Journal of Clinical and Basic Research
Online ISSN: 2538-3736

Social well-being among health students: A cross-sectional study in an Iranian Faculty

Masoumeh Nemati [1], Malek Abazari [2], Afrouz Mardi [3]*, Sanaz Shoghi [1]

1. Students Research Committee, School of Health, Ardabil University of Medical Sciences, Ardabil, Iran
2. Faculty of Health, Ardabil University of Medical Sciences, Ardabil, Iran
3. Department of Public Health, Faculty of Health, Ardabil University of Medical Sciences, Ardabil, Iran

* Correspondence: Afrouz Mardi. Department of Public Health, Faculty of Health, Ardabil University of Medical Sciences, Ardabil, Iran.
Tel: +989143530294; Email: a.mardi@arums.ac.ir

Abstract

Background: Students' social well-being and health promotion are key priorities in general health policies across all countries. Students are integral members of society and future leaders of their nations. Therefore, this study aimed to determine the social well-being status of students at Ardabil Health Faculty in Iran.

Methods: A descriptive cross-sectional study was conducted in 2023 using random sampling among 205 eligible students. The inclusion criterion was consent to participate in the survey, whereas the exclusion criteria were incomplete questionnaires and unwillingness to continue cooperation. Data were collected using a questionnaire comprising two sections: demographic characteristics and a translated version of the Keyes Social Well-being Questionnaire. The questionnaire included 20 items across five dimensions (Actualization, solidarity, cohesion, acceptance, and participation), rated on a five-point Likert scale. Data were analyzed using SPSS version 24, descriptive statistics, t-test, ANOVA, and Pearson correlation.

Results: The mean age of the students was 22±2.09 years. Overall, 75.2% of the participants were female, and 63.1% were non-native students (Students from outside Ardabil province). In addition, 12.6% were married, and 54.9% had more than three siblings. The overall social well-being score among the students was 57.38. Among the dimensions of social well-being, cohesion had the highest score, whereas acceptance had the lowest score. A statistically significant relationship was observed between students' marital status, number of siblings, and gender and their social well-being status ($p<0.05$).

Conclusion: The findings indicate a moderate level of social well-being among students and identify related factors, as well as the dimensions with the highest and lowest scores. Authorities should consider these results and implement strategic policies and supportive programs to improve the current situation and enhance students' social well-being.

Article Type: Research Article

Article History

Received: 16 December 2025
Received in revised form: 9 January 2026
Accepted: 20 January 2026
Available online: 25 March 2026
DOI: 10.29252/JCBR.10.1.32

Keywords

Students
Iran
Social Well-being
Health Faculty

OPEN ACCESS
© The author(s)

Highlights

What is current knowledge?

Social well-being is an important component of students' overall health, and previous studies have shown that it is influenced by demographic and social factors.

What is new here?

This study provides evidence on the social well-being of health sciences students in Ardabil, Iran, showing that their overall level is moderate and that acceptance is the weakest dimension.

Introduction

Social well-being refers to the provision and maintenance of mental, personal, and social health in a way that enables individuals to effectively perform their daily activities, maintain healthy relationships with their families and surrounding environment, and behave appropriately within their culture and society (1).

Goldsmith identifies social well-being indicators as among the fundamental health indicators of any country. He defines social well-being as the evaluation of a person's positive and negative behaviors in relation to others, which ultimately affects their effectiveness in society (2). According to the model presented by Keyes, social well-being encompasses dimensions such as social prosperity, social cohesion, social integration or solidarity, social participation, and social acceptance (3).

The active participation of young people in social and civic behaviors is considered an indicator of their development, and improving their health is a key objective of general health policies in various countries (4). Attention to students' physical, mental, social, and cultural health provides the necessary foundation for them to lead dynamic and healthy lives in society (5,6). In this regard, family influences are highly important in students' socialization, guiding decision-making, value formation, and identity development (7).

The goal of modern educational systems is not only to impart knowledge and skills but also to promote a healthy lifestyle and social well-being among students (7). Although research has demonstrated the positive influence of universities on student well-being, certain areas, such as discrimination, academic stress, and feedback systems, require critical reassessment and improvement (8).

In Iran, the results of a 2021 study on the social well-being of students at the Army University of Medical Sciences showed that higher social well-being in higher academic years may be related to a sense of completing the educational period and overcoming problems such as being away from their city and family. The findings also suggest that as students experience physical and psychological maturity and increase their knowledge and life skills, their social well-being may also improve (9 Furthermore, recent evidence indicates that social health in Iran is a multidimensional construct. Achieving an optimal level of social health remains challenging, largely due to deficits across key dimensions, including social trust, support, interaction, and responsibility. (10).

[DOI: 10.29252/JCBR.10.1.32]

Currently, universities are navigating changing approaches necessitated by socio-political developments and the emotional, psychological, and familial challenges faced by their students (11). The interaction of these factors and their effects on universities and students makes the responsibility of administrators and related organizations highly challenging in the context of higher education. Unfortunately, in recent years, emotional, psychological, and social problems among students have shown an alarming upward trend. Non-normative phenomena, such as suicide, a tendency toward substance abuse, academic failure, and other serious obstacles, have affected university progress (12).

During their student years, individuals are exposed to various challenges that can affect their social well-being. Factors such as being away from their families, living in student dormitories, entering larger and more stressful groups, adapting to different cultures and people, economic problems, insufficient income, the types of activities in which they engage, the roles they perform, and expectations from others and personal responsibilities all contribute to increased pressure and may harm their social well-being. Environmental changes and challenges faced during education can negatively affect social health. Students who prioritize their social health often strive to improve their academic performance to avoid anxiety associated with rejection from social groups (3). Meanwhile, family support can significantly affect every aspect of students' well-being in any country (13). Considering the significance of this topic and the existing literature, no study has yet investigated this phenomenon among students in Ardabil. Accordingly, this study aimed to determine the social well-being status of health students in an Iranian faculty in 2023.

Methods

Study design and settings

A descriptive cross-sectional study was conducted among health faculty students in Ardabil. Ardabil is located in northwestern Iran and has a population of over 1,300,000 people (2016 census), who speak the Azeri language (14).

The inclusion criteria were studying in health-related fields (Public, Environmental, or Occupational) and consent to participate in the study. The exclusion criteria included incomplete questionnaire responses and unwillingness to continue cooperation.

Study participants and sampling

Given that the population size was known, Morgan's table was used to determine the sample size. A total of 205 eligible students (Out of 424) were included in the study through random sampling. All distributed questionnaires were completed with no missing data, resulting in a response rate of 100%. Before participation, adequate explanations were provided regarding the study objectives, and written consent forms were obtained from the participants. Participants were assured of the confidentiality and non-identification of their information.

Data collection tools and techniques

The data collection tool was a questionnaire consisting of two parts: demographic characteristics and a translated version of the Keyes Social Well-being Questionnaire (KSWBQ) (3), which was completed by the participants under the supervision of the researcher. This questionnaire includes 20 questions across 5 dimensions: social actualization (4 questions), social solidarity (3 questions), social cohesion (3 questions), social acceptance (5 questions), and social participation (5 questions). It was evaluated using a five-point Likert scale ranging from completely agree to completely disagree, with options assigned scores from one to five. The lowest possible score was 20, and the highest possible score was 100. Scores for the actualization dimension ranged from 4-20, those for the solidarity and cohesion domains ranged from 3-15, and those for the acceptance and participation domains ranged from 5-25. This tool evaluates social well-being in three categories: weak (20-46), moderate (47-74), and good (75-100). The construct validity and reliability of this questionnaire were confirmed in Ahari's dissertation (15). The Cronbach's alpha coefficient for all questions in this study was 0.89.

Data were analyzed using SPSS version 24. Descriptive statistics (Mean and standard deviation) were computed for all variables. The independent samples t-test was used for two-group comparisons, and one-way ANOVA was used for comparisons among more than two groups. Pearson's correlation coefficient was used to examine relationships between continuous variables. A Bonferroni correction was applied to control type I error inflation due to multiple comparisons (Six dimensions of social well-being for each demographic characteristic). Accordingly, the adjusted significance level was set at $p < 0.0083$. Only p-values below this threshold were considered statistically significant.

Ethical considerations

This study was approved by the ethics committee of Ardabil University of Medical Sciences under code IR.ARUMS.REC.1402.011.

Results

The mean age of the students was 22±2.09 years. Overall, 75.2% of the participants were female, and 63.1% were non-native students (Students from outside Ardabil province). In total, 98% of the participating students were studying at the undergraduate level. Moreover, 42.7% were in the public health field, 30.1% were in environmental health engineering, and the remainder were in occupational health engineering. In addition, 12.6% were married. Overall, 54.9% had more than 3 siblings, whereas 45.1% had one or two siblings (39.8% had two siblings, and 5.3% had only one sibling). Furthermore, 41.3% were the first child, 34% were the second child, and 24.8% were the third child or above. Regarding parental education, 40.3% of fathers and 23.8% of mothers had university education.

The overall score for social well-being among the students was 57.38. Cohesion had the highest score, whereas acceptance had the lowest score among the various dimensions of social well-being. The dimensions of actualization, participation, and solidarity ranked second, third, and fourth, respectively (Table 1).

Compared with unmarried students, married students had significantly higher mean scores for actualization, solidarity, cohesion, acceptance, and participation. In addition, married students had significantly higher overall well-being scores (P= 0.003). Students with three or more siblings had significantly higher mean scores in all dimensions of social well-being compared with other students, with a mean total social well-being score of 65.88 (P=0.033). Male students had higher mean scores in social well-being and all its dimensions compared with female students. The only statistically significant difference was observed in the social participation dimension (P=0.039) (Table 2).

A moderate positive correlation was observed between the dimensions of actualization and cohesion. In addition, the cohesion dimension showed a positive and significant correlation with the acceptance and participation dimensions. No significant correlation was observed between the other dimensions (Table 3).

Multiple linear regression analysis was performed to assess the effects of demographic and educational variables on total social well-being scores. Among the variables included in the model, marital status, field of study, and parental education were significant predictors ($P < 0.05$). Married participants had higher social well-being scores than single participants ($B = 1.87$, $P = 0.024$). In addition, students in Public Health showed significantly higher scores compared with those in Occupational Health ($B = -1.45$, $P = 0.034$) (Table 4).

Overall, the findings suggest that gender, number of siblings, marital status, and academic field are important factors associated with social well-being.

Table 1. Social health status of the students

Dimensions	Actualization	Solidarity	Cohesion	Acceptance	Participation	Total
Minimum and maximum possible raw scores	**(4-20)**	**(4-15)**	**(4-15)**	**(5-25)**	**(5-25)**	**(20-100)**
Mean (SD)	14.38 (2.9)	9.24 (1.97)	11.78 (1.92)	13.07 (2.9)	17.42 (2.62)	65.91 (6.65)
Minimum and maximum obtained scores	4-20	4-13	6-15	5-21	7-23	47-86
Mean score on a scale of 0-100	64.87	47.64	70.72	40.35	62.1	57.38

[DOI: 10.29252/JCBR.10.1.32]

Table 2. Comparison of mean social well-being scores according to students' demographic characteristics

Characteristics	Actualization	Solidarity	Cohesion	Acceptance	Participation	Total
Gender						
Male	14.5 (2.31)	9.35 (1.95)	11.9 (1.94)	13.13 (3.06)	18.07 (2.36)	66.92 (6.32)
Female	14.36 (2.51)	9.21 (1.99)	11.74 (1.92)	13.05 (2.85)	17.02 (2.67)	65.58 (6.74)
P-value	0.822	0.661	0.608	0.866	**0.039**	0.213
Cohen's d	0.036	0.071	-0.083	0.027	**0.335**	0.202
Place of residence						
Native	14.77 (2.07)	9.22 (1.94)	12.1 (1.67)	13.17 (2.92)	17.51 (2.92)	66.78 (6.16)
Non-Native	14.15 (2.64)	9.26 (1.99)	11.59 (2.03)	13.02 (2.89)	17.36 (2.43)	65.4 (6.89)
P	0.080	0.895	0.065	0.725	0.705	0.149
Cohen's d	0.254	-0.019	0.268	0.051	0.055	0.209
Field of study						
Public Health	14.68 (2.35)	9.19 (2.06)	12.02 (2.02)	12.8 (3.17)	17.7 (2.87)	66.4 (6.77)
Environmental H.	14.56 (1.89)	9.68 (1.65)	11.47 (1.85)	13.3 (2.50)	17.3 (2.22)	66.3 (5.38)
Occupational H.	13.71 (3.06)	8.86 (2.09)	11.75 (1.83)	13.3 (2.87)	17.0 (2.60)	64.6 (7.63)
P	0.056	0.073	0.219	0.485	0.263	0.246
Eta-squared	0.028	0.025	0.015	0.007	0.013	0.014
Marital Status						
Single	12.41 (2.50)	9.27 (2.00)	11.01 (1.92)	12.05 (2.85)	15.45 (2.63)	63.90 (6.59)
Married	14.19 (2.17)	11.03 (1.70)	12.26 (1.88)	13.68 (3.25)	17.23 (2.59)	65.96 (7.16)
P	0.001	0.004	0.047	0.007	0.011	0.003
Cohen's d	0.089	-0.121	-0.291	-0.061	-0.083	-0.008
Child rank						
First	14.40 (2.18)	9.55 (1.92)	11.61 (1.89)	13.07 (2.61)	17.71 (2.31)	66.34 (6.24)
Second	14.54 (2.52)	9.07 (2.09)	12.03 (1.97)	13.30 (3.32)	17.66 (2.85)	66.60 (7.02)
Third	14.14 (2.84)	8.98 (1.86)	11.73 (1.92)	12.78 (2.76)	16.63 (2.67)	64.25 (6.66)
P	0.671	0.171	0.397	0.629	0.430	0.118
Eta-squared	0.004	0.017	0.009	0.005	0.030	0.021
Number of siblings						
1 or 2	13.32 (2.45)	9.03 (1.95)	11.68 (1.98)	11.78 (3.02)	15.65 (2.54)	64.06 (6.27)
3 ≤	14.43 (2.49)	9.52 (1.97)	13.87 (1.88)	13.32 (2.79)	17.24 (2.68)	65.88 (6.98)
P	0.024	0.045	0.004	0.001	0.026	0.033
Cohen's d	-0.046	-0.043	-0.009	0.005	0.061	-0.002
Father's education						
Academic	14.15 (2.64)	9.30 (1.99)	11.62 (2.00)	12.93 (2.73)	17.22 (2.78)	65.22 (6.49)
Non-Academic	14.72 (2.16)	9.17 (1.95)	12.02 (1.79)	13.30 (3.15)	17.72 (2.35)	66.94 (6.80)
P	0.105	0.638	0.138	0.365	0.177	0.501
Cohen's d	-0.210	0.205	-0.156	0.211	-0.095	-0.208
Mother's education						
Academic	14.24 (2.58)	9.11 (2.07)	11.80 (1.93)	13.02 (2.91)	17.27 (2.65)	65.44 (6.61)
Non-Academic	14.84 (2.02)	9.69 (1.54)	11.73 (1.91)	13.27 (2.89)	17.90 (2.49)	67.43 (6.63)
P	0.141	0.690	0.846	0.605	0.146	0.068
Cohen's d	-0.521	-0.103	0.107	-0.258	-0.287	-0.157

Note: Values are expressed as mean (SD). P-values were adjusted for multiple comparisons using Bonferroni correction (α = 0.0083). Effect sizes (Cohen's d for two-group comparisons and eta-squared for ANOVA) are provided.

Table 3. Correlation of social well-being dimensions (N=205)

Variables		Age	Actualization	Solidarity	Cohesion	Acceptance	Participation	Total
Age	r	1	-0.053	-0.090	0.029	0.009	-0.070	-0.062
	P	-	0.445	0.198	0.680	0.893	0.317	0.379
Actualization	r	-	1	0.089	0.480**	0.089	0.123	0.623**
	P	-	-	0.205	0.000	0.206	0.079	0.000
Solidarity	r	-	-	1	0.068	0.028	0.176*	0.430**
	P	-	-	-	0.329	0.688	0.011	0.000
Cohesion	r	-	-	-	1	0.159*	0.173*	0.625**
	P	-	-	-	-	0.022	0.013	0.000
Acceptance	r	-	-	-	-	1	0.057	0.546**
	P	-	-	-	-	-	0.414	0.000
Participation	r	-	-	-	-	-	1	0.567**
	P	-	-	-	-	-	-	0.000
**. Correlation is significant at the 0.01 level (2-tailed)								
*. Correlation is significant at the 0.05 level (2-tailed)								

[DOI: 10.29252/JCBR.10.1.32]

Table 4. Univariate linear regression analysis of demographic and educational predictors of total social well-being scores

Variables	Reference	B (β)	SE	t	P-value
Gender (Female)	Male	1.090	0.534	0.658	0.036
Place of Residence (Native)	Non-Native	0.965	0.458	0.547	0.254
Field of study (Public Health)	Environmental H.	1.006	0.354	1.021	0.247
Field of study (Public Health)	Occupational H.	-1.451	0.547	2.361	0.034
Marital Status (Single)	Married	1.865	0.241	2.641	0.024
Child Rank (First)	Second	0.654	0.147	0.453	0.651
Child Rank (First)	Third	0.741	0.521	0.745	0.852
Number of Siblings (1 or 2)	3 ≤	0.652	0.145	0.412	0.032
Father's Education (Non-Academic)	Academic	1.054	0.247	3.415	0.104
Mother's Education (Non-Academic)	Academic	1.117	0.417	2.893	0.401

Note: Terms in parentheses indicate the reference category.

Discussion

The findings of this study revealed that the social well-being status of students at Ardabil University of Medical Sciences was moderate and was significantly associated with gender, marital status, academic field, and number of siblings. The cohesion dimension had the highest score, whereas the acceptance dimension had the lowest score among the different dimensions of social health. Safari and Haghi (2023) conducted a study on young people aged 18-29 years in Tabriz city and reported that the mean score of social well-being was average (16). Similarly, Javadi et al. (2017) reported that most students had moderate social well-being, with the highest mean score related to social cohesion and the lowest mean score related to the social adaptation dimension (17). Mazloumi et al. (2018) also reported that the mean score of social well-being among most students was average, with social flourishing having the highest mean score among the dimensions of social well-being (12). Conversely, Amiri et al. (2023) found that among second-grade students at Lordegan High School, the levels of social solidarity, social acceptance, and social participation were below average, whereas the levels of social prosperity and social cohesion were above average (18). These differences are likely due to variations in living conditions, geography, and social amenities across different cities, as well as differences in educational levels. It is expected that, with physical and psychological maturity, increased awareness, and improved life skills among young people, higher levels of social well-being will be observed.

The findings of this study indicate that married students have higher social well-being than single students. These results are consistent with several other studies, including Asadi et al. (2021), Mazloumi et al. (2019), Şimşekli et al (2025), which also support the positive relationship between marriage and social well-being (12,19,20). However, a different study in 2023 found no significant relationship between social well-being and marriage (21). In Javadi et al.'s study (2017), the mean social well-being score was the same for married and single individuals (17). It appears that, among young students, living together fulfills various needs, including emotional, social, and economic needs, and fosters commitment and a strong network of relationships. This positive attitude toward social matters ultimately enhances overall well-being.

Another finding of the present study was the statistically significant relationship between the number of siblings and all dimensions of social well-being. Safari and Haghi (2023) considered the family's role to be influential in the social well-being of young people and emphasized its positive impact (16). Conversely, most regression analyses of child health outcomes indicate that a decline in household size is associated with improved child health (22).

This study also revealed that the mean score of social participation was higher in male students than in female students, which is consistent with the results of Amiri et al. (18). It appears that gender may play a significant role in determining the level of control individuals have over socioeconomic resources and how they are treated in their social environment. Gender disparities remain persistent; notably, women report a higher burden of health challenges despite obtaining higher scores in social relations. Structural inequalities, excessive workload, and dissatisfaction with the healthcare system have been identified as primary contributors to this stress (23).

Another finding of the present study was the statistically significant difference between field of study and students' mean social health scores, which is consistent with the findings of Asadi et al. (19). Overall, the educational environment facilitates the development of students' talents across diverse social, economic, and cultural areas; this nurtures their creative and constructive potential and ultimately enhances their social health.

One limitation of this study is that it was conducted only among health faculty students; therefore, its findings may not be generalizable to students in other fields. Another limitation is that the data were self-reported, meaning that participants may not have answered all questions honestly. Furthermore, since most participants in this study were female, this may have affected the results. To address these limitations, future research should include students from different faculties and disciplines and employ complementary data collection methods to reduce reliance on self-report measures and potential response bias.

Conclusion

The findings of this research indicated that the social well-being status of health faculty students at Ardabil University of Medical Sciences was moderate. The study also revealed relationships between students' marital status, number of siblings, academic field, gender, and social well-being. In addition, it identified the dimensions with the highest and lowest mean scores. Therefore, these results should be considered by authorities to improve the current situation. Through the planning and implementation of strategic policies and supportive programs, students' social well-being could be enhanced.

Acknowledgement

We would like to thank all students who participated in this study.

Funding Sources

This work was conducted without funding.

Ethical Statement

Informed consent was obtained from the participants. They were informed that their information would be kept confidential and anonymous. This study was approved by the ethics committee of Ardabil University of Medical Sciences under code IR.ARUMS.REC.1402.011.

[DOI: 10.29252/JCBR.10.1.32]

Conflicts of Interest

The authors declare that they have no competing interests.

Author Contributions

M.N. and A.M. designed the initial proposal and manuscript. M.N., S.S., and M.A. were responsible for data collection and analysis. A.M. wrote the main manuscript text, and all authors reviewed the manuscript.

Data Availability Statement

The datasets generated and/or analyzed during the current study are not publicly available due to data protection regulations but are available from the corresponding author upon reasonable request.

Use of Artificial Intelligence

The authors did not use generative AI or AI-assisted technologies in the writing process.

References

1. Rezadoost K, Hosseinzadeh A, Rostami A. The study of sociological factors affecting social health among students of Shahid Chamran University of Ahwaz. Q J Soc Dev. 2019;14(1):1-30. [View at Publisher] [DOI] [Google Scholar]
2. Goldsmith SB. The status of health status indicators. Health Serv Rep. 1972;87(3):212-20. [View at Publisher] [DOI] [PMID] [Google Scholar]
3. Keyes CL. Social well-being. Soc Psychol Q. 1998;61(2):121-40. [View at Publisher] [DOI] [Google Scholar]
4. Lundberg E, Abdelzadeh A. The role of youth extracurricular activities and political intentions in later political participation and civic engagement. J Adolesc. 2025;97(3):662-74. [View at Publisher] [DOI] [PMID] [Google Scholar]
5. Roazeh M, Ansari M, Abazari Z. Investigating the relationship between the use of social networks and social health of nursing and midwifery students in Tehran University of Medical Sciences in 1401. Iran J Nurs Res. 2022;17(2):18-26. [View at Publisher] [Google Scholar]
6. Zare M, Mardi A, Gaffari-Moggadam M, Nezhad-Dadgar N, Abazari M, Shadman A, et al. Reproductive health status of adolescent mothers in an Iranian setting: a cross-sectional study. Reprod Health. 2022;19(1):89. [View at Publisher] [DOI] [PMID] [Google Scholar]
7. Nguyen MT, Nguyen NKN, Nguyen PQ. Family and Friends: Key Influences on Teenage Traits and Behaviors. SSHJ. 2024;8(10):5711-23. [View at Publisher] [DOI] [Google Scholar]
8. Sining M, Sharaai AH, Wafa W. A study of social well-being among university students. Int J Life Cycle Assess. 2022;27(3):492-504. [View at Publisher] [DOI] [Google Scholar]
9. Jafari M, Molavi D. Evaluating the social health of students in AJA University of Medical Sciences. Paramedical Sciences and Military Health. 2021;16(3):46-51. [View at Publisher] [Google Scholar]
10. Soofizad G, Rakhshanderou S, Ramezankhani A, Ghaffari M. The concept of social health from an Iranian perspective:A qualitative exploration. Front Public Health. 2022;10:797777. [View at Publisher] [DOI] [PMID] [Google Scholar]
11. Sadeghi S, Shadman A, Mardi A, Hackett D. Reactions and perspectives of medical students on workplace violence during clinical training in Ardabil, Iran, 2020. BMC Med Educ. 2023;23(1):435. [View at Publisher] [DOI] [PMID] [Google Scholar]
12. Mazloomy Mahmood Abad SS, Sotoudeh A, Asadian A, Aghamolaei T, Najafi Asl M. Social health in students of Hormozgan University of Medical Sciences. DSME. 2019;6(1):1-11. [View at Publisher] [DOI] [Google Scholar]
13. Yıldırım M, Tanrıverdi FÇ. Social support, resilience and subjective well-being in college students. JPSP. 2021;5(2):127-35. [View at Publisher] [DOI] [Google Scholar]
14. Jahdi R, Salis M, Alcasena FJ, Arabi M, Arca B, Duce P. Evaluating landscape-scale wildfire exposure in northwestern Iran. Nat Hazards. 2020;101:91132. [View at Publisher] [DOI] [Google Scholar]
15. Ahari M. Examining the level of social well-being among students of Azad University and Payam Noor. Ahar. Thesis. Department of Social Sciences: Tehran University of Payam Noor; 2013.
16. Safari H, Haghi N. Social health of youth and its relationship with family functioning. Journal Of Social-Political Studies Of Iran's Culture and History Year. 2023;2(2):239-51. [View at Publisher] [DOI] [Google Scholar]
17. Javadi N, Darvishpour A, Khalili M, Barari F. The survey of social wellbeing and related factors in students of Guilan Medical University in 2015. Research in Medicine. 2017;40(4):197-203. [View at Publisher] [Google Scholar]
18. Amiri M, Rahmani J, Saadatmand Z. Studying the Social Health of Students with an Emphasis on Curriculum Planning. Iran. j. educ. sociol. 2023;6(2):168-75. [View at Publisher] [DOI] [Google Scholar]
19. Asadi Zs, Jafari M, reza RM, Molavi D. Evaluating the Social Health of Students in AJA University of Medical Sciences. Paramedical Sciences and Military Health. 2021;16(3):46-51. [View at Publisher] [Google Scholar]
20. Şimşekli D, Öztürk K, Karahan TF. Examining the relationship between social well-being levels of health personnel and their perception of gender roles: A university hospital example. Psychol Health Med. 2025;30(3):602-14. [View at Publisher] [DOI] [PMID] [Google Scholar]
21. Zhang Z, Hsieh N, Lai WH. Social relationships in later life: Does marital status matter?. J Soc Pers Relat. 2023;40(9):2946-68. [View at Publisher] [DOI] [Google Scholar]
22. Song Ji Sue. Does Family Size Negatively Affect Child Health Outcomes in the United States?" Economics Honors Projects. St. Paul (MN): Macalester College; 2019. [View at Publisher] [Google Scholar]
23. Gobbo Jr M, de Resende MS, Moura EC, Pedro RDA, Santos IM. Impacts of gender disparities in mental health and quality of life: A cross-sectional study of Brazilian physicians. PLoS One. 2026;21(1):e0338365. [View at Publisher] [DOI] [PMID] [Google Scholar]

Cite this article as:

Nemati M, Abazari M, Mardi A, Shoghi S. Social well-being among health students: A cross-sectional study in an Iranian Faculty. *JCBR*. 2026;10(1):32-6. http://dx.doi.org/10.29252/JCBR.10.1.32

[DOI: 10.29252/JCBR.10.1.32]