioral patterns.^[19] The conflict between social norms and young adults' footloose behaviors is among the concerns of the Iranian National Youth Organization, while concern about employment is the primary concern of young adults.^[19] Moreover, the continuation of studies and employment is regarded as the biggest concerns of the parents of high school young adults, leading to parents' high expectations and subsequent rise in young adults' anxiety.^[20] In another study, seeking the attention of friends, rejection by the family, and poverty have been enumerated as reasons for cigarette smoking by young adults.^[21]

It can be inferred from the reviewed evidence and studies that few studies have been conducted on the social health needs of Iranian young adults, and that the participant has been neglected. The majority of these studies have investigated the current health status. Life in a transient society, the changing social conditions currently experienced by young adults, capabilities of qualitative research, broadness of social factors, profoundness of the phenomenon of health, large young adults' population in Iran, and vulnerabilities of this period of life are among reasons motivating the present study to address the subject by clarifying the social health needs of young adults.

Methods

This article is part of a more comprehensive study titled "evaluation of Iranian young adults' health needs" that was conducted using qualitative content analysis. In the present study, young adults were individually interviewed to understand the world from their perspective and experiences and to discover their world.^[22,23] Data were collected from September 2016 to May 2017.

We used a conventional content analysis which provides direct and explicit access to data without any predetermined understanding of concepts or theories.^[24]

With considering the framework of the research question and objective, time frame, and available resources, targeted sampling was conducted with maximum diversity to achieve saturation of data^[25] and classification of categories, themes, or new descriptions.

Based on the inclusion criteria, young participants of 18–30 years of age were invited from different parts of Tehran, Iran, with different socioeconomic and cultural status using the register list of students in Tehran city universities. A total of 21 young volunteers who were apparently healthy (with no acute or chronic diseases

at the time of study) were purposively selected and semi-structured interactional interviews were conducted.

Interview guide

The interview guide questions, including six semi-open questions, were designed by the scientific committee based on the relevant literature and study objectives.

Interviews

To have better and easier interviews, good rapport was established and the participants' trust was gained. Clarifying questions were asked when required. First, an open question such as "do you consider yourself healthy?" "What are your perceived needs for having social health?" and "What are the barriers to having social health?" was posed. Each interview lasted between 45 and 100 min, varying according to participants' conditions and patience. With the permission of participants, interviews were recorded and then transcribed verbatim. Interviews were performed in locations preferred by participants, including parks, restaurants, or the university campus, at a time of their choosing.

Data analysis

First, initial codes were extracted based on the texts of interviews. Then, similar codes were combined to form a subcategory. Semantically, similar subcategories formed a main category, and main categories with similar themes were grouped together as a main theme. Data were managed in Dedoose: 7.6.6^[26] which is a web-based program developed in UCLA and frequently used for the analysis of data in qualitative studies. Data analyzed by the conventional content analysis method. The following stages were performed according to Graneheim and Lundman's model: (1) transcription of interviews immediately after completion, (2) reviewing the entire text for a general understanding of the content, (3) determining semantic units and initial codes, and (4) classification of initial codes in more comprehensive categories. In this approach, the code categories were directly extracted from interviews.^[27]

Validity of data

The quality of the study was assessed according to Lincoln and Guba's criteria.^[28] Credibility was assessed by giving feedback to participants and the allocation of adequate time. To increase transferability, the sample was selected with maximum diversity and a complete description of the demographic characteristics of young adults was reported. For data confirmability, all data and the process of analysis were reviewed by the research team. Finally, to enhance dependability, data were collected using data triangulation method.

Ethical considerations

The present study was approved by the Ethics Committee of the University of Social Welfare and Rehabilitation Sciences (Code: IR.USWR.REC.1395.378). Participation

in the study was voluntary, and participants were ensured that they could withdraw from the study at any stage. Moreover, informed consent forms were obtained from all participants. At the outset of interviews, the study objectives and method were explained and participants were ensured of the confidentiality.

Results

Participants included 21 eligible young adults (12 men and 9 women) with the mean age of 24.4 ± 4.41 years and different levels of education from high school diploma to master's degree. All participants were residents of different geographical areas of Tehran. Table 1 shows the participants' demographic characteristics and Table 2 presents the main and secondary categories extracted.

The social subcategories affecting young adults' health were divided into three main categories, each consisting of a number of secondary categories. In this section, categories together with short sections of interviews are reviewed.

a. The first category was expectations regarding the society, containing the most codes. It revealed the participants' expectations from the society. The need for sense of security was the first secondary category which was further divided into two subcategories: the need for economic security and the need for social security. The need for the right job and clear prospect and the need for financial security were among the most important concerns of young adults, rooted in social conditions. A large number of participants stated that there are no conducive conditions to good prospects and finding the right job, affecting their sense of social health

“Job is a very important issue. The society cannot ensure young adults that they can find the right job when they finish their studies. We have no future prospects to rest assured and enjoy the present time and student life” (21-year-old male).

The need for greater social freedom, healthy social relationships, and proper recreation and fun was among problems cited by participants for achieving social security. The expense, shortage, lack of access, and unattractiveness of recreational places were also mentioned by them. “Right now, having unhealthy and secret fun is bragged about. For example, memories of a night party are bragged about and described with pride, but mountain climbing or cycling is not very interesting. I think recreational places should be made more cheerful and fun to attract more young people” (25-year-old female).

The need for social capital was the second secondary category containing many codes. According to young adults, the need to respect social rules, observe social norms, and have social models was among the necessary requirements for social capital. According to them, “One must respect the laws of the country one lives in. One

Table 1: Participants' demographic characteristics

| Participants' characteristics | Frequency, n (%) |
|-------------------------------|------------------|
| Sex | |
| Female | 9 (43) |
| Male | 12 (57) |
| Level of education | |
| High school diploma | 7 (33) |
| Bachelor's degree | 8 (38) |
| Master's degree | 6 (29) |
| Occupation | |
| Unemployed | 3 (14) |
| Manual worker | 4 (19) |
| Employee | 6 (29) |
| Student | 8 (38) |
| Total | 21 (100) |

Table 2: Main and secondary categories extracted

| Main categories | Secondary categories |
|----------------------------------|---|
| Needs expected from the society | The need for socioeconomic security The need for social capital The need for social support |
| Needs expected from the family | The need for family security and avoiding tension The need for family solidarity and understanding |
| Needs related to infrastructures | Educational needs Cultural needs |

cannot claim to be a citizen of a country but not respect its laws” (22-year-old female).

“Being truthful is among the most important moral values. Some people are hypocritical and divide others up and think that they are smart. They do not realize that they lose other people's trust by doing this, truth is replaced by social insecurity and despair, and that is how society is filled with lies and deception and honesty is lost” (29-year-old male).

The need for social support was frequently pointed out by young adults. They cited issues such as respect for young adults and planning their future by authorities and considered the role of such issues important in providing social health. “It is essential that authorities consider young adults' future. Given their attributes such as vitality, excitement, and talent, young adults are a valuable group that should play a role in the society. Authorities should be concerned about improving young adults' prospects, career, and marriage” (27-year-old male).

b. The expectations regarding the family formed the second category extracted. The need for family security and avoiding tensions were among the attributes of a healthy family as expected by young adults. They stated that a healthy and safe family environment has a positive effect on the morale of family members, and these desirable effects are transferred to the society

“The conflict between parents makes one confused. When I go out after my parents' arguments, I cannot feel as

one with people outside and feel isolated, which is so sad” (20-year-old male).

In addition to having a good emotional relationship and interaction with parents, having a good relationship with the siblings in the family was also proposed by young adults as a basic need. The family members' sympathy with one another and avoiding dominance and prohibition in the family setting were among issues cited by young adults. “When parents respect each other, children learn to respect one another and their parents as well, and this creates a friendly family atmosphere” (22-year-old female).

c. The expectations regarding infrastructures formed the last category which was emphasized by most participants. Two subcategories were proposed by young adults for this category: educational needs and cultural needs. The need for the right educational settings and the need to transfer experiences to peers were introduced as the key educational needs of young adults. They noted.

“Our educational settings such as schools and universities should receive attention. Right now, there is only academic competition in our schools and universities, which distances people from one another. There are other important things in life besides studying which should be taught, so that young adults are not deceived when they enter the society, or have a more open outlook in school or university” (20-year-old male).

The need to know social culture and values and the need to promote sexual culture in the society and resolving sex discrimination were among problems cited by young adults, included in the subcategory of cultural needs. “We learn from these small friendly groups to respect one another's culture and customs and know our own social values” (23-year-old female).

Discussion and Conclusion

Health is not merely a biomedical matter and is affected by various factors. The interaction between these factors determines people's state of health. One of the most important factors is social factors which are closely tied to the state of health of people in general and young adults in particular. To design more effective interventions, factors affecting young adults' attitudes and behaviors should be better understood.^[29] The results of the present study pointed out three key issues related to the social health of young adults. These concepts include the needs expected of the society, the needs expected of the family, and the needs related to infrastructures. Each of these themes includes 5–6 subthemes. Together, they cover factors that young adults consider important for having social health.

The first main category is the needs that participants expect of the society. As stated by the young adults, socioeconomic security is the prerequisite to the promotion of their health. In the dimension of socioeconomic security,

they emphasized the need for a job, a clear prospect, and financial security for their health. Here, the need for a proper job was by far the most frequently discussed point. Only few participants showed a positive attitude toward their prospects. The government has a major role in providing job security and reducing unemployment in the society, as frequently cited by young adults in different ways. The results of a study entitled “investigating the relationship between unemployment and trafficking narcotics Iran” conducted by Meysam and Saeed^[30] showed that, in addition to costs imposed on the society such as unemployment benefits, cost of reduced skills and expertise of the workforce, and other direct and indirect costs, unemployment has costs including increased crimes such as drug trafficking which entails harmful effects for the society. In a study entitled “unemployment, drugs, and attitudes among European youth,” Ayllón^[31] argues that, with an economic downfall, drug policies should focus on reducing poverty and unemployment and not taking firmer actions against users. In a study on the experience of health from the perspective of young finish patients, Häggman-Laitila^[32] introduces them as hopeful and optimistic. Such a significant difference can be due to inadequate social facilities and increased unemployment. One of the key problems in young adults' view was delayed marriage due to financial problems resulting from unemployment. Other studies have shown that unemployment, especially among men; low wages for young adults working with any level of education; and job security while employed are barriers to choosing a spouse and forming a family.^[33]

Social support was also considered effective by young adults in providing social health. The level of social support has a significant role in social health. Participants mentioned issues such as respect for young adults, understanding their problems, and planning their future by authorities, and attached a significant role to these factors in providing health. In line with the present study, young adults participating in another study cited the role of the family, parents, and authorities, and the actions they can take for their welfare.^[34]

The second category was young adults' expectations from the family. Participants considered family security, avoiding tension and anxiety, and the need for understanding and solidarity in the family among the needs for social health. The results from other studies have shown a negative correlation between family solidarity and various dimensions of aggression.^[35] Normal and solid families encourage children to think how their behaviors affect others. As a result, children in these families are more likely to internalize moral codes.^[36-42] The agreement between the results of this and other studies indicates that family solidarity and lack of conflict and tension in the family environment avoid behavioral problems such as aggression among children and affect their mental and social health.

The third category in the social health dimension was attention to infrastructures. Participants referred to educational infrastructures, including a proper educational environment and the need to share experiences with peers, and cultural infrastructures such as the knowledge of culture and social values and promotion of sexual culture in the society. Other studies have demonstrated that designing social infrastructures to improve education and promote culture is effective for the promotion of young adults' health.^[43,44]

As the main point of power, this study benefits from a well-developed methodology through which saturated data extracted from the in-depth interviews session and Accurately based on the defined analysis protocol.

During the study, we encountered with some limitations including the lack of cooperation of some invited participants, Diversity of participant's perception, and restrictions in the generalization of the results.

Considering above, designing and evaluation of participatory interventions for Social Health promotion may be suggested for further studies. According to the strategy outlined, more researches on determinants of Social Health among youth in different populations are recommended.

Conclusions

In general, the results of the present and other studies on factors affecting the sense of social health show that the social health of young adults is affected by various factors, many of which are controlling factors that should be considered to enhance social health and practical actions to achieve this goal. Results of the present study can be useful in providing the right strategy to improve young adults' social health based on factors affecting it.

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Conflicts of interest

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