



The Study of the Relationship between Social Networks and Social Health (Field Study; Secondary School Students in Babol County)

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Abstract

This research was conducted with the aim of a sociological study on the impact of using social networks on the social health of secondary school students in Babol County. From the perspective of purpose, the present research is applied, and in terms of nature, it is descriptive and correlational. The statistical population of this study included all secondary school students in Babol County in the academic year 2024–2025, totaling 300,652 individuals. Out of this population, 260 students were selected as the sample based on Cochran's formula through random sampling. The instruments used in this study were the Social Networks Usage Questionnaire developed by Mojarradi (2014) and the Social Well-Being Questionnaire by Keyes (2004). The collected data were analyzed using SPSS and Smart PLS software. The findings revealed that the use of social networks has an impact on the social health of secondary school students in Babol County. Moreover, the results showed that the extent of social network use, the type of usage, and the level of trust in users on social networks have significant effects on secondary school students.

Keywords: Social network usage, trust in users, social health, students.

Introduction

Nowadays, education is regarded as one of the most important institutions of societies. This is because education is considered the central axis of a country's development and growth. Ignoring the qualitative dimension and performance of education can, in the future, lead to serious and irreversible challenges. In the structure and method of education, in addition to policies and external factors that exert their influence outside the educational environment, there are important components that affect its performance: the roles and positions of teachers and students. It can be said that the performance of the educational system is the result of the interaction and interconnection of these key components (Sajadi & Rostami, 2023). Considering that education is a community or social system, it is expected that its elements and dimensions, beyond the mere transmission of information, mutually influence one another's psychological and emotional aspects as well. Therefore, it is necessary to clarify the role of these influences in order to prevent possible negative effects and, ultimately, achieve higher-quality education and better performance (Pishghadam et al., 2019).

In the new perspective on health, it is not merely defined as the absence of physical and mental illnesses. Instead of limiting health to the lack of disease, the way individuals function in their social relationships is also seen as a key indicator for evaluating one's health in society. Multiple definitions of this theory regarding health have been presented. In this regard, Blok and Breslow (1972) defined social health as the degree of functioning of community members and shaped the concept of social well-being. Similarly, Goldsmith (1985) identified social health through the evaluation of individuals' meaningful positive and negative behaviors in relation to others and considered it one of the most important indicators and dimensions of health in any society. This view emphasizes that individual health is not solely confined to physical and mental fitness, but that active and positive participation in social relations (social capital) is also of great importance (Zare Shah-Abadi & Kazemi, 2015).

One of the important variables that can influence the concept of social health is social networks, which have not been thoroughly examined in research. In today's world, health is considered a crucial outcome that people pursue to enhance quality of life and well-being, and to avoid chronic diseases and sudden death (Hashemi et al., 2019). Nowadays, social networks and their influence, as a new medium, have attracted the attention of various theorists. While social networks date back to human history, in recent decades, virtual social networks have emerged as a phenomenon that has acquired meaning and significance, to the extent that they have become an unavoidable necessity in the lives of many users. Many individuals engage in social network activities and use online relationships in shaping their lifestyle choices (Chen et al., 2014). With the changing context of social relations and interactions and the transition of societies from traditional to modern and sometimes postmodern forms, societal threats have also changed, making social trust more important. From Giddens's perspective, mass communication and education are among the factors responsible for disseminating social capital within this changing context. Giddens's main argument is that social networks, by providing an empty vessel for audiences, give them the opportunity to produce the content and messages they desire, which alters the nature of content and information circulating in an individual's environment, thereby transforming communication conditions and patterns. Under such conditions, one cannot expect that the indicators of interpersonal connection, given the temporal and spatial separation emphasized by Giddens, would produce the same types of relations, interactions, and social networks as those seen in traditional societies (Yaghoubidoust, 2019). On the other hand, in recent years, with the increasing use of social networks in our country, we have witnessed changes in a set of people's behaviors, habits, norms, and beliefs. In the present study, considering the widespread use of social networks among individuals and their impact on social health, the influence of social network usage on the social health of secondary school students in Babol County is examined. Given that in recent decades the use of social networks has greatly expanded—especially among children and adolescents, and particularly students who are immersed in the complex landscape of media—it seems that the social health of students has been affected. Therefore, this research seeks to

answer the question: Does the use of social networks affect the social health of secondary school students in Babol County?

Lecture review

Nowadays, illness and health are no longer seen as purely physical phenomena; rather, social variables play a role in their emergence. Social factors have a very important impact on both health and disease. Social conditions influence not only the occurrence of illness and disability but also the prevention and preservation of health. The significant emphasis on the pervasive effects of social factors in the context of health and illness led to the inclusion of the term social in one of the World Health Organization's (WHO) earliest definitions of health. In its 1948 constitution, the WHO defined health as "a state of social, psychological, and physical well-being, and not merely the absence of disease." This definition connects the social dimension of health to the ability to cope and adapt to a given environment, presenting health as a condition that emphasizes both social and individual resources as well as physical capacities, showing that health is rooted in people's everyday processes and activities.

The concept of social health was first introduced in 1972 by Blok and Breslow. They equated social health with the degree of activity and functioning of community members and constructed the social health index. They sought to measure individuals' activity and functioning in society by asking diverse questions across physical, psychological, and social dimensions of health. Later, Larsen (1996) defined social health as an individual's assessment of the quality of their relationships with family, others, and social groups, arguing that the social health scale measures a part of health that reflects one's satisfaction or dissatisfaction with life and the social environment. In fact, it includes the individual's inner responses (feelings, thoughts, and behaviors). The status of social health and its related factors are significant in multiple respects. With the growing expansion of human communication, identifying the elements that disrupt people's peace of mind and health, as well as the causes of social and psychological crises, has become more important. This has in turn heightened individuals' and societies' sense of the need for social health. Furthermore, because it encompasses all people, the scope of social health doubles the importance of studying it and its influencing factors. People with higher social health also tend to have better physical health, and in such conditions, healthier families and societies emerge. Individuals with higher levels of social health are also more successful in coping with challenges stemming from their main social roles. They possess greater stability and cohesion, can participate more actively in collective activities, and in this way, social health becomes a tool for preventing various forms of deviance. Conversely, a decline or lack of social health can lead to severe and irreversible consequences.

Two main perspectives on social health exist in global studies. The first takes the individual as the unit of analysis, defining social health as a characteristic of personal and social life. This is the approach reflected in WHO's definition. The second perspective, however, views social health as a quality of society itself, focusing on the idea of a "healthy society." From this perspective, social health refers to a community that enjoys favorable conditions for health (Shariati Sarcheshmeh & Rahimpour Azghadi, 2022).

At the individual level, social health refers to that aspect of well-being which concerns how a person interacts with others in society, how others treat and respond to them, and how they engage with social institutions and collective norms. At the societal level, social health means that a healthy society provides equal opportunities for all in gaining access to essential goods and services necessary for citizens' full performance. Indicators of a society's social health may include the rule of law, equitable wealth distribution, and public access to decision-making processes. Indicators at the group level may include social support. Social health at the individual level is, in some ways, more critical and sensitive than physical and psychological health because the factors that threaten physical health have limited effects, whereas those that endanger social health continuously affect one's relationships with others and always involve more than one person. What makes the issue even more complex and delicate is that social health is far more hidden and less visible than physical or psychological illness, as it manifests within the vast

range of social interactions, which cannot easily be monitored or controlled (Shariati Sarcheshmeh & Rahimpour Azghadi, 2022).

Health is a prerequisite for fulfilling social roles, and an individual can only be fully active when they feel healthy and when society regards them as healthy. In this sense, health becomes a social value, and biological variables alone are insufficient for offering a comprehensive definition of health (Shirdel, Akbari & Javadzadeh, 2022).

Keyes and Shapiro argue that psychological health, quality of life, and personal functioning cannot be evaluated without considering social criteria. They believe that performing well in life goes beyond psychological and emotional health and includes social responsibilities and engagements. Therefore, they consider social health to be an individual's evaluation and understanding of how they function within society and the quality of their relationships with others, close ones, and the social groups they belong to (Shariati Sarcheshmeh & Rahimpour Azghadi, 2022).

Over the centuries, health has evolved from being an individual concept to becoming a global objective, dependent on ensuring an adequate level of quality of life. From a social perspective, the absence or inadequacy of health among community members leads to individuals' inability to fulfill social roles, disruption of social order, and the community's failure to achieve a certain standard of functioning. Social health is one of the fundamental indicators of social welfare in any society and plays a vital role in improving the quality of life. In essence, it provides individuals with the capacity to live well and view life and collective living positively. The concept of social health is defined as the individual's ability to establish meaningful relationships with others and to interact in healthy and positive ways. The way a person communicates with those around them, adapts to different social situations, and feels a sense of belonging—all contribute to their social health. Moreover, social health, as one of the important dimensions of overall health, plays a crucial role in ensuring the dynamism and efficiency of any society, and it is considered one of the key criteria for evaluating health across different communities. This social characteristic essentially requires social participation, harmonious living with others, the establishment of positive relationships, and the maintenance of healthy interactions (Ghoncheh & Golpour, 2022).

Health is an issue raised in all cultures, and its definition in every society partly reflects the people's shared sense of health and their cultural background. However, whenever health is discussed, it is usually the physical dimension that receives more attention, while the growth and flourishing of society depend on the well-being of that society in physical, psychological, and social dimensions. Social health, regarded as the most fundamental component of social welfare, depends more on social and economic factors than on medical interventions and is one of the central concepts of sustainable development. Health is a subject whose role in improving human development indicators is undeniable. Therefore, combating the factors that influence health and create inequalities in it is a priority for both individuals and governments.

The concept of social health, as one of the important dimensions of health, was raised in recent years by the World Health Organization (WHO). It suggests that physical and psychological health alone are insufficient for complete well-being, since humans live in collective environments where social health is also essential. Health of any kind is a social product, and designing a health improvement program without considering the social and cultural context of the target community leads to ineffective strategies. At present, the historical evolution of the concept of health has reached a stage where health is understood as being influenced by physical, psychological, and social factors (Pozideh, 2021).

One of the fundamental principles of social life is the interaction of individuals within society. If people do not interact, the continuity of life in such a society becomes difficult. Reduced social interaction fosters fear of relationships, feelings of insecurity, and even anxiety and depression among members, which prevents the strengthening of cooperation and interaction. Consequently, conditions such as depression, anxiety, insomnia, poor performance, and difficulties in daily functioning may arise. Health is the most fundamental element upon which human life depends. It is a prerequisite for fulfilling social

roles across physical, psychological, and social dimensions. Social health, shaped by various social and cultural factors, plays a vital role in ensuring the dynamism and efficiency of any society. Since the essential condition for the growth and prosperity of any community is the presence of informed, efficient, and creative individuals, social health becomes critical.

Today, social health is understood as the alignment of values, interests, and attitudes with individuals' actions in society, leading to realistic and purposeful planning for life. Social health is a concept that links the two notions of health and society. Since society itself is an abstract construct that derives its reality from the individuals forming it, the study of society must first and foremost focus on its members. Social health is realized when families and individuals enjoy relative satisfaction, and each citizen feels responsible toward society and identifies their happiness with it.

According to Larson (1996), social health includes an individual's inner responses (feelings, thoughts, and behaviors), which reflect their satisfaction or dissatisfaction with life and their social environment. In fact, social health can be regarded as a form of psychological, individual, and social hygiene. Once achieved, it leads citizens to greater motivation and vitality, ultimately resulting in a cheerful and thriving society. In reality, healthy living is the outcome of social interaction between individuals' personal choices and the surrounding socio-economic environment.

In this context, Goldsmith defines social health as the evaluation of meaningful positive and negative behaviors in relation to others, considering it one of the most fundamental indicators of any society that directly contributes to individual efficiency. In other words, a person is considered socially healthy when they can adequately perform their social roles and activities, feel connected to society and its norms, and maintain a sense of belonging. The roots and meaning of social health must be understood in the context of a positive material environment (economic and social conditions) and a positive human environment. According to Hezarjaribi and Safari Shali (2014), a review of the literature on health identifies two general perspectives:

The first perspective views social health within the broader meaning of public health. It considers social health as indicators that generally describe a society, equating it with the level of development of countries or communities possessing favorable levels of these indicators. Examples include health insurance coverage, budget allocation, prevalence of violence and crime, drug abuse, number of prisoners, homelessness, per capita education and healthcare, and disease prevalence rates.

The second perspective on social health focuses on the health behaviors of citizens, which are regarded as collective actions that both influence and are influenced by society. These behaviors include eating habits, physical activity, smoking, alcohol consumption, and so forth.

The first perspective can be introduced as a general approach, which is emphasized in planning institutions and the World Health Organization. The second perspective on social health refers to subjective and psychological qualities that create the capacity for healthy and constructive interaction for individuals. Within this perspective, one can refer to Ryff's psychological well-being theory, Keyes' social well-being model, and the theory of positive psychological capital. From this standpoint, social health is defined by indicators such as the level of communication and interpersonal interactions, social skills, adaptability, adjustment to the environment, and more. In this approach, social health is considered as one dimension of overall health. Keyes' definition of social well-being also falls into this category, which may be referred to as the "micro-level" of social health. This perspective focuses on the processes and mechanisms of maintaining social health in individuals.

Social health, or at least the lack of it, has long been a major concern in classical sociological theories. Empirically, this issue is rooted in the sociological literature on anomie and social alienation. Durkheim believed that among the potential benefits of public life are integration and social solidarity—that is, a sense of belonging, interdependence, shared awareness, and a collective destiny. These advantages of social life provide a foundation for a global and universal definition of social health. The ways in which individuals become disconnected from collective order, disorganization in the normative system, and

anomie are central issues in Durkheim's theory of social disorder. He used the concept of anomie to refer to the lack of consensus between individuals and society regarding social goals, collective expectations, and behavioral patterns set by society for its members.

Durkheim identified two types of anomie: one at the individual level and the other at the social level. Individual anomie, or anomia, refers to a personal sense of normlessness and indicates a mental state in which one's feelings are evaluated only in relation to oneself. Such a condition is accompanied by internal disturbances, leaving the individual confronted with feelings of alienation, emptiness, and powerlessness. Social anomie, on the other hand, denotes a form of collective disorganization and normlessness, in which individuals' feelings are evaluated with respect to the broader social system. When social balance is absent, individuals lack the necessary means to regulate their behavior in accordance with prescribed social standards and also suffer from the absence of collective support and social backing. In this context, it can be argued that the same social factors influence both types of disorder; in other words, a "sick" society produces "sick" individuals, and the abundance of such individuals in turn leads to a "sick" society (Shiri, Ali Mohseni & Seifi, 2023).

Social health is regarded as a new and important dimension of health, referring to both the quality and quantity of an individual's relationships within family and social networks. An individual's report of the quality of their relationships with others (close relations and social groups of which they are members) constitutes their social health. This dimension of health encompasses internal responses (feelings, thoughts, and behaviors) that reflect an individual's satisfaction or dissatisfaction with life, their sense of usefulness and interaction with society, and the quality of their relationships within their community and environment (Khosravi & Ghorbani, 2020).

According to Keyes, social health is operationalized as an individual's perception of having a share in society, acceptance by others, predictability of society and social events, a sense of participation, and the potential and growth of the community.

Social health has also been considered from hedonistic and functionalist perspectives. From a hedonistic view, social health is defined in terms of life satisfaction, while the functionalist perspective emphasizes individual significance, meaningful existence, and the potential of individuals to perform their roles.

According to the Legatum Institute ranking, Iran was ranked 120th out of 167 countries in the 2020 Global Prosperity Index (Siehjeni & Safarinia, 2021).

Health and well-being were defined by the World Health Organization (2013) as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." Consequently, mental health is defined not merely as the absence of mental disorders but as a state of psychological well-being determined by biological, socio-economic, and environmental factors. This state includes neurological, psychological, and social conditions that enable individuals not only to manage their thoughts, emotions, behaviors, and social interactions but also to find a place in their communities and enjoy life (Achak, Pournaghsh Tehrani & Azizi, 2023).

For the first time, the concept of social networks in their modern form was introduced in 1960 at the University of Illinois in the United States. Later, in 1997, the first social network was launched. This website allowed users to create profiles so that they could build a list of their friends. However, it was not successful and was discontinued after two or three years. Following this, the boom of social networking sites in 2002 led to the emergence of Friendster, Orkut, and LinkedIn, sparking the rapid mushroom-like growth of social networking sites on the Internet. In 2004, Friendster with 7 million users and MySpace with 2 million users had the largest number of members in this field. In the same year, Facebook was launched by Mark Zuckerberg in his Harvard University dormitory.

The year 2006 marked the expanding growth of users and visitors of social networking sites. In this year, public access to Facebook was granted, as in the previous two years it had only been used in pilot form within Harvard University. Twitter also entered the social networking arena that year. Gradually, these networks not only dominated cyberspace but also began to significantly influence the real world. Terms

such as “like,” “unfriend,” and others quickly became embedded in people’s everyday conversations. On the other hand, the entry of organizations, groups, and public figures into these social networks gave Facebook a more formal identity, attracting and engaging hundreds of millions of users (Khodadad, 2019).

Research Hypotheses

Main Hypothesis:

The use of social networks affects the social health of secondary school students in Babol County.

Sub-Hypotheses:

- 1- The extent of social network usage affects the social health of secondary school students in Babol County.
- 2- The type of social network usage affects the social health of secondary school students in Babol County.
- 3- The level of trust in users on social networks affects the social health of secondary school students in Babol County.

Research Methods

This research is applied in terms of purpose, and in terms of data collection and analysis method, it is descriptive-correlational, based on structural equation modeling (SEM). The statistical population of this study consists of all high school students (second level) in Babol County during the academic year 2024–2025. To determine the sample size, Cochran’s formula was used, and based on this formula, a sample of 384 students was selected from the population. The stratified random sampling method was applied because the study population (Babol County) is widely dispersed and accessible in terms of density distribution. In stratified random sampling, the classification structure of social groups is first determined based on stratification variables in the statistical population, and then the same stratification is applied to the sample. In this study, stratification was carried out based on the school location (within the county). A social network refers to a virtual platform for connecting with other individuals and organizations, sharing content, ideas, opinions, and media, where such communication and sharing can occur in the form of sending simple messages or exchanging media (e.g., images, videos, etc.) (Borgatti et al., 2018). In this study, the use of social networks is measured through the score obtained from responses to the 19-item Social Networks Questionnaire developed by Mojarradi (2014). This questionnaire includes 19 items and 3 dimensions: the extent of social network usage, the type of social network usage, and the level of trust in users on social networks. It is scored using a five-point Likert scale ranging from very low (1) to very high (5). Items 1 to 5 measure the extent of social network usage.

Social health is defined as an individual’s assessment of their performance in relation to society. A socially healthy person perceives society as a meaningful and comprehensible entity with potential for growth and development, feels a sense of belonging, perceives acceptance by society, and participates in its advancement (Keyes, 1998). In this research, social health is measured using Keyes’ Social Well-Being Questionnaire. This standardized psychosocial health questionnaire consists of 14 questions and 3 dimensions, assessed on a six-point scale. The questionnaire includes:

Three subscales—happiness, interest in life, and satisfaction—to indicate emotional well-being (6 items). Self-acceptance, mastery of environmental responsibilities, positive relationships with others, personal growth, autonomy, and purpose in life—to measure psychological well-being (5 items).

Participation and contribution to society, social coherence, social flourishing, social acceptance, and social actualization—to indicate social well-being (5 items).

Scores range from 6 to 30, with higher scores indicating higher levels of social health. The calculated Cronbach’s alpha coefficient for this questionnaire was estimated at 0.85.

After data collection, descriptive statistical techniques are first applied to describe the data. Frequency distribution tables and measures of central tendency and dispersion, such as mean and standard deviation, are used. To generalize the research findings, inferential statistics are employed. The inferential tests used

include the Kolmogorov-Smirnov test and structural equation modeling (SEM) with the partial least squares (PLS) method (measurement model + structural model). For data analysis, SmartPLS version 3 and SPSS version 18 software will be used.

Data analysis

The average age of the students was 15.36 years, with the youngest being 14 years old and the oldest 16 years old. The educational status of the students' fathers was as follows: 20% with a high school diploma, 18% with an associate's degree, 39% with a bachelor's degree, 20% with a master's degree, and 3% with a doctorate. The educational status of the students' mothers was as follows: 25% with a high school diploma, 14% with an associate's degree, 44% with a bachelor's degree, 15% with a master's degree, and 2% with a doctorate.

The descriptive statistics of the research variables show that the mean values of social network usage and social health were 53 and 198.41, respectively, with standard deviations of 16.347 and 57.128, respectively.

The results of the Kolmogorov-Smirnov test indicate that variables with a significance level greater than 0.05 have a normal distribution (H_0 confirmed and H_1 rejected), while variables with a significance level less than 0.05 have a non-normal distribution (H_1 confirmed and H_0 rejected). Since the significance levels of all variables were greater than 0.05, it can be concluded that all variables follow a normal distribution.

Research Hypotheses

- **Main Hypothesis:** The use of social networks affects the social health of secondary school students in Babol County.

Table 1. Results of the effect of social network usage on social health

Hypothesis	Relationship direction	Significance level	Critical ValueCR	Standard path coefficient	Result
Use From Networks Social → Social Health	Negative and reverse	0.100	4.105	0.232-	Approved

As you can see in Table 1, the absolute value of the critical statistic (CR) and the significance level related to the use of From Networks Social and Social health was obtained as 4.105 and 0.001, respectively. Therefore, since the critical value was calculated to be greater than 1.96 and the significance level was calculated to be less than 0.05, it can be stated that the use of From Networks Social On Social health of students is affected. It has .

First hypothesis: The amount Use From Networks Social On Social health Impact students It has .

Table 2. Results of the impact Amount Use From Networks Social On Social health

Hypothesis	Relationship direction	Significance level	Critical ValueCR	Standard path coefficient	Result
Usage rate From Networks Social → Social Health	Negative and reverse	0.000	4.361	0.312-	Approved

As you can see in Table 2, the absolute value of the critical statistic (CR) and the significance level related to the amount Use From Networks Social and Social health was obtained as 4.361 and 0.000, respectively. Therefore, since the critical value was calculated to be greater than 1.96 and the significance level was calculated to be less than 0.05, it can be stated that Usage rate From Networks Social On Social health of students is affected. It has .

Second hypothesis: Type Use From Networks Social On Social health of students is affected. It has .

Table 3. Results of examining the effect of type Use From Networks Social On Social health

Hypothesis	Relationship direction	Significance level	Critical ValueCR	Standard path coefficient	Result
Type Use From Networks Social ← Social health	Negative and reverse	0.100	4.320	0.287-	Approved

As you can see in Table 3, the absolute value of the critical statistic (CR) and the significance level related to the type path Use From Networks Social and Social health was obtained as 4.320 and 0.000, respectively . Therefore, since the critical value was calculated to be greater than 1.96 and the significance level was less than 0.05, it can be stated that the type Use From Networks Social On Social health of students is affected. It has.

Third hypothesis: The amount Trust To Users In Networks Social On Social health of students is affected. It has .

Table 4. Results of examining the effect of the amount Trust To Users In Networks Social On Social health

Hypothesis	Relationship direction	Significance level	Critical ValueCR	Standard path coefficient	Result
Amount Trust To Users In Networks Social ← Social Health	Negative and reverse	0.000	5.001	0.301-	Approved

As you can see in Table 4, the absolute value of the critical statistic (CR) and the significance level related to the path of the rate Trust To Users In Networks Social and Social health was obtained as 5.001 and 0.000, respectively. Therefore, since the critical value was calculated to be greater than 1.96 and the significance level was calculated to be less than 0.05, it can be stated that the level of Trust To Users In Networks Social On Social health of students is affected. It has.

Conclusions

The purpose of this research is to conduct a sociological study on the impact of using social networks on the social health of secondary school students in Babol County. The results of the main hypothesis show that the use of social networks affects the social health of these students. This finding is consistent with the results of the studies by Bahri and Khodadad (2022), Zamani, Nourbakhsh, and Naeibi (2021), Taghvai and Chitsaz (2016), Afshani and Shiri Mohammabad (2020), Vaccaro et al. (2021), Huang & Su (2018), Li et al. (2016), Li & Zhang (2015), Tiscer et al. (2014), Triad et al. (2014), and Chi Nin Yuen Viu Ka (2013).

In explaining this finding, it can be stated that today, the use of the internet and cyberspace has become particularly attractive among all social groups, which affects values, attitudes, and socio-cultural identity, while also bringing about undesirable consequences. Like any other technology, cyberspace—despite its many benefits for social progress—also generates harmful effects, exposing individuals to risks that may lead to deviant behaviors. Undoubtedly, online social networks play a very influential role in the development of both specialized and general education. However, due to the lack of scientific oversight, much of the online content has not yet reached an acceptable level of scientific credibility. At the same time, social networks are one of the internet arenas where countless users spontaneously engage in teaching and sharing their specialized and general knowledge with others. As a result, the extent of social network use gradually shows its role in individuals' social health, and the findings of the present study confirm the significance of the relationship between social network usage and social health.

The results of the first hypothesis show that the extent of social network use affects the social health of students. This finding is consistent with the results of the studies by Bahri and Khodadad (2022), Taghvai and Chitsaz (2016), Triad et al. (2014), and Chi Nin Yuen Viu Ka (2013). To explain this finding, it can be argued that in times of widespread diseases, physical and psychological problems, and the anxiety caused by them, individuals seek more information to alleviate their worries. Anxiety can prevent people from distinguishing correct from false information, thus exposing them to misinformation (Farajpour Khazaei et al., 2019). This highlights the prominent role of cyberspace and online news in people's lives. Stressful life events are closely associated with such behavioral patterns, as in stressful situations, individuals turn to the internet and social networks to manage their emotional, social, and mood-related conditions (Naenian et al., 2020). Today, especially when health-related problems and challenges emerge, the use of the internet and cyberspace is increasingly attractive to all social groups,

impacting cultural values, attitudes, and social identities, while also generating negative consequences. Like all technologies, cyberspace, despite its many social advantages, also causes harmful effects and may expose individuals to different kinds of damages and deviant acts. Without a doubt, the extent of online social network use significantly contributes to specialized and general education, although the absence of scientific monitoring means that much online content still lacks sufficient credibility. Nevertheless, social networks allow vast numbers of users to spontaneously share and spread their knowledge with others, and over time, the level of social network usage demonstrates its influence on social health.

The results of the second hypothesis show that the type of social network use affects the social health of students. This finding is consistent with the results of the studies by Zamani, Nourbakhsh, and Naeibi (2021), Vaccaro et al. (2021), Huang & Su (2018), Li et al. (2016), and Li & Zhang (2015). To explain this finding, it can be stated that during health crises, people, under the influence of immediate threats, both directly and indirectly engaged with virtual social networks, sometimes in uncoordinated and irrational ways. Thus, the type of social network usage—particularly its negative forms—can lead to the formation of social panic, with common consequences such as confusion, numbness, severe anxiety, hypersensitivity, aggression, and even persistent fear. Another issue arising from the increasing use of social networks is the rapid change in social health within the shortest possible time. In this process of transformation, individuals with social interactions may simultaneously display severe fear, distancing themselves from one another, or showing disorganization, which leads to social exclusion. On the other hand, social networks can also trigger collective behaviors and bring about major changes in social health within society.

The results of the third hypothesis show that the level of trust in users on social networks affects students' social health. This finding is consistent with the results of the studies by Afshani and Shiri Mohammabad (2020) and Tiscer et al. (2014). To explain this finding, it can be noted that with the shift in the foundation of social equations and the transformation from traditional to modern societies, social risks have changed, making trust increasingly important. From Giddens' perspective, mass communication plays a role in disseminating social capital in this changing context. He argues that social networks, by providing an empty vessel for the audience, give individuals the opportunity to create and share content and messages of their choice. As a result, the conditions and forms of communication among people change depending on the flow of information in their environment. In such circumstances, it is unrealistic to expect the same forms of social connections that existed in traditional societies, as spatial and temporal separations reshape relationships. According to Giddens, mass media and media culture are tools for disseminating social capital. They serve as instruments for recognizing, sustaining, promoting, and transmitting the social capital of society. Giddens emphasizes the dual nature of modernity: while it provides unprecedented opportunities, it also presents unpredictable risks. He highlights three domains—identity fragmentation, intimate relationships, and political institutions. Due to high reflexivity, the present era provides unique opportunities, with greater access to diverse information about the world and each other than ever before. This information allows reflection on the causes and consequences of our actions, but it also exposes us to unintended consequences, the risks of trusting unfamiliar experts, and reliance on abstract systems beyond our control—all of which affect individuals' social health.

Based on the results of the main and sub-hypotheses, the following suggestions are made:

- For the main hypothesis (use of social networks and social health):
 - To ensure proper use of social networks, individuals should prioritize important tasks within these platforms and manage their usage time consistently.
 - It is recommended that individuals set predefined goals in life, as goal-setting is the best path to success.
- For the first hypothesis (extent of use):

- To reduce dependence on social networks, individuals are encouraged to adopt new and effective hobbies such as learning handicrafts, music, academic skills, sports, and other activities as alternatives.
- Women are advised to avoid excessive interaction with friends or acquaintances who create anxiety, as this may cause mental disturbance.
- For the second hypothesis (type of use):
 - To reduce addiction to social networks, individuals should give more importance to real-life social relationships. Human beings are social by nature, and the quality of life largely depends on the quality of interpersonal relationships. Thus, enhancing connections with friends, family, and relatives can help reduce dependency on social networks.
 - To promote a healthy lifestyle, individuals should set rational and realistic goals for themselves. Perfectionism and unrealistic objectives may lead to behavioral and psychological disorders, while realistic goals reduce such risks.
- For the third hypothesis (trust in users):
 - To enhance a healthy lifestyle, it is suggested that individuals regulate their sleep and rest patterns. Adequate and quality sleep increases vitality and well-being in life.

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