

Social Skills, Use of Socio-Digital Networks and Perception of General Health in Mexican Border University Students

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ABSTRACT

University students on Mexico's north-central border continue their vocational training activities at higher education institutions just over three years into the COVID-19 pandemic. Various studies indicated health effects in this period, mainly with considerable increases in anxiety, depression, suicidal ideation, somatic symptoms, social dysfunction and tobacco or substance use in the face of confinement and little social contact of young people, even considering the advent of virtuality and social networks. The variable development of social skills in the forms of communication and conflict resolution has been a relevant factor in the post-pandemic period, identifying needs for analysis that enable adjustments in psychosocial support for the youth population. The aim of the study was to analyze the relationship between the social skills and the perception of general health of 138 university students through a non-probabilistic sampling by voluntary subjects with informed consent. Three validated instruments of social skills, general health and anxiety were applied with a cross-sectional non-experimental quantitative methodology with statistical correlation analyses. The perception of general health symptoms such as depression, somatization, and social dysfunction was associated with the social skills and anxiety of college students.

KEYWORDS: General health, social skills, university students.

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INTRODUCTION

The objective of the study was to analyze the relationship of perceived general health indicators with social skills and the use of socio-digital networks in students of a state public university in the state of Chihuahua, Mexico, which enables the design of psychosocial interventions for student well-being, considering the various effects on the psychosocial health of university students. According to the report by the United Nations Educational, Scientific and Cultural Organization [UNESCO] and the International Institute for Higher Education in Latin America and the Caribbean [IESALC], the number of university students in the world increased over the last 20 years from 19% to 38% and about 90% use socio-digital networks (UNESCO, 2020). According to the National Institute of Statistics and Geography [INEGI] in Mexico, 4,032,931 were registered in 2023 and in the state of Chihuahua, 129,563 people were identified with active enrollments in public and private universities, representing 3.21% of the total population (INEGI, 2023). At the Autonomous University of Ciudad Juárez [UACJ], 38,292 were registered in various institutes and disciplinary programs in 2023, with 27.7% (10,630)

belonging to the Institute of Social Sciences and Administration [ICSA], of which 3,680 are men and 6,950 are women (UACJ, 2023).

On the other hand, the World Health Organization [WHO] identified health as an integral term of physical, psychological, and social well-being that allows for the contextual adaptive functioning of individuals (WHO, 2003). Subjective well-being represents a relevant factor in the identification of adverse conditions to integral health when there are situations that individuals perceive as not optimal and that constitute symptoms, signs, or biopsychosocial syndromes (Monterrosa-Castro et al. 2020). In university students, it is relevant to analyze the perception of psychosocial symptoms such as anxiety, depression, somatization, and social dysfunction based on the social skills that were affected during the COVID-19 pandemic. The WHO pointed out that there is a prevalence of 4% of anxiety disorder and 2% of depression in the world with around 301 million individuals diagnosed, in addition to the fact that addiction to the use of socio-digital networks continues to increase (WHO, 2023). Some records on the symptoms of conditions in university students during the COVID-19 health

pandemic have shown that around 53% have an anxiety-related illness, 48% with stress and 29% with depression, highlighting important sequelae of general health that impacted on the school performance of university students (Trunce et al., 2020).

Anxiety is identified as a way of coping with certain threats from the contextual environment with different intensities, since in a pathological state it is expressed through physiological symptoms such as chest pressure, lack of oxygen, muscle tremors, loss of consciousness, and tachycardia, among others, according to the experience of various people (Chacón et al., 2021). The warning and/or danger signals of the nervous system promote different behaviors of adaptation to the context to achieve a certain organic homeostasis in accordance with the postulates of Lang (1968) who maintained that anxiety disorders develop independently between the mental and the physiological. Seligman (1971) stated that people's anxiety and fears come mainly from an association that is created in thoughts with conditioned stimuli from the outside that can become phobic, and Beck & Clark (1988) postulated that mental illnesses and emotional problems derive from a distortion in the cognitive processing of data focused on the survival of the same subject.

Also, Sigüenza & Vílchez (2021) demonstrated significant differences in anxiety in university students in the post-pandemic period after the COVID-19 disease led to various mental health sequelae such as irritability, symptoms of mental discomfort, anxiety, addictions, depression and panic, among others, mainly when the use of socio-digital networks is dispensed with, presenting dependence, depersonalization, and memory cognitive impairment, according to Goldstein (2022). Other studies identified associations of anxiety with general health factors such as diet and sleep-rest, mainly in up to 39% of university women (Flores et al., 2007) and Monterrosa-Castro et al. (2020) stated that up to 50% in both sexes. Other researchers found significant differences between social anxiety between young people with and without physical or somatic symptoms (Bulnes et al., 2018). Although social anxiety has been linked to self-esteem and social skills, subjects with adequate social skills show high self-esteem and decreased social anxiety (Caballo et al. (2018).

The general health of university students has been related to problems typical of university life, to strenuous extracurricular activities and to changes in academic habits associated with hereditary biological conditions with certain eating, sleep-rest and physical exercise habits (Arbués et al., 2019). After the pandemic period of isolation, university students showed a certain socio-emotional maladjustment, which activated adaptive processes of socialization and coping with face-to-face academic demands (Furlan et al., 2009). Various studies indicated that anxiety has been significant in university students, mainly in those who do not plan their study strategies individually in relation to those

who use reflective and critical learning collaboratively (Morales & Morales, 2021), as they advance through the curricular levels in both sexes (Cabeza et al., 2018) and with association with academic stress with an emotional sense (Cardona-Arias et al., 2015).

Academic performance refers to the level of knowledge about a specific field or subject that represents the student's learning that has been achieved according to the teaching-learning processes, generally expressed through credit ratings obtained after a period of time (Hernández & Arreola, 2021). In some studies, school performance has been associated with the motivational and socio-emotional aspect of the student by identifying symptoms of depressive mood and anxiety in situations sustained with adverse experiences and with less cognitive-reflective activity when using socio-digital networks (Martinelli et al., 2003).

Although Ruiz-Segarra (2020) found no relationship between anxiety and forms of study in university students, Domínguez-Lara (2018) concluded that people with better school performance use their own control strategies when facing evaluative exams to achieve goals, unlike those who they were dedicated to avoidance and search for support, corroborating their previous studies (Domínguez-Lara et al., 2017). Other studies have indicated the importance of mutually supportive interpersonal relationships in academic performance depending on social skills, even though these are determinants of stress, frustration and anger management, as well as the feeling of not fitting into a social or virtual group when interacting with the Internet, resulting in anxiety and depression problems (Castrejón & Sánchez, 2023).

Social skills refer to interpersonal behaviors to relate effectively with others according to the family, school, or socio-occupational context that determine changes or transformations in social reality (Beltrán & Garzón, 2022; García, 2005). However, in the pandemic period characterized by voluntary isolation that implied changes in social relationships, since the social skills emitted in their social and interpersonal context that allow them to express feelings, attitudes, desires, points of view, with respect and coexistence with empathy, communication, assertiveness, problem solving, teamwork, among others, have been affected (Castrejón & Sánchez, 2023). Even considering the theoretical contributions of Vygotsky (1979), the human psychological function is based on social exchange as the origin of inter psychological representations, which, through a dialectical process, are transformed into intra psychological processes. According to García (2005), social skills are independent of the academic performance of young university students, although the series of behaviors that help the individual to face their social context with an impact on their personal development act as a protective factor in the child and adolescent community, according to Caballo (2007).

Although the Chihuahuan Institute of Health [ICHISAL] of the Ministry of Health of the state of

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Chihuahua has been implementing the mental health program since 2019 with the telephone crisis line channeled by 911 to receive immediate attention to people who are going through a situation of anxiety attack, depressive symptoms, suicidal ideation, among others, available 24 hours a day, free of charge with trained managers (ICHISAL, 2019); Studies have reported that anxiety has been linked to major stressful events in college students, and few have sought help or social support. Therefore, the study was guided by the following question: *What is the relationship between social skills, use of socio-digital networks and the perception of general health in university students?*

METHODOLOGY

The empirical-analytical approach was used to analyze the indicators of the variable's anxiety, somatization, social dysfunction, depression and social skills using validated instruments, to verify the replicable information with a quantitative approach of correlational scope. The relationship of the indicators was identified without manipulating the variables, constituting a non-experimental design with a hypothetical-deductive method including observations of the conditions presented by people at a specific time with a single cross-sectional measurement (Gómez & Villalobos, 2014; Guevara et al., 2020; Hernández-Sampieri & Mendoza, 2018; Rodríguez & Mendivelso, 2018).

With a non-probabilistic type of sampling by volunteer subjects, 138 university students participated with informed consent to ensure confidentiality, voluntariness, anonymity and data privacy. We worked with the hypothesis that university students who have social skills perceive adequate general health indicators regardless of the use of socio-digital networks. For this, a sociodemographic questionnaire was used with variables of inclusion of gender, age, curricular level, average obtained, if they use socio-digital networks and if they work. The questionnaire technique is pertinent, choosing the option that is closest to the intensity with which the item mentioned is mentioned (Maldonado, 2007; García-Muñoz, 2003). Also, the instrument "Beck's Anxiety Inventory" developed by Beck et al. (1970) was used with a reliability in Cronbach's Alpha of $\alpha=.94$ with 21 items that qualify physical and cognitive anxious symptoms within the last week to the present day. The total score can range from 0 to 63 points. Scores between 0-21 show very low anxiety, 22-35 moderate anxiety and more than 36 severe anxiety.

Likewise, the General Health Questionnaire with 28 items (GHQ-28) developed by Goldberg & Williams (1988) and validated by Lobo & Muñoz (1996) was used with Cronbach's alpha reliability of $\alpha=.94$, which identifies somatic symptoms, anxiety, social dysfunction and depression by means of a Likert scale with a sense of frequency with a cut-off point of 5 for each subscale. The score is determined according to the presence of symptoms in a dichotomous sense, with the sum of the score being 0-23

absence or minimal presence of psychological distress, 24-35 moderate psychological distress, 36-84 significant or severe psychological distress.

The Social Skills Assessment Scale for Adolescents [EHSA] developed by Goldstein (1978) validated by Ríos (2014) with a Cronbach's alpha higher than $\alpha=0.92$ was also used to identify the frequency or intensity with which certain social behaviors are experienced in 5 response options according to frequency. The scores of the questions are added to obtain the total score in social skills (50-250), with ratings of less than 78 categorized as low level, from 78 to 156 normal and greater than 156 good level. The EEHS is made up of 6 dimensions: (1) Basic Skills with 8 items (1-8) with a maximum of 40 points, Advanced with 6 items (9-14) maximum 30, Feelings with 7 (15-21) max. 35, Aggression 9 (22-20) max. 45, Stress 12 items (31-42) max. 60 and Planning with 8 items (43-50) with a maximum of 40 points. The data were analyzed with statistical correlation procedures using the statistical computer program for the social sciences [SPSS].

RESULTS

A total of 138 university students participated, of which 68% (94) were women and 29% (41) men, with a mean age of $\bar{x}=22$ years ($SD=4.5$) between 14 and 48 years. 28% (39) are at the beginner level, 41% (57) are at the intermediate level, and 30.4% (42) are at the advanced level. Likewise, 36% (49) are studying Social Sciences, 28% (38) Design and Arts, 23% (32) Chemical-Biological and Health, 10% (14) Administrative and 3% (5) Engineering. 80% (110) consider their academic performance as good and 20% (28) sufficient. 86% (119) are originally from Ciudad Juárez and 34% (47) work, with 45% (62) attending courses during the day, 33% (45) in the morning and 22% (31) in the afternoon shift. 13% (18) reported that relations with their teachers are excellent, 46% (64) good, 38% (53) average, and 2% (3) bad.

On the other hand, 38% (53) have a romantic partner where 42% (22) mentioned that their relationship is excellent,

39% (21) good, 11% (6) regular and 8% (4) bad. 98% (134) do not have children and 45% (62) prefer to do recreational activities in their free time, 30% (42) cultural and/or artistic, 13% (19) sports, 8% (11) basic food or rest and 3% (4) social. 18% (25) reported that they use the social networks *Facebook* and *Instagram*, 11% (15) *Tik Tok*, *Facebook* and *Instagram* and 10% (14) use only the social network *Instagram*. 40% (55) consider that their addiction to socio-digital networks is high, 45% (62) medium and 11% (15) low; although 4.3% considered that their addiction is very high.

35% (48) reported the presence of psychological distress with an inadequate perception of general health, 22% (31) minimal presence and 43% (59) absence of psychological distress, with a reliability of the GHQ-28 instrument (Goldberg & Williams, 1988) with 28 items of

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$\alpha=0.951$ in Cronbach's Alpha and $\omega=0.950$ in McDonald's Omega; reporting a mean of $x=29.4$ and median of $M=27$ ($SD=17.2$) between 1 and 81 with a non-normal distribution ($K-S=.099$, $df=138$, $p=.002$). A significant difference was found by gender, being greater in women ($x=31.7/M=25$) than in men ($x=24.2/M=20$) ($KW=5.860$, $p=.015$) regardless of place of birth, whether they work, curricular level, career areas, addiction to socio-digital networks and perceived academic performance.

On the Beck Anxiety scale, with a mean of $x=42.4$ and median $M=40.5$ ($SD=13.1$) between 21 and 78, 61.6% (85) of the participating students reported severe anxiety, 37.7% (52) moderate, and only .7% (1) reported low anxiety, with a Cronbach's Alpha of $\alpha=.933$ and McDonald's Omega of $\omega=.935$ on the total scale of 21 items and showing a non-normal distribution behavior ($K-S=.102$, $df=138$, $p=.001$). A significant difference was found by gender, being greater in women ($x=44.3/M=45$) than in men ($x=38.1/M=35$) ($KW=6.650$, $p=.010$), regardless of place of birth, whether they

work, curricular level, addiction to socio-digital networks, career areas and perceived academic performance ($KW=.463$, $p=.496$).

The Social Skills Assessment Scale of Goldstein et al. (1989) with 50 items obtained a Cronbach's Alpha $\alpha=.957$ and McDonald's Omega of $\omega=.956$ on the total scale. 72% (100) with a good level and 28% (38) with a normal level of social skills with a mean social skills of $x=174$ ($SD=30.1$) between 101 and 248 with a normal distribution ($K-S=.049$, $df=138$, $p=.200$), with no statistical difference by sex, place of birth, if they work, curricular level, career areas, addiction to socio-digital networks and perceived academic performance ($F=1.747$, $p=.180$). The dimensions of the EEHS correlated with each other significantly, showing adequate sensitivity of the instrument ($r=.779$, $p<.001$), with university students maintaining greater social skills for stress management ($x=41.1$), alternative skills to aggression ($x=33.8$) and planning skills ($x=31.9$) (See Table 1).

Table 1: Statistics and Prevalence of Social Skills and Perception of General Health

Interpersonal skills	Media	DS	Normal	Competent	Health	Media	DS	Moderate	Significant
Stress Response	41.1	8.4	81%	18%	Beck Anxiety	42.2	13.1	38%	62%
Alternatives to Aggression	33.8	5.3	70%	30%					
Planning	31.9	6.6	51%	49%					
Basic	27.7	5.6	80%	20%					
Managing feelings	22.8	5.5	82%	16%					
Advanced	19.8	4.3	80%	20%	Somatic Anxiety	7.4	4.4	43%	10%
						8.1	5.8	33%	20%
					Social Disf	8.3	4.4	50%	11%
					Depression	5.5	5.4	28%	9%
Interpersonal skills	174.1	30.1	28%	72%	General Health	29.4	17.2	22%	35%

Source: Own elaboration

27% of students with competent social skills reported an inadequate perception of general health, mainly those with advanced skills (26%) and planning skills (22%), while only

5% of students with competent skills on the expression of feelings showed inadequate health effects, although 32% of them indicated the presence of anxiety (Table 2).

Table 2: Statistical means and prevalence of social skills according to health perception

Competent social skills	Beck Anxiety	Somatic	Anxiety	Social Disf	Depression	General Health
Basic	26.6*	50%	26.2* 13%	26.5* 14%	4.9* 1%	23.8* 4%
Advanced	19.2*	44%	19.1 7%	18.6* 15%	5.2 11%	16.4* 1%
Feelings	21.4**	32%	21.2 5%	20.2** 4%	5.4** 1%	19.9* 5%
Alternative Aggression	32.8*	38%	32.8 10%	32.7** 12%	5.2* 2%	30.3* 5%
Stress	39.5**	44%	40.1 8%	39.4* 20%	8.1** 1%	38.4* 4%
Planning	30.4*	48%	29.8 8%	29.4* 13%	4.9** 8%	4.5* 8%
Habilidades sociales	166.7**	55%	166.1 9%	163.7** 16%	28.3** 8%	27.4** 6%

Diferencia significativa * $p<.05$, ** $p<.001$

Fuente: Elaboración propia.

College students' social skills were significantly negatively correlated with anxiety ($Rho=-.360$) and general health symptoms ($Rho=-.418$) ($p<.001$) regardless of perceived grade point average, social media use, and gender. However, social skills were positive predictors of anxiety ($b=.790$, $t=15.047$, $p<.001$) and negative predictors of general health symptoms ($b=-.418$, $t=-5.375$, $p<.001$).

CONCLUSIONS

The results indicated that university students perceived their general health as associated with social skills and anxiety, with no significant difference by sex, use of social networks or the internet, and academic status. In the post-COVID-19 pandemic period, university students had a greater effort with high levels of facilitating anxiety to adapt to social interactions after a period of sanitary isolation (Caballo, 2007). Sociability processes represented protective factors for general perceived health conditions, although students with basic social skills such as listening, initiating and maintaining conversations, asking questions, or thanking perceived somatic symptoms without difference by sex, contrary to what was found by Bulnes et al. (2018) who pointed out that women with social skills perceive somatization to a greater extent than men.

According to Beltrán & Garzón (2022) and García (2005), generalized anxiety allows individuals to be enabled or protected from their threatening environment by activating social interaction strategies, mainly negotiation, problem-solving, and leadership, but not when there is social anxiety that affects their self-esteem (Caballo et al., 2018). In students with advanced skills such as asking for help, convincing, participating with leadership and using apology, as well as in those with social skills for coping with stress such as managing frustration, resilience and working under pressure; as well as in those with planning skills such as making rational decisions, working towards objectives, solving problems and concentrating on the task, they perceived anxious symptoms significantly regardless of the use of socio-digital networks.

In students with social skills for managing feelings such as self-knowledge, emotional expression and regulation, empathy, fear resolution and self-reward; as well as in those with social skills of alternatives to aggression such as asking permission, sharing, helping others, negotiating, self-control and avoiding problems with others, they perceived depressive symptoms; corroborating the findings of Domínguez-Lara et al. (2017) and Castrejón & Sánchez (2023) who identified that young people with deficiencies in socio-emotional skills present problems of acceptance of peers with school maladjustment, even related to problems of delinquency and juvenile psychopathology.

The development of advanced social skills represents an important protective process for socio-emotional health, however, since no significant differences were found between

social skills with face-to-face interaction and the use of socio-digital networks with virtual interaction, greater depth is required to visualize any differential impact of them with the perception of general health. For the time being, it is relevant to consider social development as an important factor to promote general health through psychoeducational prevention strategies in the processes of harmonious coexistence and resolution of interpersonal conflicts.

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