International Academic Institute for Science and Technology

International Academic Journal of Humanities
Vol. 3, No. 1, 2016, pp. 98-109.
ISSN 2454-2245

International Academic Journal of Humanities

www.iaiest.com

A study of the interface between social health and marital satisfaction among the staff of welfare organization in Karaj

Shokrollah Gharehdaghi[a], Fahimeh Mardi Pirsoltan[b], Ramezanali Ghader Sanavi[c], Fariba Derakhshannia[d]

[a] *PhD candidate of social work , Allameh Tabatabaei University.*

[b] *Master of social work, welfare and rehabilitation Sciences University, Tehran.*

[c] *Faculty member of welfare sciences and Rehabilitation University, Tehran*

[d] *PhD of social work, welfare sciences and Rehabilitation University, Tehran.*

Abstract

this survey was conducted in order to recognize the relationship between social health and marital satisfaction in married staff of welfare organization in Karaj. this study is of survey-correlation type and for sampling the method general census was used so that all the staff who were married and their marriage was at least of one year and were interested to take part in the survey (105 individuals) entered it. The required information was collected via Keyes social health questionnaire and Enrich marital satisfaction. findings indicate that between social health , social participation subscale and marital satisfaction lays a direct and significant relationship. About the relationship between demographic variables and survey variables, age, number of children, the level of education and social health a significant relationship was observed so that with an increase in the number of children and age and decreasing the level of education, social health enhanced. In other cases no significant relationship was found. according to the survey findings individuals' social health is effective on their marital satisfaction. Social health would lead in vitality, accountability and efficiency of individuals and society. Engraining this soul in individuals would enable them to make the relationships understandable and predictable in their family, they would not be isolated or vanity would not be encircling them, they would share a close relationship with their family members and rely on it as a source of peace and reliability. Thus we can say with increasing social health we would have a rise in marital satisfaction and family security and a fall in marital contradictions and finally social damages.

Keywords: social health, marital satisfaction, family, social participation.

Introduction:

Health is one of those words that though most people are sure to know its meaning find it difficult to define. Normally when we talk about health the physical aspects of it crosses our mind even though the development of a society is in its physical, psychological and social health. In World Health organization (WHO) statute, health is defined not as the lack of ailments or disorders but the optimal levels of physical, mental and social well-being (WHO report, 2001, 2004).

Social health involves the enjoyment of being with friend and being supported by family, relatives and friends. The social aspect of health includes a level of social skills, social performance and the perception that an individual has about him/her as a member of an extended society (Sajjadi, Sadrossadat, 2006). Thus we can identify social health as the ability of maintaining social participation, adaptable life with other human beings, mutual positive relationships and having healthy relationships.

Keyes in 1985 claimed that the missing link in the history of health is replying this question: is it possible to evaluate the quality of life and personal performance of individuals irrespective of social criteria? To answer this question, he expresses that the good performance in life is more than physical and mental health and includes social obligations and challenges. Keyes has defined the concept of social health as follows:" social health is the quality of an individual's evaluation of his/her performance in society". (Keyes, C.M, 1998)

From the social health point of view, each person is a member of a family and a member of an extended society and Socio-economic and welfare upon Conditions of the individuals are considered in the network of social relationships (Sam Aram, 2013).

The appropriate relationships in society form on the basis of the proper relationships in family and the stronger the relationships in the family, the family and subsequently society will enjoy a firmer foundation. No society without having healthy families cannot claim to be healthy and no social damage has existed ever without rooting in family position.

The get-go point of a family is marriage and the most important objectives of this institute are: achieving peace and quiet, satisfying sexual needs and reproduction, human development and social security. Specialists believe that family is one of the first general and universal systems which is required to take care of emotional and physical needs and for the survival of the society. The quality of internal relationships in a family has an effective impression on its members' social attitudes and feedbacks formation, and the building block of family relationships is the marital relationship, and marital satisfaction is a symbol of healthy relationship between the couples. But the lack of marital satisfaction and relationship obstructions can outbreak and spread in the society and damages human relationships. When the basis of the family collapses the ethical and social bases will also topple and the society will decline into a spiral of varied conundrums. Thus studying marital satisfaction is of significant importance. Marital satisfaction has been defined as "the compatibility of marital behaviors of the couples and the presence of understanding and sympathy and love between them (vourfe et al, 2000, quoted by Safyari Jafarabad, 2012). In other words marital satisfaction is the existence of a rational friendship, mutual understanding, agreement and physical and spiritual satisfaction for the couples (Siyadat and Homayi, 2012). Marital satisfaction is a challenging and important problem that has many aspects and plenty of

factors are related to it directly or indirectly, it includes many personal and social factors like: materialistic problems and social burdens, couples' education, the amount of love and fidelity between the couples, children, sexual satisfaction, having a spouse with the same social and individual class, receiving social support, couple's characteristics and the kind of relationship they share with each other.

Among the factors that would impress marital satisfaction we can point out physical and mental health of the couples and of course social health must be included as well though it has been neglected due to the perception of its effectiveness on marital satisfaction.

The growing numbers and increasing statistics regarding divorce reveal the fact that lots of people with the decline and lack of marital satisfaction embark on separation. In fact the lack or decline of marital satisfaction can create the stimuli to set out on divorce and its damages to family, individuals and the society is not hidden to anyone. In other words each society that seeks a comprehensive health for its members should pay attention to the position of family and the quality of the relationships between its members specially the basic members I.e. husband and wife.

As we have mentioned before in order to evaluate the quality of life and personal familial performance, the social criteria must be considered specifically; social health is also one of the factors that can affect marital satisfaction of the couples so that satisfaction would increase the ability to confront the problems and tensions and would promote the physical, mental and social health of couples and ultimately the society members and on the other hand social health can provide marital satisfaction as well. It is apparent that if a person cannot reach to a certain limit of health scales and criteria, he/she may suffer from an illness or disorder. It can be said that beyond social health there exists social disorders that a great deal of social damages like divorce and the lack of understanding in families and sick behaviors would originate from the lack of social health or the presence of social disorder. Therefore the main goal of the researcher is to recognize the relationship between social health and marital satisfaction of welfare organization's staff in Karaj and the share of effectiveness of social health on marital satisfaction; may the results of this research awaken the authorities because the related departments and organizations can take vital steps in order to promote and maintain social health that this in turn would cause to better performance in families and society, they can also interfere in social, cultural and economic aspects positively to provide not only social health promotion but also social and familial disorders and problems removal.

Thus the main questions in this survey are as follows:

1- Is there any significant relationship between total social health and its subscales (social acceptance, social correlation, social integration, social participation, and social growth) with marital satisfaction in welfare organization staff in Karaj?
2- Is the any significant relationship between demographic variables (gender, age, and marriage duration, the number of children, education and earnings) and basic variables (social health and marital satisfaction)?

Theoretical basis of research:

In the theoretical frame of this study we have used social health theory of Keyes, Durkheim's theory of social cohesion and micro-discipline theory of Chalabi and we will elaborate on them as follows:

Social health theory of Keyes:

Keyes has defined social health as evaluation and realization of one about one's social performance, the quality of the relationships one shares with others, acquaintances and social groups that one is their member. Based on this Keyes introduces his 5-factor model. In this model he has named five factors as the criteria for social health such as integrity, acceptance, participation, compatibility and social growth. According to Keyes theory the missing link in the history o health is replying to this question: is it possible to evaluate the quality of people's life and their personal performance irrespective of social criteria? To reply this question he comes up with the concept of social health as an important aspect of health that means personal evaluation of an individual about his/her performance in society (Farsi nejad, 2005).

He believes that good life quality and performance is based on something more than mental health and includes social challenges and obligations. Keyes (1998) has introduces five criteria for social health that along with theories of psychology and sociology would expand further. Keyes believes that the model of social health evolves along with mental health and provides a ground for positive operations.

Keyes conducted two surveys respectively based on telephone poll and writer-customized questionnaire that prove five dimensions of social health: these cases presented evident for converging validity among social health scales and cases like social participation, inundated activities, understanding restrictions, life satisfaction and happiness. Keyes also found out that social health totally increases with the rise in age and education; he believed that skills, resources and experiences would increase with aging and this would help individuals to cope with the problems even better. Even though these social health scales along with spiritual health criteria that would lead in mental health are in harmony but they don't overlap with each other. Besides these scales are in correlation with optimism at the least amount possible. Thus the results that Keyes obtained indicated that social health scales sufficiently can result in tackling social challenges and issues by individuals.

Durkheim's social cohesion theory:

Durkheim (1993) believes that the only force that determines goals, reactions, and the quality of individual's behaviors, is social cohesion and individual's decisions would not affect their responses evidently; because in biological and physical structure of human beings, there is no force for setting his social needs. In addition to that, different responses and feedbacks of individuals are also formed under social forces and structures. He introduced cultural and social institutes as the most basic origin of social integration and cohesion and attributed two functions to them. First that social cohesion provides the ability of mental support for society members in calamities and this would decrease anxieties, tensions, and the crisis' impressions on individuals. Thus if individuals through their ability of expressing their thought and emotions mutually, build integrated relationships with their family members especially their spouses, these people's protection and support while looming miseries and crises would cause to social participation and all these hustles will maintain them. The second is social cohesion which has the role of controlling and supervising individuals that maintains the integrated societies like (families or spouses that have abundant dependence upon each other), so that no person would be left alone, they would serve

the family, and would think about collective goals instead of personal goals and finally individualism and disintegration would diminish (Durkheim, 1993).

Chalabi's micro- Order theory:

The micro- Order theory deals with four problems that social Order facing with in micro level. He is presenting four kinds of interactions that in examining familial relationships mostly communication interactions are considered; in this kind of interaction the concepts such as right, duty and emotion being transferred (Chalabi, 1994). From analytic point of view, Chalabi claims that interaction has two aspects such as instrumental and expressive aspects (Chalabi, 1994) and familial relationships are of expressive aspect. In expressive relationships a kind of intimacy, reliance and commitment exist. Emotional attachment and sociability would make a foundation for this type of relationship (Chalabi, 1994). According to Chalabi due to expressive interactions the concepts like "we", "society" or "social group" form. That means the building block of "we" and "society" is interaction under the condition that interaction tends toward its expressive aspect. To maintain "we" and consequently retaining the interaction pattern, social micro- Order faces with four problems including: shared brainstorm problem, shared orientation problem, shared empathy problem, and shared happiness problem.

According to micro- Order theory, if we assume family as a micro society and micro level, in case that one of these mentioned problems exist between the spouses their interaction would face a problem and a failure to the expressive aspect of interaction indicates hassle in marital satisfaction .

Research Background

"Paul" (2007) a study carried out to investigate "the relationship between communication functions, social and spiritual health and quality of life in people with cancer." The results of this study suggest that spiritual health has been the most important factor affecting lives of these people and social health after spiritual health is in second place, but communication functions these people has no a relationship with the their quality of life. (Tbadarzy, 2008).

"Keyes and Shapiro" (2004) in a study entitled "The relationship between public health and demographic variables" on a large sample of the population of America, showed that the health status of women more than men and women who had lower occupational status, social health than men reported the same position.

Blanco and Diaz (2007) in an article titled social order and mental health with the approach to social health, tried the relationship between social health as an indicator of social order, to study With the other aspects of health, such as depression, self-esteem, perceived social support, deprivation, the anomie and social interactions, positive and negative emotions and satisfaction (Blanco and Diaz, 2007).

Yazdani (2011) in the research to examine the relationship social participation and general health in did elderly. Showed that between social participation and general health) physical, anxiety, depression and social function), there was no significant relationship (p> 0/05).

Research methodology

The population, sample and sampling

This study is based on survey method and of correlation type. Statistical population in this research composed of 220 participant who are married staff (male and female) of welfare organization in Karaj in fall 2014. Among the welfare organization staff in Karaj the persons who would satisfy the research's conditions- being married; passing at least one year of marriage and interest in participating in survey- formed the research statistical sample including 105 individuals.

Research tools

To collect information and clarify theoretical aspects, this research utilizes librarian methods and studying books, essays, internet sites and dissertations and to collect the data Keyes social health and Enrich marital satisfaction questionnaires as well as demographic checklist were used.

In the presented survey to measure social health and its factors the scale of 33-point social health made by Keyes is used that is including social cohesion with 7 items, 7-item social growth, 7-item social acceptance, 6-item social correlation and 6-item social participation.

These questions are assessed according to this range of answers: completely agree, almost agree no idea, almost disagree, and completely disagree. The least possible score in social health is 33 and the highest is 165 and the board of acquired information introduces three categories of social health: low social health, average social health and high social health.

Also to evaluate marital satisfaction, Enrich questionnaire (short form) including 147 questions is used; in this questionnaire for each question there are five options and these options are: completely agree, agree, no idea, disagree and completely disagree. The scoring is respectively as follows: 5, 4, 3, and 2, 1. the least score is 47 and the maximum is 235 and the higher scores indicate the greater marital satisfaction.

Validity and reliability of Keyes social health and Enrich marital satisfaction theory:

In the survey presented the value of Cronbach alpha for social health questionnaire scales are: social growth scales 62/0, social correlation 60/0, social integration 71/0, social acceptance 80/0, and social participation 88/0 and for the questionnaire it is 88/0. The same value for marital satisfaction questionnaire was calculated as 92/0.

Analysis of Data & Research Findings

Descriptive results:

Results show that 80% of the participants are female and 20% are male and their age average is 40 with the variance equal to 7.4.

Regarding their marriage duration it ranged one year to 46 and the average was15.

Number of their children is null for 22% of them and between the 78% left the average of number of children is 1.3. Their academic level is bachelor for 50% of the participants and 60% of the participants' monthly salary is less than 300$ and 25% of them earn between 300$ and 500$

Table-1 demographic variables distribution among welfare organization's staff in Karaj			
variables	ranking	frequency	Frequency percentage
Gender	Female	84	.80
	Male	21	.20
Age	20-35	31	29.5
	36-50	68	64.8
	51-65	6	5.7
Marriage duration	1-15	61	58.1
	16-30	39	37.1
	31-46	5	4.8
The number of children	Null	23	21.9
	1	33	31.4
	2-3	46	43.8
	4-5	3	2.9
Academic level	diploma or below	21	20
	Associated degree	13	12.4
	Bachelor	53	50.5
	Master and above	17	16.2
monthly salary	Less than 500$	62	59
	500$ - 850$	27	25.7
	850$ - 1300$	6	5.7
	Above 1300$	4	3.8

Descriptive results of social health and its subscales and also marital satisfaction amounts of welfare organization's staff in Karaj are as follows:

According to marital satisfaction questionnaire results the minimum score obtained by the participants was 102 and the maximum was 227 and the average was 175.06 with the variance equal to 28.03. It can be implicated that marital satisfaction between welfare organization's staff in Karaj is fairly high.

In the results of social health of the participants the minimum score obtained was 102 and the maximum was 163, the average of these scores was 118.7 with the variance equal to 15.5. It can be concluded that the amount of social health between our participants was average.

Table-2 social health evaluation in welfare organization's staff in Karaj			
variable	amount	frequency	Frequency percentage
Social health	Low	0	0
	Average	58	55.2%
	High	47	44.8%
	total	105	100%

Table-3 marital satisfaction evaluation in welfare organization's staff in Karaj			
variable	amount	frequency	Frequency percentage
Marital satisfaction	Low	1	1%
	Average	42	40%
	High	62	59%
	total	105	100%

The results and scores of social health subscales indicate that social evaluation (85.7%), social integration (98%) and social growth (63%) are in high levels though social unity (63.8%) and social acceptance (73.3%) are placed in an average position.

Analytical results:

Question 1- there is a significant relationship between social health and marital satisfaction among welfare organization's staff in Karaj.

Table-4 social health and marital satisfaction correlation

Social health	Marital satisfaction		
.206 *	1	Regression correlation	Marital satisfaction
.03	.	Sig.(2-tailed)	
105	105	Total	
1	.206 *	Pierson correlation	Social health
.	.03	Sig. (2-tailed)	
105	105	total	

* Correlation is significant at the 0.05 level (2-tailed)

The results show that between social health and marital satisfaction there is a positive and direct relationship so that with an increase in social health, individuals' marital satisfaction would also increase. This correlation relationship is obvious with $P< 0.05$ and with the reliability of correlation coefficient equal to 95% and r=.206. Determination coefficient is 0.4 that shows only 4.2% of marital satisfaction affects social health.

Coefficient B is equivalent with .0.372. This coefficient shows that with an increase in social health scales there would be an increase equal to 0.372 in marital satisfaction.

There is a small gap between the definitions of social and mental health. Results indicate that scales of social health have positive correlation with that of mental health. But we should notice that mental health indicates the positive performance and satisfaction on an individual regarding to total existence of life not only its social aspects. Mental health describes the personal aspect of one's performance while social health is related to social and general aspects of individuals that according to that they perform. Thus in this study in addition to the relationship between social health and marital satisfaction we can also study marital satisfaction correspondence with mental health. The finding of the survey is aligned with Mirkheshty's (1994) survey about marital satisfaction and mental health relationship and it led in a significant relationship between them.

And also in a survey conducted by Mohseni (2012) the relationship between familial satisfaction and mental health of married female staff of Homa airline company in Tehran (2006) was studied and compared it among flight crew staff and non-flying staff and according to the research there is a significant relationship between familial satisfaction and marital satisfaction. These results are opposing the results attained by Rasouli's (2007) research which examines the relationship between mental health, marital satisfaction and academic performance of students of Kermanshah Islamic Azad University. The results based on this survey suggest that between mental health factors such as depression and anxiety with marital satisfaction there is a reverse relationship and between mental health factors in physical symptoms factors and trouble in social response with marital satisfaction there is no significant relationship.

Question 2- is there any significant relationship between social health subscales (social acceptance, social cohesion, social integration, social participation and social growth) and marital satisfaction in welfare organization's staff in Karaj?

According to the findings of the survey between social health subscales and marital satisfaction there is not a significant relationship except for social participation. According to the results in Pierson correlation coefficient values of social participation and marital satisfaction are P>0.01 and sig=.008, the correlation related to it is .256 and the level of significance is 0.1. Between social participation and marital satisfaction there exists a significant relationship so that with a rise in social participation we will face a rise in marital satisfaction. The equivalent correlation coefficient is equal to 0.256 and the determination coefficient is 0.66. Determination coefficient indicates that 6.6 % of marital satisfaction is influenced by social participation and it shows that other factors play a role in marital satisfaction as well.
B coefficient is equal to 1.76 that indicates per each increase in units of social participation 1.76 units in marital satisfaction would increase.
The results are in contrast with Yazadni's (2011) research results in which the relationship between social participation with general health in the elderly were examined. Results according to Yazdani survey indicated that there was no significant relationship between social participation and general health (physical aspects, anxiety, depression and social performance (P>0.05).

Question 3- is there any significant relationship between demographic variables (gender, age, and marriage duration, the number of children, education and earnings) and basic variables (social health and marital satisfaction) in welfare organization's staff in Karaj?

In examining the relationship between demographic variables and marital satisfaction there was no significant relationship.
But in examining the relationship between social health and demographic variables the following results were obtained:
The relationship between age and social health p< 0.5 and sig = 0.3 is significant and straight and it correlation is r=0.2 with aging social health would increase. Relationship between social health and the number of children P < 0.05 and sig= 0.04 is significant and straight and its correlation coefficient is

r=0.2. The more children a family has its social health is higher. The relationship between the academic level and social health is P<0.05 and sig=0.1 is significant and reverse and its correlation is r=-0.23. The lower levels of education are related to higher levels of social health. And in the rest of variables (gender, earnings and marriage duration) there was no significant relationship.

The survey's findings are aligned with Rasouli's research (2006) that according to that there is no significant relationship between gender and marital satisfaction and also Hekamti (2009) studies that indicated the lack of relationship between gender and social health. The results of this research are opposing the following researchers' studies who reported a significant relationship between gender and social health: Tabadorzi (2007), Shakerain (2009), Safyari (2012).

Keyes also in a survey that was conducted by telephone poll concluded that between age and social health there is a significant relationship in a way that with aging, social health would increase that proves the alignment with the current research. He found a significant relationship between education level and social health that opposes the findings of this research.

Conclusion:

The objective of this survey is to examine the relationship between social health and marital satisfaction in welfare organization's staff in Karaj. Keyes defines social health as one's evaluation and recognition of his/her performance in society and the quality of one's behaviors with others and believes that once a person is enjoying social health he can see society as a meaningful collection, understandable and potential for growth and burgeoning. He must see himself as a part of society and try to take part in its development.

The findings indicate that social health as an aspect of people's health is one of the effective factors in marital satisfaction between spouses. There was a significant relationship between social health and marital satisfaction of welfare organization's staff in Karaj. There was a significant relationship between social participation and marital satisfaction and with the increasing of social participation marital satisfaction would increase.

In the analysis of this research we can say that people with higher levels of social health are more sanguine about the future of their society, they consider themselves as a part of society and see it understandable and predictable, they can trust in others and finally they have a soul of cooperation. The cooperation ability in society is a belief that the person who holds it considers him/herself as a vital part of society and thinks that he/she has something precious to deliver to the world. They try to be loved, and take part in a world that values them just because they are humans. Social cooperation is similar to commitment and efficiency (Sam Aram, 2013). Thus increasing levels of social health would lead in vitality and commitment and efficiency in society's members and we can conclude that they would be able to perform equally good in their families. They would see the problems understandable and predictable; they won't feel lonely, solitary or absurd; they feel close to their family and extract peace and quiet from it and with the soul of cooperation, commitment and efficiency accomplish their goals in their families. Therefore we can conclude that with increasing levels of social health we will face better levels of marital satisfaction and familial security and declining levels of marital contradictions and finally diminishing social damages.

Having social skills and beneficial communication aptitudes is of grand importance in order to achieve successful social performance and especially familial performance. The level of these skills found in a person is playing a vital role in his/her social and behavioral health. With this belief that health with its extensive aspects is based on prevention it is expected that reinforcing social aspect of health along with other factors would lead to; enhancing levels of social vitality, social unity, social cooperation, social agreements, social commitment, social participation, life satisfaction and marital satisfaction. It would finally decrease personal and familial and social problems. This process would be practical with the help of social workers and other social experts because the objective in social working is increasing the level of social health in individual, group and society level (Sam Aram, 2012). The most important of all can be family towards its position in society a great deal of efforts has been put by social workers.

Practical suggestions:

1- according to research's findings and the relationship between social health and marital satisfaction and especially the relationship between social participation and marital satisfaction on one hand and the rising numbers of divorce statistics in Karaj in other hand, it is advisable to authorities and planners to create cultural-social programs with social and cooperation orientation to improve social health and familial relationships.

2- The high level of divorce in Karaj that indicates the lower levels or lack of marital satisfaction is very worrying. Thus the proper planning of authorities is required to teaching life skills, communication skills, and marital skills for spouses to reinforce familial and marital bonding.

3- Authorities and programmers would be able to attract the maximum amount of social cooperation for society members and with these operational programs they can improve and increase social health. They can equip members and families with these tools and thus families can cope with problems efficiently and can be more adaptable to mercurial life conditions.

4- Presenting co-operational programs and creating the soul of commitment to promote the social aspect of health in welfare organization's staff in Karaj

5- Creating a vital and energetic soul among welfare organization's staff in karaj towards their social and familial life with presenting appropriate programs and according to specific environment of welfare organization that is in correspondence with indigent, disabled and injured families and individuals.

6- Program and workshop implementation regarding marital skills and life aptitudes in order to promote marital satisfaction of the staff and reinforcing their bandings.

References:

Ali Siadat, Reza Homayi, marital satisfaction in students' marriages and its comparison in Azad university of Shahrkord and national university of Isfahan, essay collection of family consulting and marriage, Tehran, association of parents and teachers publishers,2012

Blanco,Amalio & Diaz. Dario, (2007), social order and mental health: a social well-being approach, Autonomy university of Madrid , psychology in Spain,vol.11(5).

Durkheim. E.(1951), Suicide, Newwyork, Free press9original work published in 1897.

Ezzatollah Sam Aram, 2013, social working theories, first edition, Tehran, Allameh Tabatabie university publishers

Hajar Safyari Jafarabad, marital satisfaction and its effective factors among married males and females in Tehran, 2012, the collection of essay regarding consultancy and marriage, Tehran, association of parents and teachers publishers

Harold Coplan , Benjamin Sadok, psychological summary translated by Hassan Rafi'ie and Farzin Rezaei, Tehran, Arjmand publishers, 2006

Homeira Sadjadi, Sayyed sadjad Sadrossadat, social health indicators, political-economica; magazine, volume 19, no. 304, Azar and Dey 2005, pages 244-253.

Keyes, C.M & Shapiro .A . (2004). Social well- being in the U.S.A Descriptive Epidemiology. In Orville Brim, Carol D. Ryff & Ronald C.Kessler (Eds). Healthing Are You? National study of well-being of Midlife, university of Chicago Press

Keyes, C.M.(1998).Social well-being, Social Psychology Quarterly.

Masoumeh Farsinejad (2005), the relationship between identitiy styles with social health and educational self-efficacy in male and female students of second high school in Tehran, master dissertation, faculty of psychology and ethical sciences, Tehran university

Tbadrzy. Abdullah. (2008) Investigate the relationship between social health and Social demographic variables among students of Social Welfare and Rehabilitation Sciences University, MSc thesis,

World Health Organization(2001). Mental Health: New Understanding, New Hope. The world health report. Geneva World Health Organization .

World Health Organization(2004). Promoting Mental Health : Concepts, Emerging evidence , Practice. Summary Report A Report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and The University of Melbourne; Geneva.