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Research Paper

On the Effect of Social Capital Components on Rural Women's Quality of Life in Zabol Township, Iran

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Abstract

Improvement of life quality is a general aim of all developmental programs all over the world. So that, It is an important issue that has been studied by socialists and even psychologists. Social capital is the social aspect that consists of trust, a norm for regulating the relation among members, and network, which can increase mental health and can be used as the access to health information; accordingly, it can influence individuals' quality of life. Thus, the present study attempted to explore the effect of social capital components on rural women's quality of life in Zabol Township. The statistical population of this study consisted of all rural women (15-64 years old) in the central district of Zabol Township (N=9234). Based on Bartlett (2001)'s sampling table and applying multi-stage cluster sampling method, 209 rural women were chosen for the study. The main instrument used in this study was a questionnaire whose validity was confirmed by the panel of experts and its reliability was established by Cronbach's alpha coefficient. Data were analyzed by SPSS23 software. Result of inter multiple regression analysis revealed that the social capital components were the main predictors of rural women's quality of life in Zabol Township. The findings of this study have implication for rural development policy makers and planners in order to improve the rural women's quality of life in the process of rural development.

Keywords:
Rural development, rural women, quality of life, social capital, Zabol Township

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INTRODUCTION

Nowadays, with the advancement and expansion of communities, quality of life (QOL) has become a concern all over the world (Al-Ghafri, 2015). The QOL is an important index for different groups of people in worldwide (Horner-Johnson et al., 2009). QOL should be considered as a multidimensional concept, and has been estimated with regard to physiological, psychological and social factors, and usually includes subjective evaluations of both the positive and negative aspects of life (Horner-Johnson et al., 2009). Despite the fact that studies have suggested that the life quality index is low for all members of the society, according to the life quality index of 2010, Iran ranks 150th among 194 countries of the world. Although Iran has ascended thirteen steps compared to 2009, it is still among the weakest countries in QOL (Hassanzadeh & Sanatkhah, 2015). Moreover, despite the fact that about 30% of the Iranian population live in rural areas (Statistical Center of Iran, 2011), little attention has been paid to the problems involved in the search for quality of living among rural dwellers in the country. The rural women play an important role in rural development. Therefore, the study of life quality among rural women is significant. The concern for increasing the quality of life among the rural women can be seen in the general concern to alleviate the socio-economic status of the rural poor household. Many programs sponsored by either the national government or international agencies have been designed to improve quality of life of the rural women in Iran.

Any question that identifies the factors affecting rural women's quality of life is important. As one of the social determinants of health, social capital affects one's quality of life (Rimaz et al., 2015). In fact, social capital could justify differences in health between different communities. In communities where people have higher social capital, there are lower rates of crime and higher levels of quality of life (Masalu & Astrom, 2002). Social capital has a clear relationship with a person's position in social networks; in addition, the status of an individual in social networks could affect his/her quality of life (Carpiano & Fitterer, 2014). Additionally, when a person takes more advantage of his/her social relationships, he/she will have an easier path ahead to achieve a higher quality of life which in turn decreases many internal conflicts and concerns. Thus, it leads to higher levels of mental and physical health for the individual and community (Oh et al., 2014). Whereas, few studies describe factors influencing QOL among rural women. Therefore, this study attempts to overcome this challenge by investigating the effect of social capital components on rural women's quality of life in Zabol Township, Iran.

Quality of life

Although theoreticians of social sciences and development studies have considered quality of life from the second half of the twentieth century (Ghaffari et al., 2011), but QOL suffers from a lack of standard agreed definition and form of measurement (Karimzadeh et al., 2013). Formerly, the QOL was evaluated by the improvement of the material life (such as income, education, physical health and housing) but then, psychologists and experts stated that the main criteria for having a desirable life quality, does not mainly depend on facilities of the material life, it mostly depends on satisfaction and mental perception of the concept of work, employment and housing (Masaeli et al., 2013). According to the World Health Organization's definition of QOL it is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live (Murphy et al., 2015). QOL refers to having necessary resources to fulfill needs and desires, participating in various activities, gaining self-confidence, and comparing one's satisfaction to that of other individuals (Masaeli et al., 2013).

Many scholars believe that the QOL is mostly determined by private aspects of life such as wishes, expectations, satisfaction, etc. (Lotfi, 2010). Ghaffari et al. (2010) defines

the QOL as one's satisfaction with life and the surrounding environment which includes needs, demands, preferences, life style, and other concrete or abstract factors that influence the overall welfare of the individual. Generally speaking, QOL has been conceived as fulfillment of mundane and spiritual needs from subjective or objective aspects. In subjective approaches, researchers put emphasis on the subjective experiences of individuals and tend to foreground well-being, happiness, and welfare as major components. Objective approaches emphasize the objective conditions of life and quality is believed to be depending on the fulfillment of rudimentary needs. These objective indicators chiefly include economic production, literacy rate, and life expectation (Costanza et al., 2007). Recently, however, subjective approaches have been more favored by scholars. Among subjective criteria, mental perception of well-being has been accepted as more democratic since people themselves, instead of researchers, come to assess their life conditions. One can simply ask people how much they feel that they are living in welfare and obtain the right answer because people usually have a clear picture of ideal conditions in their minds (Noghani et al., 2008). Noghani et al., (2008) have explained that there are two main dimensions for quality of life: objective QOL and subjective QOL. Objective QOL is the objective facilities and chances in one's life. Facilities help people to be healthy and use their life chances. Subjective QOL is the sense of being advantaged so that the consequence is a sense of happiness.

Social capital

Social capital has become a popular topic over the past decade, and the literature connecting it with health has grown quickly (Veenstra, 2000). It has been differentiated (Putnam, 2000) from earlier versions of economic capital (money), physical capital (factories, etc.) and human capital (skills, education, etc.). Generally, social capital refers to the social relationships between people that enable productive outcomes (Szreter, 2000). It can be seen as the glue that holds together social collectives, such as networks of personal relationships, communities or even whole nations (Ellison et al., 2006).

Onyx and Bullen (2000) believed social capital include the following eight dimensions: Participation in community; feelings of trust and safety; neighborhood connections; tolerance of diversity; value of life; family connections; pro-activity in social contexts; and work connections. Participation in community defined participation in a local community (e.g., "Are you an active member of a local organization or club?"). Feelings of trust and safety was defined by questions such as, "Do you agree that most people can be trusted?" neighborhood connections referred to a more informed interaction within the local area (e.g., "Have you visited a neighbor in the past week?"). Family and Friends Connections, as well as Neighborhood Connections, referred to informal interactions, defined by items such as, "In the past week, how many phone conversations have you had with your friends?" Tolerance of Diversity was identified by items such as, "Do you enjoy living among people of different lifestyles?" Value of Life was identified by items such as, "Do you feel valued by society?" Pro-activity in Social Context was also defined by questions such as, "If you have a dispute with your neighbors, are you willing to seek mediation?" Finally, the work connections questions included items such as, "Do you feel part of the local geographic community where you work?" This dimension was asked of people who were still in paid employment (Sum et al., 2015).

Andriani & Karyampas (2010) investigated whether social capital can affect the standard of living of Italian households based on poverty and social exclusion. The analysis of the study developed at the regional level through cross-sections. Results of the study confirmed that there is significant and negative correlation between social capital and the measures of social exclusion and the study also showed that social capital is posi-

tively correlated to higher levels of living standard in Italy. Noghani et al., (2008) investigated relationship between quality of life and social capital in Mashhad City. The results of the study showed that social capital has a greater role in explanation of the quality of life relative to income and education. Income is the most important factor for explanation of the objective quality of life and social capital is the most important factor for explanation of subjective quality of life. Ounagh & Ounagh (2011) conducted a comparative research about social capital and quality of life in Delhi and Tehran. The results of multiple regressions in this study indicated that in both societies there is a significant relationship between social capital and quality of life. In addition, the study found that there is significant difference in impact of social capital on quality of life in Delhi and finally the multiple regressions indicated that all five indicators of social capital are accepted as predictors of quality of life in Delhi, whereas in Tehran excluding communication the rest of the four indicators viz. view towards locality, social participation, social trust, and local solidarity are entered in the model as predictors of quality of life.

Karimzadeh et al. (2013) investigated the perceptions of people about social capital and its impact on quality of life. The findings of this study show that there is a significant relationship between social capital and quality of life and multiple regression analysis also indicate that except social participation all indicators of social capital are accepted as predictors of quality of life in India. Roslan et al. (2010) believed that variables of social capital and quality of life are related and affect each other. Therefore, based on above empirical study the following hypotheses are shaped:

H1: Participation in community component has a positive and significant effect on quality of life among rural women in Zabol Township.

H2: Feelings of trust and safety component has a positive and significant effect on quality of life among rural women in Zabol Township.

H3: Neighborhood connections component has a positive and significant effect on quality of life among rural women in Zabol Township.

H4: Tolerance of diversity component has a positive and significant effect on quality of life among rural women in Zabol Township.

H5: Value of life component has a positive and significant effect on quality of life among rural women in Zabol Township.

H6: Family connections component has a positive and significant effect on quality of life among rural women in Zabol Township.

H7: Pro-activity in social contexts component has a positive and significant effect on quality of life among rural women in Zabol Township.

H8: Work connections component has a positive and significant effect on quality of life among rural women in Zabol Township.

Methodology

This study was quantitative in nature and applied in purpose. The statistical population of this study consisted of all rural women (15-64 ages) in the central district of Zabol Township (N=9234). Based on Bartlett et al. (2001)'s sampling table and applying multistage cluster sampling method, 209 rural women were chosen for study. The main instrument of this research was a questionnaire, which consisted of three parts: (a) demographic characteristics; (b) social capital; and (c) quality of life. In the b and c parts of the questionnaire, we adapted the scale's Onyx and Bullen (2000) and Noghani et al., (2008). Social capital scale's consisted of 34 items (for participation in the local community 7 items, social agency or proactivity in a social context 7 items, feelings of trust and safety 5 items, neighborhood connections 5 items, family and friends connections 3 items, tolerance of diversity 2 items, value of life 2 items and work connections (these questions were only asked of people in paid employment) 3 items). Quality of life scale's consisted of 15 questions (for objective QOL 5 items and subjective QOL 10 items).The

questions were multiple-choice and scored on a 5-points Likert scale ranging from very low (1), low (2), moderate (3), high (4), very high (5). The validity of the questionnaire was confirmed by the panel of experts, and its reliability coefficient was confirmed by Cronbach's Alpha coefficient and composite reliability ($\alpha > 0.70$). Data were analyzed by SPSS $_{version23}$ software in two parts of descriptive and inferential statistics. Frequency, percent, mean and standard deviation used as descriptive statistics and correlation and multiple regression analysis were used as inferential statistics. Enter multiple linear regression is a valuable method used to model the linear relationship between a dependent variable and some independent variables (Dong et al., 2008). In an ideal model, independent variables should not be related among themselves, commonly known as the problem of multi co-linearity, as indicated by their respective values of variance inflation factor (VIF), being above 10 (Hasheminasab et al., 2014).

RESULTS

The mean age of participants in this study was 33.14 years (SD=9.07). The majority of respondents are married (86.1%) and only 58 of them (13.9%) were single. Most of the women (69.6%) were housewife and 30.4% had official job. Family size was six on average with the minimum of two and maximum of 11. Finally, respondents were mostly educated at guidance level (21.97 %). About 21% were educated just at primary level and about 18% were illiterate. Overall, it appears that the rural women in Zabol Township have moderate to weak quality of life (objective quality of life and subjective quality of life) with a mean of 2.96 (SD=0.71) on a 5-points Likert scale. In addition, the rural women in Zabol Township have moderate to high social capital with a mean of 3.56 (SD=0.91) on a 5-points Likert scale. The description of the status of the components of social capital and quality of life has been reported in Table 1.

Pearson correlation coefficient was used to investigate the relationship between social capital components and rural women's quality of life in Zabol Township. The results from Table 2 revealed that social capital components (participation in the local community, social agency or proactivity in a social context, feelings of trust and safety, neighborhood connections, family and friends' connections, tolerance of diversity, value of life and work connections) had positive and significant correlation with rural women's quality of life in Zabol Township. In other words,

Table 1

Description of Social Capital Components and Quality of Life

Social capital components	Mean	SD
1- Participation in the local community	3.04	0.98
2- Social agency or proactivity in a social context	3.70	0.89
3- Feelings of trust and safety	3.11	1.01
4- Neighborhood connections	3.89	0.84
5- Family and friends connections	3.40	0.93
6- Tolerance of diversity	3.99	0.78
7- Value of life	3.48	1.11
8- Work connections	4.26	0.71
Quality of life components		
1- Objective quality of life	3.05	0.81
2- Subjective quality of life	2.93	0.92

Scale: very low (1), low (2), moderate (3), high (4), very high (5)

it can be stated that the increase or decrease in the amount of social capital components among rural women in Zabol township the amount of quality of life among them also increase or decrease.

VIF and Tolerance index showed that there was not multi co-linearity among variables and the coefficients determined by this model probably are the best values (Table 4).

Table 2

Correlation of Social Capital Components and Quality of Life

Social capital components	r	*P*-value
1- Participation in the local community	0.72**	0.000
2- Social agency or proactivity in a social context	0.63**	0.000
3- Feelings of trust and safety	0.68**	0.000
4- Neighborhood connections	0.67**	0.000
5- Family and friends connections	0.79**	0.000
6- Tolerance of diversity	0.49**	0.000
7- Value of life	0.59**	0.000
8- Work connections	0.65**	0.000

** $P<0.01$

The residual from the regression model were plotted to demonstrate assumption violations (Hasheminasab et al., 2014). Normal plot and normal distribution histogram of the standardized residuals are shown in Figure 1 and 2. The normal plot of the residuals in Figure 1 had a straight-line appearance. In addition, histogram with normal overlay of the distribution of the residuals showed that the measurement errors in the dependent variable (rural women's quality of life) were normally distributed (Figure 2). These results indicated goodness of the model for predicting rural women's quality of life using social capital components.

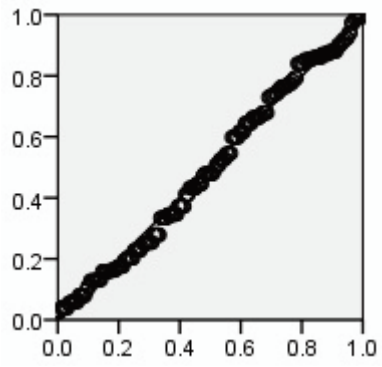

Figure 1. Normal plot of the standardized residual

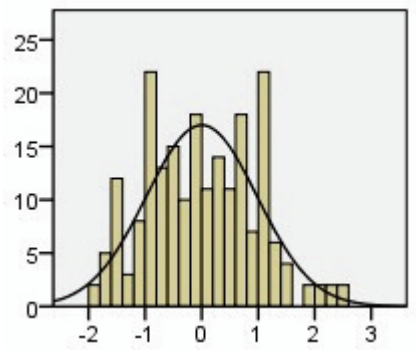

Figure 2. Normal distribution histogram of the standardized residual

In the second step, multiple linear regression and determination coefficient (R^2) were used for determining the effects of social capital components as independent variables on rural women's quality of life as dependent variable by fitting a linear equation to the observed data (see Table 3).

The statistical model developed by enter

Table 3
Regression Model Summary

Model	R	R^2	Adjusted R^2	Std. Error	F	*P*-value
1	0.94	0.89	0.89	0.38	219.13**	0.000

** *P*<0.01

multiple regressing explained 89% (R^2=0.89) of the total variation within the rural women's quality of life while the remaining 11% probably be due to residual effects. Analysis of variance (ANOVA) for this model was shown in Table 3. When all measured variables were present in the prediction model by enter multiple regression, ANOVA showed that the model was high significant (F=219.13**, *P*<0.01).

Table 4
Coefficients of Regression Model

Model	Unstandardized coefficients		Standardized coefficients	t	*P*-value	Collinearity statistics	
	B	Std. Error	Beta			Tolerance	VIF
Constant	0.06	0.11	-	.569	.570	-	-
Participation in the local community (x_1)	0.14	0.02	0.20	5.22**	.000	0.36	2.79
Proactivity in a social context (x_2)	0.15	0.02	0.22	5.99**	.000	0.38	2.65
Feelings of trust and safety (x_3)	0.06	0.02	0.08	2.69**	.008	0.52	1.91
Neighborhood connections (x_4)	0.09	0.02	0.13	3.51**	.001	0.38	2.61
Family and friends connections (x_5)	0.10	0.02	0.16	4.92**	.000	0.52	1.93
Tolerance of diversity (x_6)	0.14	0.02	0.19	7.87**	.000	0.85	1.18
Value of life (x_7)	0.23	0.02	0.34	11.68**	.000	0.62	1.61
Work connections (x_8)	0.07	0.02	0.10	4.01**	.000	0.81	1.24

** *P*<0.01

On the other hand, t-test and standardized coefficients (β) were calculated for all social capital components separately (Table 4). The results from Table 4 revealed that all social capital components significantly contributed to the model at the 1% of probability; so, it can be said that all social capital components were important to be presented in modeling of rural women's quality of life. Therefore, all hypotheses (H1-H8) were confirmed. Accordingly, the predicting model equation for rural women's quality of life is formulated by using social capital components as follow:

$$Y= 0.06+ 0.0.14X_1+ 0.15X_2+ 0.06X_3 + 0.09X_4 +0.10X_5+0.14X_6+0.23X_7+0.07X_8$$

Furthermore, to determine the relative importance of independent variables, standardized coefficient (βeta) was computed. This statistics shows the effect of each independent variable separately from the effects of other independent variables on the dependent variable (Shiri et al., 2013). Accordingly, the most influential independent variable on the dependent variable (rural women's quality of life) was the value of life component with β= 0.34. This means that a unit change of standard deviation of the Value of Life component explain 0.34 of unit change in standard deviation of the rural women's quality of life. Other important variables influenced the dependent variable were: the proactivity in a social context with β=0.22,

the participation in the local community with β=0.20, the tolerance of diversity with β=0.19, the family and friends connections with β=0.16, the neighborhood connections with β=0.13, the work connections with β=0.10, and the feelings of trust and safety with β= 0.08.

CONCLUSION AND RECOMMENDATIONS

The quality of life was someone's perception, regarding to its position in life, which is viewed from the cultural context and the system of value, where someone lives, and the connection with the goal, hope, standard, pleasure, and etcetera that becomes an individual's concern. Quality of life is a multidimensional concept, including the physical, social and psychological aspects which were interconnected in daily health (Yulianto et al., 2017). Today, improvement of the quality of life and increasing life satisfaction in rural women is one of the aims of sustainable development in rural areas. Focusing on the notion of social capital, the present study sought to compile a comprehensive list of the components of social capital which influence on the rural women's quality of life in Zabol Township.

This study promises to make a significant contribution to the study of social capital and its impact on quality of life. Social capital is regarded as an important determinant of quality of life. It refers to the extent to which communities provide individuals with opportunities through supportive relationships, generalized trustworthiness and active involvement in local and social activities to increase their resources and decrease their social expenditure. The findings of correlation analysis showed that social capital components (participation in the local community, social agency or proactivity in a social context, feelings of trust and safety, neighborhood connections, family and friends' connections, tolerance of diversity, value of life and work connections) had positive and significant correlation with rural women's quality of life in Zabol Township, which means higher social capital components will lead to higher ural women's quality of life in Zabol Township. These findings are in agreement with Andriani & Karyampas (2010) ; Karimzadeh et al., (2013); Ounagh & Ounagh (2011); Roslan et al., (2010); and Yulianto et al., (2017). Who also found a positive relationship between social capital and quality of life in their studies. In addition, the results of this study are consistent with that of the previous studies that established a significant and positive effect of social capita components on the quality of life (Karimzadeh et al., 2013; Noghani et al., 2008; Ounagh & Ounagh, 2011; Roslan et al., 2010; Yulianto et al.,2017). One explanation that can be given here is that quality of life is an individual's assessments and perceptions of its one's own life, which is influenced by cultural and social value system of every community. This understanding and perception must fit the resources, facilities, and goals of an individual. When the perceptions fit the reality, people will get rid of the primary concerns of life such as thinking about food, shelter, and clothing; instead, they will move toward communication channels, and over time, they will develop a collective sense of identity, a shared picture of the future, and a positive impression toward their community. As a consequence, they will participate in community decisions. The involvement and participation, life satisfaction, good feelings, along with the utilization of social, economic, and political facilities automatically develop feelings of social capital components (participation in the local community, social agency or proactivity in a social context, feelings of trust and safety, neighborhood connections, family and friends' connections, tolerance of diversity, value of life and work connections). Social capital components together could result in the formation and escalation of life satisfaction. Accordingly, it seems that enhancing social capital components could enhance rural women's quality of life in Zabol Township. It is believed that social capital should be given more consideration for improving quality of life and neglecting its importance may lead to failure

in the achievement of the full possibilities of developmental programs in rural regions.

Thus, in order to increase the level of social capital among rural women and ultimately enhance their quality of life, it is necessary to adopt social development policies both in the community and among women in rural regions, it is also necessary to utilize new social networks and strengthen existing networks, provide grounds for voluntary actions and activities, hold workshops to train people about capabilities and social participation in rural regions, and provide more suitable facilities on rural regions. In this regard, in order to help rural policy makers and planners the following suggestions are offered:

1) Increased trust on an official and informal level that leads to trust in relationships with friends, neighbors and other social institutions and results in a positive attitude to the self and community members, security, peace, as well as participation.

2) Membership in informal networks like friends, relatives, and neighbors and official networks like social organizations and institutions and, thereby, facilitating personal and collective actions to improve living conditions.

3) Increased participation and voluntary role in collective activities which causes verbal and communicative interactions, entrance to public areas, knowledge of other cultures, and mutual understanding for groups which are separated from the rural areas.

4) Increased social solidarity as a result of increased sense of responsibility and of using cohesive elements that create solidarity.

5) Improvement of informal social relationships and preparing the rural women for socialization which is an indicator of the quality of life.

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