

## Relationship between Social Health and Internet Addiction in Students of Tehran University of Social Welfare and Rehabilitation Sciences 2013\*<sup>1</sup>

Mehdi. Karimi<sup>2</sup>, Saied Hadi. Motamedi<sup>2</sup>, Hassan Rafiey<sup>3</sup>, Seyed Hossein Mohaqeqi Kamal<sup>4</sup>, Poria Reza Soltani<sup>5</sup>

Tehran University of Social Welfare and Rehabilitation Sciences,

*Received: May 14, 2015*

*Accepted: August 27, 2015*

---

### ABSTRACT

**Background and Objective:** target of this research was to study Relationship between social health and internet addiction in students of University of Social Welfare And Rehabilitation Sciences.

**Methods:** the method of this study was cross sectional. The sample size was all students of university of Social Welfare And Rehabilitation Sciences. The sample size was 153. Three questionnaires, Social demographic, social health and Internet addiction questionnaires were used for collecting data. SPSS and correlation coefficients were used for analysis of data.

**Results:** The relationship between social health and internet addiction was negative and significant but Relationship between gender, branch and level with internet addiction was not significant.

**Conclusion:** The findings showed there is significant relationship between social health and internet addiction.

**KEYWORDS**— Social health– internet- internet addiction–demographic variables – University Students.

---

### I. INTRODUCTION

Internet was originally developed as a secret network in 1960s for US Defense Ministry. Then it turned to a global network in 1990 and since then it has had such progress that it has become significant part of most people life. at the time of internet emergence, predicting that such emergent phenomenon could make so great change in human life was impossible.

According to figures in 2004, almost 196 million people out of 6 milliard in the world used internet, while it was 361 million for 2000. Internet use growth globally within four years was 8.18 percent. In Iran, 250,000 people out of 67 million used internet in 2000, while it reached to 4,300,000 in 2004. Internet use growth in Iran within four years was 1,620 percent, which shows highest growth rate in the world (Kowsari et al., 2008). In 2010 census by Statistical Center of Iran, 18,441,195 (24.6%) out of 74,837,793 were computer user in the country.

Regardless of numerous uses of intranet in daily life of today human being, this technology has unique characteristics which increase its attraction for the users. The main social characteristic of internet is anonymity of the user, outcomes of which have not yet fully recognized. One of its outcomes is early self-exposure which may lead to more intimacy and outcome of anonymity is disinhibition that is apparent decline to worry about the way of introducing oneself and others' judgment (Joinson, 1998). According to the figures, internet users are classified into fixed and no-fixed users. Fixed users are those users who spend considerable part of their daytime on internet and virtual space and are fixed member of many websites. Non-fixed users are those who use virtual space occasionally for fun. There are about 3 million fixed users and about 7 million non-fixed users in Iran (Kowsari et al., 2008). Relationship between internet and social harms can be investigated from three aspects: 1. Internet as a tool for harms, 2. Internet as provider of harmful content, 3. Internet as harmful act. The first view, which has instrumental look at internet considers internet as just a tool for developing social harms. Identity theft and access to bank accounts, buying and selling drugs, money laundering and transporting dirty money, violating the privacy of individuals and hundreds of other crimes are among harms which internet as a tool serves them. In the second view, rather than considering internet as a tool, it is considered as content provider. In this view, inappropriate content (Pornography, violence, racism, atheism and Satanism) in the internet is regarded as the main harms. It is the aspect which causes much criticism against internet. Finally, internet can be referred to as a harmful communication act. In this view, neither tool aspect nor the content provider aspect of internet is considered; rather the interaction with internet is considered as the harm. Internet, regardless of its content, is one of the reasons for social isolation, hollow democracy, artificial level of knowledge and dozens of other harms (Kowsari et al., 2008). Youth health is a main priority is all countries. Youth health needs have deficiencies in social change context globally and nationally and

---

\* current paper was taken from Master's Thesis entitled Relationship between Social Health and Internet Addiction in Students of Tehran University of Social Welfare and Rehabilitation Sciences 2013

it is common to pay more attention to physical aspects of health. However, mental and social aspects of health are less considered, while epidemiological transition phenomenon is occurring and health related problems have changed. Mental, behavioral and social diseases and disorders would be salient in the years and decades in the twenty-first century which substitute infectious and communicable diseases (Babaei, 2003). Despite of all deficiencies in our country, especially in deprived regions, appropriate steps have been taken for physical health of people. However, due attention is not paid to mental, behavioral, and social aspects. Such negligence in communication and globalization era leads to vulnerability of people against mental aspects, suicide, runaways, academic failure and other social harms and they should be considered. Social changes reality denotes that face of diseases and disorders is changing and epidemiological transition phenomenon is occurring and it proceeds rapidly leading to diseases and disorders, so that mental, behavioral, and social disorders and diseases would be the health disturbing origin by 2020 (Marandi, 2006). Current study aims at investigating relationship between social health and internet addiction and third view (internet as a harmful communicative act) is considered.

## 2- Social Health Concepts

There are various definitions for social health. But the definition provided by Keyes is closer to this discussion. Keyes introduces social health concept as one of aspects of health. According to his definition, social health includes one's evaluation and cognition of the way of his performance in the society and quality of his relationships with others, relatives, and social groups in which he is a member (Mohagheghi Kamal, 2012).

### 2.1. Social Health Approaches

Overall, three approaches can be considered for investigating social health:

First approach: This approach is related to one's social health which is specified with such indexes as individual communication and interaction, social skills, adaptation, assimilation, etc. in this approach, social health is introduced as one of health aspects. Keyes definition is also put in this level. It can be considered as micro level of social health.

Second approach: It includes indexes of society's health and social health can be regarded as healthy society in this meaning, where such indexes as poverty, education, crime, environmental pollution, civil liberties, etc. are regarded for the whole society in macro-level.

Third approach: It is related to Social determinants of health. Social determinants of health (SDH) are defined as social conditions where people live and work (Mohagheghi Kamal, 2012).

In this study, first approach, i.e. social health at individual level is considered and relationship of this level of social health with internet addition is investigated.

### 2.2. Aspects of Individual Social Health

Social health mostly pays attention to social and public aspects which are evaluated by individuals in their life. Despite of many studies in some countries, yet there are many ambiguous aspects for social health. For example, social health has many indexes and aspects. In this study, aspects of social health are used which are provided in The Mac Arthur Foundation's successful midlife national study:

1. Social Actualization: Thinking that the society has positive growth potential. It is thinking that the society actualize its potential. That is, believing in the fact that society has its destiny in its own hands and it controls its evolutionary path relying on its potential power (Sam Aram, 2012). Healthy people are hopeful regarding future conditions of the society and are able to identify collective forces and believe they and others benefit from these forces and evolution of the society (Mohagheghi Kamal, 2012).

2. Social Coherence: believing in that the society is comprehensible, logical, and predictable. Understanding and being interested in the society and its related concepts. Healthy and social people are careful against society's conspiracies and feel they can comprehend what happens around them (Sam Aram, 2012) healthy individual socially attempts to know more about his surrounding world and is interested in social plans and feels he is able to understand his surrounding events (Mohagheghi Kamal, 2012).

3. Social Integration: it is feeling to be part of the society and belonging to the society; it is feeling of being supported through the society and taking part in it. Thus, integration is the degree by which people feel there is something shared between them and those who construct social reality (Sam Aram, 2012). Healthy individual feels he is part of the society and takes part in constructing social reality with others (Mohagheghi Kamal, 2012).

4. Social Acceptance: It is having positive attitudes toward people, acknowledging others and accepting people despite of some of their confusing and complex behaviors. Social acceptance is social proof of oneself acceptance (one of mental health aspects). Social acceptance believes individual, society and its people with all positive and negative points (Sam Aram, 2012). Healthy individuals trust others as kind people and believe that people can be assiduous and effective (Mohagheghi Kamal, 2012).

5. Social Contribution: It is the feeling that individuals have valuable things to offer to the society and their daily activities are valued by the society. In fact, social contribution is the belief according which one considers himself as a critical member of the society and thinks he has something valuable to offer to the world. Such people attempt to take part in the world where they are valued merely for being human (Sam Aram, 2012).

### **3. Internet Addiction**

American Psychological Association defines internet addiction as internet use pattern which causes functional disorder and it is accompanied by unpleasant internal states within a two-month period. It provides seven criteria to recognize internet addiction (at least three criteria during two months): 1. Tolerance, 2. withdrawal symptoms, 3. using the Internet more than what is firstly considered, 4. the persistent desire to control behavior, 5. spending considerable time for the Internet related affairs, 6. reduction in social, employment and recreational activities due to use of the internet, 7. continuation of use despite of its negative effects (Patrick and Joyce, 2008).

#### **3.1. Theories of Internet Addiction**

Internet addiction disorder is an interdisciplinary field and various sciences such as Medicine, psychology, computer science, law, sociology, ethics and communication have studied it, each of which with different angles. Therefore, Internet addiction theories are considered in two main categories, sociological and psychological theories, in this work:

##### **3.1.1. Psychological Theories**

Various theories can be described in this regard in relation with internet addiction including biomedical, psychoanalysis, behavioral, cognitive and cognitive-behavioral theories. Thus, some of these theories are described in the following.

###### **A. Behavioral Theory**

One performs a specific behavior and then he receives reward for his behavior. For example, a student may feel embarrassment and feat in confrontation with others and he may avoid others and talking them so that he avoids its resulting anxiety, which is a rewarding factor for him. If one learns that something like internet may provide such conditions for him so that he escapes from reality, he would probably repeats it in future. It would be an encouraging factor and it acts as cycle and increases the behavior (Omidvar and Saremi, 2002).

###### **B. Cognitive Theory**

Cognitive theory focuses on internal processes and emphasizes that how individuals acquire and interpret information and use them in problem solving. It puts special emphasis on the individual as information processor. Individuals are constantly gathering; storing, interpreting and comprehending internally generated information as well as environmental stimuli. In this view, internet addiction disorder results from impaired cognitions or impaired cognitive processing and its treatment is based on modifying and correcting impaired cognitions (Omidvar and Saremi, 2002).

###### **C. Cognitive – Behavioral Theory**

In cognitive- behavioral view, disorder's symptoms include obsessive thoughts about the Internet, poor impulse control, inability to stop using the internet and more importantly the belief that the internet is the only friend of individuals. In addition, when the connection is lost, one thinks of internet, predicts his future online situations and pays high money on internet and its related issues (Omidvar and Saremi, 2002).

###### **D. Self-actualization**

Internet also meets Maslow Hierarchy needs. Users actualize their potential mental talents with technical and social exploration in internet. Many people say they are more similar to other real self in internet rather than in real life. Users in internet are opener; they are more expressive, warm, social and good-humored in internet (Soler, 1996). Of course, internet allows individuals to create and express their own works. Young (1997) provides some examples of individuals who reported this feeling. They reported they could discover new parts of their existence through creating new characters in internet. Users can play parts of themselves which they are afraid of which or they do not like, and they consciously cope with these parts. Thus, it can be stated character creation helps self-actualization and it is a strengthening factor for internet addiction (Ghasemzadeh, 2006).

##### **3.1.2. Sociological Theories**

1. Symbolic Interactionism theory: in virtual interactionism, actors interact without any direct physical relationships only based on mental image which they perceive about each other (Kowsari, 2008). Social communication and its relationship with internet addiction can be described in following way:

Interactions have been among basic elements of the social life. In fact, no type of social gathering can be imagined in which the members do not interact (Ghaniabadi, 2008). It should be said fundamental needs which are met virtually may include establishing interpersonal communications. Need for social contact and belonging sense is in the second level of Maslow Hierarchy which is main attraction of internet. Unlike traditional media which is in the form of one to several, internet structure is several to several and it is a totally novel human interaction. People face people. It is social aspect of online interactions and interpersonal transactions with others which is promoting and rewarding. It causes some people cannot ignore it and uses it in addiction manner (King, 1996; quoted in Ghasemzadeh, 2006).

2. Exchange Theory: one's relationship with internet is in such a way that it leads to stimuli > response cycle. It means that relationship between one and internet has sociological meaning (exchange theory) and it transforms non-fixed internet user to a fixed internet user in long term. In this view, reward can be transferring information in job or hobby fields, exchanging emotions within a friendship relationship or expecting to receive a reward from internet services and etc. (Kowsari, 2008). Above cases can provide minimum conditions and necessary ground for occurrence of internet dependency.

#### 4. MATERIALS AND METHODS

The method of this study was cross sectional. The sample size was all students of university of Social Welfare And Rehabilitation Sciences in 2013. Convenient sampling method was used in this work (academic level and gender of students). Samples were selected considering inclusion criteria among 16 majors of the university. In order to collect data, purpose of the study was explained by visiting various educational departments and consent of students was acquired. The questionnaires were filled by students. Data collection tools included Young’s internet addiction questionnaire and Keyes’s social health questionnaire.

Internet addition standardized questionnaire was developed by Young (1998) which includes 20 items in five-point Likert scale ranging from zero (never) to five (always). Situation of users is specified based on scores 20 – 49 (normal user), 50 – 79 (mild addiction) and 79 – 100 (sever addiction) to internet. Dowling et al. reported reliability of this questionnaire as 0.72 (Dowling, 2009). Also, Siomos reported its reliability as -.71 (Siomos, 2008). Alavi et al. in a study entitled Determining Reliability and Validity of Internet Addiction Disorder Diagnostic Questionnaire in Student Users reported its reliability and validity as follows: validity of the questionnaire using Concurrent validity method as  $r = 0.81$ , 0.78, Discriminant validity as  $r = 0.62$ , and reliability as  $a = 0.7$ , ballad as  $r = 0.64$  and retest as  $r = .47$  (Alavi et al., 2011).

Keyes’s social health questionnaire was prepared based on his theoretical model of social health. Using confirmatory factor analysis, he supported five-aspect model used in the questionnaire experimentally (Keyes, 2004). In Iran, Joshanloo (2006) in a study entitled Factor Structure of Comprehensive Health Scale standardized reliability and validity of Keyes’s Comprehensive Health Questionnaire including social health, mental health and emotional health using exploratory and confirmatory factor analysis (Joshanloo, 2006). In addition, Farsinejad (2005) normalized this questionnaire and used it in Iran’s cultural and social conditions using factor analysis (Farsinejad, 2005). This scale contains 15 items: 3 items related to social coherence, 3 items related to social acceptance, 3 items related to social contribution, 3 items related to social actualization, and 3 items related to social integration.

In this research, firstly findings are analyzed descriptively and then findings are analyzed inferentially (testing research questions). In data description section, mean and SD and etc. is used. Pearson correlation test and chi square test is used in inferential section.

#### 5. Findings

In this study, social health and internet addiction is investigated in 153 students of Tehran University of Social Welfare and Rehabilitation Sciences in MA, Ba, and PhD degrees in 16 academic major. According to the results, prevalence of internet addiction in students is 14.47 percent (10.63 percent for males and 16.19 percent for females). Average internet addiction is 31.21 in the current study with SD as 16.42. Lowest internet addiction was 1 and highest internet addiction was 74.

Table 1 gives number and prevalence of internet addiction and its relationship with gender in students (due to lack of sever internet addiction it was not reported).

Table 1: Chi square test results regarding relationship between gender and internet addiction

Gender	Internet Addiction			
	Normal user	Mild addiction	Percent of internet addiction prevalence	Total
Male	42	5	10.63	47
Female	88	17	16.19	105
Total	130	22	14.47	152
Chi square	Test value	Degree of freedom	Sig- level	
	0.809a	1	0.360	

According to obtained results, relationship between two variables is not significant at level 0.05.

Results obtained for internet addiction in terms of educational level indicate internet addiction prevalence in BA students is 16.25, 14.75 in MA students, and no internet addiction was observed in PhD students. There is no significant relationship between internet addiction and educational level (Table 3)

Table 2: Chi square test results regarding relationship between educational level and internet addiction.

Educational level	Internet Addiction			
	Normal user	Mild addiction	Percent of internet addiction prevalence	Total
BA	67	13	16.25	80
MA	52	9	14.75	61
Total	11	0	0	11
Chi square	Test value	Degree of freedom	Sig. level	
	2.069a	2	0.355	

According to obtained results, relationship between two variables is not significant at level 0.05.

As results obtained from descriptive data show, average social health is 63.68 which is higher than normal average and it can be optimal result. Lowest social health score was 29 and highest social health score was 97. Social contribution had highest average among aspects of social health (Table 3).

Table 3: Average social health score and its aspects among students.

Variable	Min.	Max.	Mean	SD
Social coherence	3.00	20.00	13.1176	3.71993
Social integration	4.00	20.00	12.5259	3.36538
Social contribution	7.00	21.00	16.0222	3.45864
Social actualization	3.00	20.00	11.6466	4.16369
Social acceptance	3.00	41.00	10.4412	4.25269
Total social health	29	97	63.68	12.698

According to obtained results, relationship between two variables is not significant at level 0.05.

Results of the research indicate there is significant negative relationship between social health and internet addiction in students ( $r = -0.264$ ).

Table 4: Correlation matrix between social health and internet addiction

Correlation Matrix	Internet Addiction	
Social health	Correlation Coefficient	-0.264**
	Two-range sig. level	0.002
	Frequency	151

Research results regarding relationship between social health and internet addiction indicate there is inverse correlation between social coherence, social contribution and social actualization and internet addiction, but no relationship was observed between social integration and social acceptance and internet addiction.

Table 5: Correlation matrix of relationship between social health aspects and internet addiction

Correlation	Internet Addiction	
Social coherence	Correlation coefficient	-0.272**
	Probability value (P-VALUE)	0.001
Social integration	Correlation coefficient	-0.121
	Probability value (P-VALUE)	0.164
Social acceptance	Correlation coefficient	0.006
	Probability value (P-VALUE)	0.947
Social contribution	Correlation coefficient	-0.330**
	Probability value (P-VALUE)	0.001>
Social actualization	Correlation coefficient	-0.226**
	Probability value (P-VALUE)	0.009

## 6. DISCUSSION AND CONCLUSION

According to the findings, internet addiction prevalence in students is 14.47 percent (male: 10.63%, female: 16.19%). Average internet addiction was calculated as 31.21 in this work with SD as 16.42. Lowest internet addiction was 1 and highest internet addiction was 74. According to scoring of internet addiction scale (Situation of users is specified based on scores 20 – 49 (normal user), 50 – 79 (mild addiction) and 79 – 100 (sever addiction) to internet), sample students are considered as normal users.

In relation with social health score, findings indicate average scores of total social health is 63.68, which is higher than normal average. Similar finding was reported in the study by Abdollahtabar et al. (2007) (average: 68.32). Results for analysis of correlation between social health and internet addiction indicate there is significant negative relationship between two variables. Kalthornia Golkar et al. (2012) showed there is significant negative relationship between internet addiction and mental health. Also, findings in the study by Mirzaeeian et al. indicate mental health and its components including somatization, anxiety symptoms, social dysfunction symptoms and depressive symptoms differed among students in three groups in terms of internet addiction. Thus, it was found internet addiction can threaten mental health (Mirzaeeian et al., 2011).

According to findings in the current work and previous studies it can be concluded there is correlation between internet addiction and social health. Thus, considering findings in the current study, it can be concluded both internet addiction and social health in students should be taken into account, because the former may threaten social health of students and the latter may play role in internet addiction reduction.

Also, practitioners and experts in social workers, psychologists, counselors, and university officials are proposed to consider following points for reducing internet addiction harms:

There is relationship between social networks, support sources of social networks, network relationship and socioeconomic

status and social health (Hatami, 2010). There is also relationship between communication skills and social health. Thus, in order to promote social health and reduce internet addiction above cases should be strengthened through holding social communication skills workshop, providing psychological and consulting services, individual and group social work, and ultimately social health is promoted. Also, considering training life skills can help social health promotion and internet addiction reduction, it is suggested its training in students is specially taken into account. At macro-level, community social working (social planning, social action, social development) can be used for reduction of social layers such as power and wealth inequalities, creating socioeconomic situations, promoting social welfare, increasing social participation, and promoting social capitals and finally social health is strengthened at macro-level.

There is no significant relation between demographic variables (gender and academic level) and internet addiction. No significant relationship was found between gender and internet addition in the study by Khosrojerdi *et al.*, but there was significant relationship between academic level and internet addiction in school students (Khosrojerdi *et al.*, 2009). Thus, studies by other authors support findings in the current study.

Findings of the current study indicate there is significant negative relationship between social health and internet addiction in students. It seems that having social skills and high health causes people have control over their impulsive behaviors and it may reduce internet addiction. Also, in order to reduce problems and prevent from emerging harms and problems especially internet addiction which may have irreversible harms for college students it is necessary to have planning for promoting health and consider other ways of prevention.

### Acknowledgement

Students in Tehran University of Social Welfare and Rehabilitation Sciences and others who helped us in conducting the research are highly appreciated.

### REFERENCES

- [1] Babae, N. (2003). Health needs of adolescents in the context of social change, *Journal of Social Welfare*. No. 7.
- [2] Joshanloo, M., Rostami, R. & Nosratabadi, M. (2006). Factor structure of comprehensive welfare scale, *Journal of Iranian Psychologists*, Third Year, No. 9, pp. 35-51.
- [3] Khosrojerdi, M. & Mirzaee, A. (2009). Internet addiction in adolescents: studying variables of gender, educational level, and educational organization size, *Strategy Journal*, Vol. 18, No. 53, pp. 213-225.
- [4] Wmaft, M. & B. Ashford, J. (2008). *Fundamentals of social work*. Tr. by K. Ghaniabadi (1996), Tehran: Avaye Noor Publication.
- [5] Sam Aram, E. (2012). *Theories of Social Work*, Tehran: Allameh Tabatabai University Press, First Edition.
- [6] Alavi, S., Jannatifard, F., Islami, M. & Rezapour, H. (2011). Determining Reliability and Validity of Internet Addiction Disorder Diagnostic Questionnaire in Student Users, *Journal of Medical Sciences*, Zahedan, Vol. 13, No. 7.
- [7] Farsinejad, M. (2005). Relationship between identity styles and commitment and social health and self-efficacy of second grade school boys and girls in Tehran high schools, Master's Thesis, Department of Psychology, Tehran University.
- [8] Ghasemzadeh, L., Shahraray, M. & Moradi, A. (2006). Prevalence of Internet addiction and its relationship with loneliness and self-esteem of high school students in Tehran, *Journal of Education*, (89)
- [9] Kalthornia Golkar, M., Safarina, M. & Amirpoor, B. (2012). Internet addiction and mental health in clients in Kermanshah coffee-nets presented at first conference on emerging pathologies, Ministry of Cooperatives, Labor and Social Welfare.
- [10] Kowsari, M. *et al.* (2008). *Internet and social harms (Proceedings)*, Tehran: Salman Publication.
- [11] Mohagheghi Kamal, H. & Abdollahtabar Darzi, H. (2012). *Social health: An introduction to theoretical concepts, dimensions and indicators*, Tehran: Sokhanvaran Publication, First Edition.
- [12] Marandi, A. (2006). *Social Determinants of Health*. In *Public Health Comprehensive Book*, Ministry of Health and Medical Education, Department of Research and Technology, Second Edition.
- [13] Mirzaeeian, B., Baezat, F. & Khakpoor, N. (2011). Internet addiction and its impact on mental health, *Journal of Information and Communication Technologies in Education*, Second Year, No. 1.
- [14] Dowling NA, Quirk KL. )2009. (Screening for internet dependence: Do the proposed diagnostic criteria differentiate normal from dependent internet use? *Cyber-psyches behave*; 12(1): 21-7.
- [15] Joinson, A. (1998). Causes and implications of disinhibited behavior on the Internet. In J. Gackenbach (Ed.), *Psychology and the Internet* (pp.43-60). SanDiego: Academic Press
- [16] 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? A national study of well-being of midlife*. University of Chicago Press
- [17] Patrick F, Joyce J (2008). Internet Addiction: Recognition and Intervention. *Journal of Psychiatry Nurs*, 22(9):59-60.
- [18] Siomos KE, Dafouli ED, Braimiotis DA, *et al.* (2008). Internet addiction among Greek adolescent students. *Cyber-psychic Behave*; 11(6):653-7.
- [19] Young K .S. (1998). *Caught in the net: how to recognize the sings of internet addiction and a winning strategy for recovery*. 1st Edition, John Wiley& Sons: New York.