

The Role of Cultural Capital and Social Satisfaction on the Social Health of Youth in Tehran

Mohammad Hassan Piran Qedari¹
Saifullah Farzaneh^{*2}
Majedeh Gholipour³

Received 10 March 2020, Accepted 18 May 2020

Abstract

Cultural capital is one of the types of capital that plays an important role in the lifestyle that can affect the quality of life of citizens. Therefore, the purpose of this paper is to investigate the role of cultural capital and social satisfaction in the social health of young people in the 22nd districts of Tehran. The research method was survey based on a questionnaire. The statistical population of the study was 18 to 29 years old youth in Tehran whose number is equal to 1254650 people. According to Cochran's formula, the sample size is 384 people. Multistage cluster sampling was used. The results showed that the social health average among Tehran youth was 2.87, which is slightly lower than average. Among the components of social health, the dimension of social adaptation with 3.10 had the highest and the dimension of social participation with 2.66 had the lowest average. There is a positive and direct relationship between cultural capital and social satisfaction with social health. Pearson correlation coefficient of cultural capital and social satisfaction is 0.417 and 0.342. The dimension of objectified cultural capital has the highest correlation coefficient with social health and Pearson correlation coefficient between them was equal to 0.431. Also, the dimension of embodied cultural capital has the lowest correlation (0.332) with social health. However, the relationship between social health and all three dimensions of cultural capital is positive and significant. Analysis of regression model showed that the studied variables explain about 56.1% of health changes. The results showed that the variable of life satisfaction has the greatest effect in explaining the variable of health.

Keywords: Social health, Cultural capital, Social satisfaction, Youth in Tehran.

¹. PhD Candidate, Department of Sociology, Babol Branch, Islamic Azad University, Babol, Iran. imperpiran@yahoo.com

². Assistant Professor, Department of Sociology, Babol Branch, Islamic Azad University, Babol, Iran, Iranmfilib@yahoo.com (Corresponding author)

³. Assistant Professor, Department of Sociology, Babol Branch, Islamic Azad University, Babol, Iran. gholipour.majedeh@baboliau.ac.ir

1. Introduction

The health sector is considered as one of the most important service sectors and one of the main indicators of development and social welfare. Therefore, financing health care in the growing costs of such services is considered one of the most important issues. Social health as one of the dimensions of human health has an important role in the balance of social life of every human being and its comprehensive coverage in society can provide opportunities for social development.

Social health is an important factor in controlling injuries and problems and maintaining social order and ultimately providing security (Sam Aram, 2009, p. 9). In other words, having the right of social thinking and benefiting from a positive attitude towards society are one of the first and most important stages of social health.

Life is associated with many tensions and pressures that threaten peoples' social health in various ways. Citizens, as individuals on the verge of maturity and personal, economic, and intellectual independence, still have close ties to other social systems, especially family, friends, and social networks. These relationships can be sources of stress and discomfort and strengthen the pressure caused by the environment, or they can also protect against emotional pressures and stresses by expressing emotional support. In the metropolis of Tehran, social health and quality of life are directly related to the quality of the environment. There are various factors that can change the health and quality of human life and in these conditions, in order to improve the quality of human life, attention is paid to the category of social health of Tehran citizens.

Many researches show that social health is considered as a social issue and can be studied in the metropolis of Tehran. Therefore, the issue of social health needs further study and research to try to solve this important social issue. Failure to fully understand the economic factors affecting health, both at the micro and macro levels, can greatly increase health care costs (Mohammadnejad and Ahmadi, 2016, p. 118). One of these factors is the forms of capital, including cultural capital. Life satisfaction is an inner feeling that can be influenced by external realities but is not dependent on it so that you can be satisfied with life in the worst situations. Hans believes that life satisfaction is one of the most important sources and indicators of health. Life satisfaction

is related to health and dissatisfaction is one of the predictors of illness and death (HassaniDarmian et al., 2019, p. 94). Life satisfaction has an effect on the factors that predict health and the relationship between dissatisfaction and other health risk factors have been confirmed. The results of Afshani and ShiriMohammadabadi (2016) show that there is a significant and direct relationship between life satisfaction and social health and with increasing life satisfaction social health also increases.

Therefore, the present study seeks to investigate the relationship between cultural capital and social satisfaction with social health among young people in Tehran. What is the level of social health? And what is the relationship between cultural capital and social satisfaction with the social health of young people?

2.Review of Literature

Various researches in the field of social health have been conducted which can be classified into two categories of internal and external researches. Some of them have dealt with the relationship between social, cultural and economic capital and social satisfaction with social health and health-oriented lifestyle. Talebi et al., (2015), Motalebi et al., (2016), Fathzadeh (2017), Rahmati (2013), Mehri (2011), Garmaroodi and Vahdaninia (2006), Samaram (2009), HezarJaribi and Mehri (2012), ZaliAralovAlaei (2014), AlaviHekmat (2014), Yazdanpanah and Nikvars (2015), Ebrahimpour et al., (2012), Hassani Darmian et al., 2017, Sabbagh et al., (2011), Afshani and Shiri Mohammadabadi, 2016, AlizadehAghdam et al., (2013), Damari et al. (2013), Xuea et al., (2020), Paul (2012), Abachizadeh et al., (2014), Dan Huang Chen and Chuan Yang (2014), Fujisawa and Takagawa (2009), Movahedini et al., (2014) show that social factors such as social capital, cultural capital and social satisfaction affect social health.

Talebi et al., (2016) has written an article with the aim of investigating the social factors affecting the social health of Dehaghan Azad University students. The research method is explanatory in terms of purpose and based on the nature and method, it is a correlational field. The instruments used are the 16-item parent-child relationship scale of Alfred B. Hillburn and the 32-item

researcher-made questionnaire. The reliability of the questionnaire using Cronbach's alpha for the social alienation questionnaire is 0.93. The results show that the variables of social control, participation in social networks, social skills and social alienation have an impact on social health. Sharbatian and Immeni (2018) showed that life satisfaction has an effect on youth social health. Based on the results of regression and path analysis model, the variables of life satisfaction, social vitality and quality of life had a direct impact on social health. Edrisi et al., (2016) showed that the feeling of social security has a significant correlation with social health. Then the variables of religiosity, life satisfaction, social ethics, self-evaluation by people had the most significant relationship with social health.

Ziari et al., (2016) show that there is a kind of spatial division in terms of indigenous and migrant areas in terms of having the studied characteristics. So that by being directly affected by their economic, social and cultural base, they have different social capital and consequently social health. Religious beliefs which are emphasized by the authors as one of the effective indicators in the social health of individuals can not be effective in advancing the goals of capital and social health alone. In such a way that the regions with economic, social and cultural bases, in a similar proportion to the regions without the mentioned bases, have created the results of different religious feelings in creating the capital and social health of their regions. Long et al., (2020) in examining social capital as a positive social determinant of health showed that social capital and its dimensions such as social support, social network and social cohesion affect the health outcomes of children. Social capital or the benefits that a child derives from social relationships are seen as a positive social determinant of social health.

Song Lijun (2011) has conducted a study entitled "The role of social capital in the production of public health" in which he intends to use a conceptual model that social capital plays a role in the production of public health. He studied the direct and indirect effects of social capital on public health. The results show that if social capital increases, it will inversely reduce depression. He has studied depression with factors such as age, gender, education, job credit, annual family income and voluntary participation. Finally, social capital

in a complex process as a social determinant can explain health. Blanco and Diaz (2007) point out that social health as an indicator of social order is related to other aspects of individual and collective life, and they concluded that there is a significant relationship while people who have negative perceptions and social experiences about the future suffer from depression, abnormalities and feelings of helplessness. In this study, the relationship between social order in relation to mental health has been measured and even reduced.

Keys defines the concept of social health as follows: Social health is how an individual evaluates his or her performance in relation to society (Keys, 2003). A socially healthy person sees society as a meaningful, understandable, and potential set for growth and prosperity, and feels that he or she belongs to society, is accepted by society, and contributes to its development. He believes that social health has been a twin of sociology, especially in the classical period. Durkheim's anomie and Marx's alienation are two important theories in proving the health / disease view of society. Keys enumerates five criteria for social health that go hand in hand with psychological and sociological theory.. Keys wants to show that social health indicators are rooted in social conditions. In other words, Keys' work originates from a sociological and psychological principle (Mousavi et al., 2014, p. 135).

Table 1: Social health structures according to the levels of analysis and continuity of measurement

scale	Levels of analysis		
	social	Interpersonal	Individual
Negetive	Power levels, suicide and delinquency	Aggression and violence Exchange all	Alienation, abnormality
posetive	Social capital, collective influence	kinds of social support, trust	Dimensions of Keys Social Health (2004)

Source: Keys and Shapiro, 2004, p. 346

It seems that the five dimensions of Keys social health are only one part of the indicators of social health (positive-individual continuum). At this level, the dimensions of social health include the levels of social skills, social performance and the ability of each person to recognize himself as a member of society is larger (kangarloo, 2008, p. 4). However, social health is measured at the interpersonal level with social trust and support, at the social level with

social capital and social efficiency. Each level of social health affects and is influenced by other levels.

According to Bourdieu, Marx means capital only as economic capital, but we also have other aspects of capital which include: Economic capital, social capital, cultural capital and charismatic capital (Fekouhi, 2002, p. 1). According to Bourdieu, each person occupies a place in the multidimensional social space. This person is not defined by membership in the social class, but by the amount he has of each of the assets (SalehiAmiri, 2012, p. 34). Cultural resources are among the factors that determine the actions of individuals and are basic preconditions for orienting the behavior of actors within structural boundaries. These resources, through the process of socialization, create the tendencies and tastes of individuals within each social class and a particular generation, based on which lifestyles appropriate to that class or generation will be created. Therefore, promoting cultural resources related to health (such as awareness, skills, values, norms, tools and facilities that promote health etc.) is one of the key elements in the production and reproduction of healthy lifestyles (Ghaderi et al., 2016, p. 10).

Bourdieu has transcended the concept of capital from its economic or material concept and given it a much wider range of meanings. In fact, the essence of Bourdieu's theory lies in the fact that non-economic or intangible capital can also be accumulated, exchanged and converted into other types of capital. He calls two cases of cultural capital and social capital new forms of capital (Karroubi, 2008, p. 313). The claim that social capital plays a role in determining health has been accepted in many public health studies (Kawachi et al., 2001 and Kim, 2006).

Social capital increases individual health and quality of life. Some sociologists even believe that social capital promotes group and collective health (Moore et al., 2009). Social capital, due to the creation of group ties, creates the conditions for the individual to enjoy the social support of the members of the society which causes relief of mind and reduces their anxiety, and ultimately leads to mental health and general health of the individual (Araya and Dunstan, 2006). In general, people's cultural capital provides them with different contexts for evaluating and interpreting different events, in other

words, different knowledge which is based on cognitive perspectives - which produce the emergence of emotion and human thinking. They know the way he interprets events and the reflection of his perception of events in general - it creates different emotions in different people and groups. Thus, the extent to which individuals have access to cultural capital leads to a particular type of lifestyle (Rabbani et al., 2007, p. 56).

In a theoretical framework, Bourdieu's cultural capital were used. Keys believes that a person's quality of life and personal performance cannot be assessed without regard to social criteria, and that good performance in life is more than physical, emotional, and mental health, but also includes social tasks and challenges. Keys defines the concept of social health as the evaluation of one's performance in relation to society. This means that the dimensions of social acceptance, social participation, social prosperity, social solidarity and social cohesion of individuals' social health have been studied using the theoretical model of this social researcher. In Bourdieu's view, culture and cultural values are determined by the upper social classes of society and in line with family cultural capital, based on their educational and epistemological levels (Fekouhi, 2002, p. 2). For Bourdieu, the concept of cultural capital refers to a set of cultural abilities, habits, and natures, including knowledge, language, taste, or lifestyle. This cultural capital has three dimensions embodied, objectified and institutionalized. According to Bourdieu's theory, the variable relationship between cultural capital and its impact on social health is mentioned.

Judge et al. (1997, p. 175) in summarizing and developing a theoretical model in the field of nuclear evaluations and its consequences (in relation to job satisfaction) believe that a person's nuclear evaluations can be divided into three categories. Nuclear assessments about themselves, nuclear assessments about others, and nuclear assessments about the world, all three of which can affect job satisfaction and life satisfaction. (Judge et al., 1997, p. 176, quoted by AghayariHir and VafaeiAghdam, 2016, p. 181). In the hypothesis of the relationship between life satisfaction and social health, Jaj et al.,'s theory was used. According to them, social or job satisfaction causes a positive feeling in life towards work, and thus provides the basis for increasing social health.

Table 2. Research hypotheses and their theoretical framework

Number	hypotheses	Theoretical framework
1	There is a significant relationship between cultural capital and social health	The theory of James Coleman and Bourdieu: shows the relationship between health indicators and social capital index. Social capital strengthens the immune system and social health through social networks and social relationships.
2	There is a significant relationship between social satisfaction and social health	Judge et al., theory of social and job satisfaction causes a positive feeling in life towards work and thus provides the basis for increasing social health.

3. Methodology

In this article, the survey method has been used. In collecting information, the field method was used and its main tool was a standard and researcher-made questionnaire. The statistical population of the study was the number of youth aged 18 to 29 in Tehran, whose number is equal to 1254650 people. Cochran's formula is used to estimate the sample size and their number is 384 people.

Table 3: Definition of variables

Variables	Theoretical definition	Dimensions
Social health	Social health can be defined as people's assessment of their social relationships, how others react to them, and how they interact with social institutions (Shapiro and Keys, 2004, p. 331). Social health represents a fundamentally public (as opposed to private) phenomenon that focuses on the social tasks that human beings face at the heart of social structures and societies (Keys, 2003, p. 5).	Social Actualization Social Coherence Social Integration Social Acceptance Social Contribution
Cultural capital	The power of cognition and the ability to use cultural goods in each person is defined (Fekouhi, 2002, p. 300; quoted by NadAliNajafabadi, 2008).	Embodied Objectified Institutionalized
Social satisfaction	The amount of satisfaction and positive feeling of a person from social life that causes a feeling of connection and increase of social activities and increase of social solidarity (BaniFatemeh and Rasouli, 2011, p. 9).	Family Friends Yourself Living environment

Multi-stage cluster sampling method was used. Thus, in the first stage, using sampling of proportional quotas and according to the population of each region, the share of its sample is determined. In the second stage, each

neighborhood, several neighborhoods according to their importance and population. They have been selected and their sample share has been determined from the total sample share of the region.

Findings were analyzed based on descriptive and inferential statistics using SPSS software and statistics such as Pearson correlation coefficient. The measuring instrument has a formal validity. The reliability of the study based on the use of Cronbach's alpha technique for all indicators was satisfactory. In other words, the items in the questionnaire have a high level of harmonization for assessment. The obtained values show that the variables are reliable because the values in all independent and dependent variables are more than 0.70. Alpha values of cultural capital, social satisfaction and social health are equal to 0.74, 0.80 and 0.78. Also, the Simmernov-Kolmogorov test of the social health dependent variable was equal to 1.065 and the significance level was 0.26, which indicates the normal distribution of this variable.

Table 4: Cronbach's alpha coefficients and reliability of variables

variables	Dimensions	Items	Alpha	Simmernov-Kolmogorov test	Sig
Social health	Embodied cultural capital	5	0.72	0.74	1.065
	Objective cultural capital	5	0.70		
	Institutionalized cultural capital	5	0.79		
Cultural capital	Social integration	13	0.87	0.78	0.932
	social acceptance	8	0.72		
	social participation	7	0.88		
	Social flourishing	8	0.67		
	Social adaptation	5	0.69		
Social satisfaction	Family	7	0.81	0.80	1.179
	Friends	9	0.88		
	Living environment	9	0.75		
	Yourself	7	0.77		

4. Findings

Findings showed that about 18.5% of the respondents had a very high amount of cultural capital, about 23.2% had a high level and 26.6% of the people had a medium level of cultural capital. About 16.9 percent had a small amount and 14.8 percent had a very small amount of cultural capital. About 17.2% of Tehran youth have a very high level of social satisfaction, about 21.4% of people have a high level of social satisfaction, about 28.1% have a moderate

level and 19% of Tehran youth have a low level of social satisfaction and 14.3% of Tehran citizens. They had very little social satisfaction.

Table 5. Distribution of cultural capital and social satisfaction

Level	Cultural capital		Social satisfaction	
	frequency	percent	frequency	percent
very much	71	18.5	55	14.3
Much	89	23.2	73	19
Medium	102	26.6	108	28.1
Little	65	16.9	82	21.4
very little	57	14.8	66	17.2
Total	384	100	384	100

The dependent variable is social health. To measure the social health variable from five dimensions, social integration, social acceptance, social participation, social adaptation and social prosperity, the questions are designed by the researcher and the questions of each component are measured based on the Likert scale. The table below shows the distribution of youth by social health dimensions. The highest value was related to moderate or to some extent social health. And the lowest is related to the level of social health is very low. About 10.4% of the respondents have a very high level of social health, about 20.6% have a high level of health and 25.5% of the people have a moderate level of social health. The average social health among the citizens of Tehran is equal to 2.87, which is slightly lower than average. Among the components of social health, the dimension of social adaptation with 3.10 had the highest and the dimension of social participation with 2.66 had the lowest average.

Table 6. Distribution of social health

variable	very much		much		average		little		very little		Mean
	frequency	%	frequency	%	frequency	%	frequency	%	frequency	%	
Social integration	27	7	89	23.2	134	34.9	79	20.6	55	14.3	2.91
social acceptance	46	12	56	14.6	125	32.6	80	20.8	77	20.3	2.67
social participation	43	11.2	72	18.8	107	19.5	75	19.5	87	22.7	2.66
Social adaptation	71	18.5	92	24	120	31.3	60	15.6	41	10.7	2.10
Social flourishing	33	8.6	94	24.5	139	36.2	75	19.5	43	11.2	3.02
Social health	40	10.4	79	20.6	98	25.5	89	23.2	78	20.3	2.87

To test the hypothesis between social satisfaction and cultural capital with social health, different dimensions of social health have been measured separately. Pearson correlation coefficient test was used to test the above relationship due to its normality and having a level of distance measurement of variables. The table below shows the relationship between cultural capital and their social health (by different dimensions).

Table 7. Pearson correlation coefficient test between cultural capital and social satisfaction with social health

variables	cultural capital		social satisfaction	
	coefficient	sig	coefficient	sig
Social flourishing	0.411		0.442	
Social adaptation	0.329		0.331	
social acceptance	0.431		0.345	
social participation	0.422	0.000	0.330	0.000
social solidarity	0.402		0.412	
Social health	0.417		0.432	

The data show that the relationship between social satisfaction and social health dimensions is positive and significant. The dimension of social prosperity has the highest correlation coefficient with social satisfaction and Pearson correlation coefficient between them is equal to 0.442. Also, the dimension of social participation has the lowest correlation (0.330) with social satisfaction. However, the relationship between social satisfaction and all five dimensions of social health is positive and significant and low.

Findings showed that there is a significant correlation (at the level of 0.05%) between all five dimensions and the total index of citizens' social health and their cultural capital. The above relationship is positive and direct. This means that as the amount of cultural capital among citizens increases, so does the level of social health. The highest value of this relationship is related to the dimension of social participation (0.422) and the lowest value is related to the dimension of social adaptation (0.329). Pearson correlation coefficient between cultural capital and social health is 0.417 and its significance level is zero. Therefore, it can be said that there is a positive and direct relationship between cultural capital and social health. So that the more cultural capital, the greater the level of social health among them.

Table 8. Pearson correlation coefficient between dimensions of cultural capital and social health

variables	Pearson correlation coefficient	sig	result
Embodied cultural capital	0.332	0.000	Accept
Objective cultural capital	0.431	0.000	Accept
Institutionalized cultural capital	0.405	0.000	Accept

The variable of cultural capital has three components or dimensions of embodied cultural capital, objectified cultural capital and institutionalized cultural capital. The relationship of all these dimensions with the dependent variable of social health is positive and significant. The dimension of objectified cultural capital has the highest correlation coefficient with social health and Pearson correlation coefficient between them is equal to 0.431. Also, the dimension of embodied cultural capital has the lowest correlation (0.332) with social health. However, the relationship between social health and all three dimensions of cultural capital is positive and significant and low.

Table 9. Regression model coefficients of factors affecting the dependent variable

Variables	b	Beta	T	Sig	Tolerance	VIF
Constant	1.372		12.470	0.000		
Cultural capital	0.295	0.268	8.875	0.000	0.609	1.652
Social satisfaction	0.422	0.365	10.299	0.000	0.876	1.125
R	R	Adj R	Standard	Durbin	F	Sig
	Aqugre	Aqugre	error	Watson		
0.749	0.561	0.540	1.24	1.88	12.36	0.000

Multivariate regression method was used simultaneously. Important assumptions of regression analysis such as the absence of a high alignment relationship between the independent variables (via tolerance or omission statistics and variance inflation factor) and the independence of the errors (by the Watson-Camera test) were assessed and confirmed. The value of multiple correlation coefficient is equal to 0.749 which indicates a high correlation coefficient. The coefficient of determination is 0.561 which indicates that the set of independent variables explain and predict about 56.1% of the changes in the social health dependent variable. The values of regression coefficients were significant and the highest beta value belonged to the variables of social satisfaction and then cultural capital.

5. Conclusion

The present paper has been prepared with the aim of identifying the role of cultural capital and social satisfaction on social health among the youth of the 22 districts of Tehran. Keys believes that social health deals with how a person relates to others in society. Any disconnection between the individual and society provides a fertile ground for the growth of social deviations and the emergence of health problems. Cultural capital is one of the types of capital that its effect on social health was studied.

Cultural capital is a part of every person's assets that plays an important role in health-related lifestyle and quality of life. Bourdieu and Lane believe that social and cultural capital is a protective barrier against mental and social illness. Communities with high social capital have better mental and social health and lower crime rates than others. According to Onyx and Bolen, social capital is vital to the health of individuals, families and communities. Research shows that the greater the intensity of people's social relationships, the higher their level of life satisfaction and social trust. Networking friendships also increases people's self-esteem. Putnam and Heliol also conclude that social capital is essential for physical and mental health. According to Durkheim's theory, research has shown that higher social capital, with greater coherence, helps to improve public health. In societies where, for various reasons, social relations are not at a desirable level and people avoid rational social interactions, as a result, in such societies, the phenomenon of selfish individualism grows and consequently social solidarity decreases. Decreasing the level of social interactions (social capital) leads to social isolation and reduces their social health.

People who are socially find themselves under the umbrella of support from family, friends etc. in critical and problematic situations and are less likely to suffer from mental disorders. If social capital increases, it will inversely reduce depression. And that social capital in a complex process as a social determinant can explain health. The results show that the more individuals have higher social capital, in the sense that they have a set of valuable resources such as mutual trust, social, psychological and financial support, the existence of

kinship networks, a sense of belonging and participation. In different aspects of life for people, their social health will be better.

Alavi Hekmat (2014) conducted a study entitled "Study of the relationship between capital types and social health of people in Tehran" and tried to determine the role of capital forms in this field while determining the social health status of women and men. The results showed that there is a relationship between cultural capital and social health. The results of Ghaderi et al., (2016) showed a positive and statistically significant relationship between the dimensions of cultural capital related to health and the dimensions of a healthy lifestyle. Also, the results of path analysis showed that 0.624% of lifestyle changes can be explained by using changes in the three dimensions of health-related cultural capital. Among the three dimensions of health-related capital, the dimension of "embodied cultural capital related to health" with the highest coefficient (0.460) has been more important in predicting a healthy lifestyle. Heidarkhani et al., (2013) in a study entitled "The relationship between the dimensions of cultural capital and body management in women" concluded that there is a significant relationship between different dimensions of cultural capital and efforts to prevent disease. Hosseinzadeh (2008) and HassanzadehYamchi and AlizadehAghdam (2014) in a study entitled The study of the relationship between cultural capital and social health among Tabriz students concluded that there is a positive correlation between cultural capital and social health dimensions. The results of KouchaniEsfahani and Mahmoudian (2015) showed that all three variables of cultural capital, health-oriented lifestyle and general health have a positive and significant correlation with each other. Also, cultural capital has an indirect positive effect on students' general health due to its health-oriented lifestyle. According to Bourdieu, cultural capital is a determining factor in people's behaviors and lifestyles. This type of capital, of which Bourdieu describes the types, affects the social status of individuals, and this position provides opportunities for the social agent to choose their health-related lifestyle. According to Cockerham, a health-centered lifestyle directly affects a person's health status. Therefore, this variable lifestyle is a good medium to explain the impact of cultural capital on public health. This finding is based on the research results of Yazdanpanah and

Nikvars (2015), Mehri (2011), Sharbatian and Immeni (2015), Afshani and Mohammadabad (2015), Alavi Hekmat (2014), Zali ArallouAlaei (2014), HezarJaribi and Mehri (2011), Damari et al., (2013), Sabbagh et al., (2011), Ebrahimpour et al., (2012), Movahedini et al., (2014), Dan Huang Chen and Chuan Young (2014) are consistent. Therefore, it can be concluded that in order to increase social health among the citizens of Tehran, it is necessary to pay attention to cultural capital and increase the dimensions of cultural capital. Social satisfaction affects health. Life satisfaction is a factor that predicts health and has been confirmed against the relationship between dissatisfaction and other health risk factors. Tavakol et al., (2011) showed that there is a significant relationship between mental health and marital satisfaction and life satisfaction. The results of regression analysis also show that marital life satisfaction and individual status in family power relationships are the most important determinants of mental health. Therefore, the results with the findings of Tavakol et al., (2011), Aghayari Hair and Vafaei Aghdam, 2016, Sharbatian and Immeni, 2016, Edrisi et al., 2016; Omidi et al., (2018), Ghasemi et al., (2014) and Kaheh and Hyudi (2012) are in harmony.

References

- Abachizadeh, K. Tayefi, B. Nasehi, A. Memariyan, N. Rassouli, M. Omidiyan, S. & Bagherzadeh, L. (2014). Measuring self rated social health of Iranians based survey in three cities. *NBM (Novelty in Biomedicine)*, 2(3), 79- 84.
- AghayariHir & Aghdam, T. (2015). The effect of social health on job satisfaction (Case study: Employees of Golsan Baft factory in Tabriz). *Applied Sociology*, 27 (4), 171-190.
- AlizadehAqdam, A ., Sam Aram, S. Soltani Bahram, S. & Rajaei, Kh. (2013). Study of the effect of social health on the quality of life of students of Payame Noor University of Meshginshahr. *Iranian Journal of Social Studies and Research*, 2(4), 525-564.
- Afshani, A. & Shiri Mohammadabad, H. (2015). Study of the relationship between life satisfaction and social health of women in Yazd. *Toloe Health Scientific and Research Bimonthly, Yazd School of Health*, 15(2), 34-44.
- Araya, R., Dunstan, F., Playle, R., Thomas, H. Palmer, S. & Lewis, G. (2006) Perceptions of social capital and the built environment and mental health. *Social Science & Medicine*, 62(12), 3072-3083.
- Bani, F., Rasouli, Z. (2011). Investigating the extent of social alienation among students of Tabriz University and its related factors. *Applied Sociology*, 22 (1), 1-26.
- Bourdieu, P. (2001). *Theory of action: Practical reasons and rational choice*, translated by MortezaMardiha. Tehran: Naghsh-o-Negar Publications.
- Blanco, A. & Diaz, D. (2007). Social order and mental health: A social well-being approach. *Psychologie in Spain*, 11 (1), 61-71.

- Ebrahimpour, D., Pourjabali, R., & Ramezani Mamghani, R. (2012). The relationship between socio-economic factors and social health of middle and high school teachers in Azarshahr, *Sociological Studies*, 14, 47-68.
- Fakuhi, N. (2002). *History of thought and theories of anthropology*. Tehran: Nashrani.
- Fujisawa, Y., Hamano, T. & Takegawa, S. (2009). Social capital and perceived health in Japan: An ecological and multilevel analysis. *Journal of Social Science Medicine*, 69, 500-505.
- Ghaderi, M., Maleki, A., & Ahmadnia, Sh. (2016). From Bourdieu's cultural capital to health-related cultural capital according to Abel: Application of new indicators in explaining a healthy lifestyle. *Social Welfare*, 16 (62), 9-58.
- Ghasemi, S., RajabiGilan, N., Reshadat S., & Ahmadian, M. (2014). The relationship between job satisfaction and health-related quality of life in the teachers at Gilan-e-Gharb City in 2013. *JRUMS*, 13 (1), 13-26.
- Hassani, G., EbrahimiSirizi, P., & Afshani, A. (2019). Study of social factors related to health (Case study: citizens of Mashhad 30 years and older). *Urban Sociological Studies*, 9 (32), 85-112.
- Karroubi, M. (2007). Ethnic culture, cultural capital and tourism industry. *Social Welfare*, 7(28), 309-324.
- Kawachi, I., Kennedy, B. P., Lochner, K. & Prothrow-Stith, D. (1997). Social capital, income inequality, and mortality. *American Journal of Public Health*, 87(9), 1491-1498.
- Kawachi, I. (2001). Social capital for health and human development. *American Journal of Public health*, 44, 310-321.
- Keyes, C. M. & Shapiro, A. (2004). *Social well-being in the U.S: A descriptive epidemiology*. Carol D :In orvill Brim.
- KouchaniEsfahani, M., & Mahmoudian, H. (2015). The effect of cultural capital on public health mediated by a health-oriented lifestyle (Case study: Secondary school students in Shiraz). *Applied Sociology*, 29 (2), 1-16.
- Mohammadnejad, N., & Ahmadi, A. M. (2015). Analysis of socio-economic factors affecting mental health in Iran. *Community Health*, 2 (2), 117-126.
- Mousavi, M., & Shiani Maliheh, F. (2014). Conceptual development of social capital and social health. *Social Welfare Quarterly*, 15(57), 109-148.
- SalehiAmiri, R. (2012). *Cultural capital*. Tehran: Strategic Research Center.
- Samaram, E. (2009). Study of the relationship between social health and social security with emphasis on the community-based police approach. *Social Order*, 1(1), 9-29.
- Song, L. (2011). Social capital and psychological distress. *Journal of Health and Social Behavior*, 5 (4), 478-492.
- YahyaZadeh, P., Hossein, P. (2014). The effect of social health on job satisfaction (Case study: Employees of Sepah Bank in Tehran). *Journal of Social Work*, 1 (2), 43-61.
- Yazdanpanah, L. & Nikvarz, T. (2015). The relationship between social factors and social health of students of Shahid Bahonar University of Kerman. *Journal of Applied Sociology*, 59, 99-116.
- ZaliAralloo, M. (2014). Evaluation of social health among primary school teachers in Ardabil city and related social factors. *Sociological Studies*, 6(22), 123-140.
- Ziari, K., Poorahmad, A., Hatami Nejad, H. & Mehdi, A. (2020). An analysis of urban health from the perspective of social capital in religious metropolises of Iran. *Geographical Planning of Space*, 35, 51-66.