STUDY THE EFFECT OF SOCIAL CAPITAL ON SOCIAL HEALTH OF STUDENTS AT IRAN MEDICAL SCIENCES UNIVERSITY IN THE PRESENCE OF PIETY AND SOCIAL SUPPORT VARIABLES IN 2016

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Abstract. The purpose of the present study is to check social health status and predict the effects of social capital, social protection and religiosity of University of Medical Sciences. The results showed that the social health has a relationship between social capital (Sig = 0.000), piety (Sig = 0.014) and social support (Sig = 0.000), Analysis of the theoretical model of social capital research directly 0.232 explain the changes in public health. And also trust dimension with the rate of 0.319 the capacity of the network to the next 0.311 is directly and others support with the rate of 0.147, the family support with the rate of -0.112 explain the changes in public health. Strengthening the social capital and other predictive variables in the research seems necessary.

 $Keywords: Social\ Health, Social\ Capital,\ Piety,\ Social\ Support,\ Iran\ University\ Students.$

1. Introduction

Young generation has an important role in the sustainable development of community of any society as human capital. Today this generation in terms of technical capability in the dynamics of youth and energy, can have a decisive influence on the future of their community; such vitality and dynamism thus benefit from health and social capital parameters can be achievable; because social health somehow is individual performance and it depends on people investing in social relations and taking the available resources at the community level in these relations and helps to earn returns. "(Nickvarz, 2012)

Physical and mental health is not just freedom from disease, but it is how human social relations and how he thinks of the community health assessment criteria in the society at large (Samaram, 2010). Keyes (2004) knows social health as the monitoring and evaluation of how people operate in the community and the quality of relationships with other people, relatives and members of their social groups. For he and Shapiro it does more to life its richness and meaning relatives, relationships, and shared experiences. (Keyes and Shapiro, 2004). In Hendry et al (2006) Social Health is not absence of mental illness, or even the absence of negative emotions in certain contexts that can be considered a constructive response, but it is the ability to perform effective and efficient social roles without harming others (Raymond, 2004; quoted in Babapour et al., 2010). Social health manifested as the relationship status with others in the community of individuals in the society (in terms of social prosperity, social adaptation, social cohesion, social acceptance and community involvement manifested (Alizadeh et al., 2015)

The social capital in the field of stable public health has specific characteristics that refer to the social empowerment, community organizing, group or public voluntary participation to solve the problems in the majority. Accordingly, "in the absence of social capital, the ability to work collectively with the resources do not exist for general purpose, it is unlikely that only financial capital and increasing human capital can cause positive results "(Tajbakhsh, 2006). Social capital that has a sociological aspect, is also located as a lever to raise and accepted by many successful entrepreneurs. In the absence of social capital, other capitals lose their effectiveness and without social capital,

cultural and economic path of development, are rugged and difficult (Rarani Amini et al., 2012).

Since the individual characters are influenced by the quality and quantity of interpersonal relationships, lack of social support from family, friends and others may reduce individual resources to cope with challenges, and probably lead to disorders; because the supports that person receives from family, friends or community directly affect the social health (Bastani, et al., 2009).

Haddon (1983) argues that piety is the main cause of social, religious and intellectual-practical integrity and orientation in problems of phenomena and social issues (Nazktbar and others, 2007: 234 quoted by Firouz Rad, 2016) The piety means a religious obligation and having it in a way that effects attitude, tendency and individual actions. Religion is often a powerful factor determining social phenomena, to shape the institutions, to effect the values and influence the relationships (Zakerman, 2016). In general, religious practices and beliefs associated with health of personal or social community (Dei, 2010).

By the presence of numerous factors, such as being away from family, living in student accommodation, entry to a larger collection and stressful, compatible with culture and different people, economic problems and lack of sufficient income, type of activity and the role that they are doing also numerous expectations that others have of them and the responsibility they hold for themselves (Alizadeh et al., 2014) make it necessary to investigate the social factors affecting health status among Iran university students. Purpose of this study is to evaluate the social Health University of Medical Sciences and predict the effect of social capital, social protection and piety on it.

2. Materials and methods

This research is descriptive - explanatory that it is done in precise way in the fall of 2016 to identify factors that affect the social health of students in Iran University of Medical Sciences. The study sample included all the students in Tehran University of Medical Sciences that they were in university in 2016 the number of 7436 students to study. The sample size was calculated using the formula Cochrane 365 people that due to the possibility of data loss of the number of questionnaires collected increased 10% and considered 400 subjects. The selection of the sample, table and the number of students prepared and was determined using a stratified random sampling. In this study a standard questionnaire was used to collect information such as Keyes Social Health (1998), Social capital Stone (2001) Social protection for sunflowers (1976), Piety Aston and Clark (according to the Taleban, 1999). To test the hypothesis Pearson's correlation coefficient and to explain the contribution of each independent variable regression and path analysis using software (spss) version 20 was used.

2.1 Validity and Reliability of the questionnaire

In this study, to evaluate the reliability of structures the confirmatory factor analysis technique is used. Confirmatory factor analysis indicated that based on confirmatory factor analysis KMO value among all variables was estimated to be more than 70%. The relationships among the items are suitable for factor analysis to measure the relevant variables in the study are fit enough and faithful credit. As well as to establish the reliability of Cronbach's alpha was used. Thus, by conducting a preliminary study with a sample size of about 30 students of Iran who were selected randomly, Cronbach's alpha was calculated for variables of 0.70 that is acceptable in the humanities alpha (Edrisi, 2008).

Table 1: the achievements caused by goodness- of- methods theoretical model fitting Test item analysis and factor analysis

Indexes / Indices	Alpha	Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO)	Bartlett's Test of Sphericity Approx. Chi- Square (BTS)	Degree Freedom (df)	Significance Level (Sig)
All items in the questionnaire	9.87	0.832	934.15782	3570	0.000
The social health rate	1.75	0.747	229.1654	190	0.000
The social capital rate	8.76	0.743	437.1806	231	0.000
The social support rate	74	0.725	769.1051	36	0.000
The piety rate	6.89	0.906	080.4341	276	0.000

2.2 Theoretical and operational definition of the research variables

Conceptual and operational definition of independent variables: Social Health

Keynesian (1998) defines the social health as the individual's performance assessment in the community (Sam Aram, 2011). The means of social prosperity is the people's perception of the issue that they will benefit from social development. Social Solidarity means that people feel integration with other person that must be the results of experience is shared with others. Social cohesion is people who have a positive attitude to their character and accept good and bad aspects of the life both with each other, examples of mental and social health are social acceptance, confidence in the innate goodness of others and

positive view of human nature that cause people feel comfortable with other members of the society. In order to determine the individual requirements for the role of community participation in society (Hatami, 2001) The purpose of the social participation means to determine the individual requirements for the role of society (Hatami, 2001)

Conceptual and operational definition of independent variables:

Social capital Social capital relationship options related to social position, constitute a potential source of increased social Icetray (Chalbi, 1997), Stone (2001) the indicators used in studies of social capital are divided into two categories. In Stone's classification the structure of social relations and quality of social relations are the keys of dimensions of social capital. (Rahmani, 2015)

Table 2: Operational definition of social capital

Concept	Dimension	Petty dimensions	Components
	The structure of social relations:	Network structure	Official
	networks	The size and capacity of networks	Unofficial
Social capital	the quality of the relations	trust	Limited / extensive Home / World Open / Closed Dense / sparse Homogeneous / inhomogeneous horizontal / Vertical
		trust	the trust between people
			Generalized trust
		Reciprocal treatment	Trust in institutions
		r	Objective / Alternative

2.3 Conceptual and operational definition of independent variables: social support

Koub (1976) defines social support as a set of data which leads one to believe that in a communication network that are in other's interest (Rastegar, 2006). Variable measuring of social support takes place in three groups: family, friends and others. The objective of this study is to support or means of indicating the availability of physical protection. In this type of support, the help is from people who are close. Information support includes help in understanding a problem that is hard to understand. This type of support indicates the information that one can make use of the personal and environmental issues. Emotional support resources related to having those implies that for comfort and confidence, one can refer to them. People who have enough emotional resources, typically, feel they have others that can refer to them when dealing with the problems (wax Fleming, 1986 to the Varmazyar, 2009)

2.4 Conceptual and operational definition of independent variables: Piety

Glock and Stark believed that despite of the world's religions differ in many details, but they have general areas that piety appears in that area or dimension (Ahmad, 2010). Clark and Stark standard in different countries, America, Africa and Asia and the religions of Christianity, Judaism and Islam has been implemented (Quoted Mohammad Reza Talebi, 1999) Validity of the questionnaire is confirmed Sharifi (2004). Based on model of Clark and Stark piety includes belief, emotional, consequences and ceremonial.

3. The research results

According to Table 3 Average observed social Health 44.30 is lower than expected average (50). The observed mean social capital 47.13 is lower than expected average (55) and the observed mean of piety 2473 is less than the average expected 22.5). The observed mean piety includes 58.90 is lower than expected average (60).

Table 3: Distribution of frequency and percentage of dependent and independent variable

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Social Health	very	little	ittle little		Very much		Much		The observed	The expected
пеаш	frequency	percentage	frequency	percentage	frequency	percentage	frequency	percentage	average	average
Social capital	2	0.5	132	34	242	62.4	12	3.1	44.30	50
social support	5	1.3	150	38.7	224	57.7	9	2.3	47.13	55
Piety	2	0.5	35	9	237	61.1	114	29.4	24.73	22.5
Social Health	9	2.4	87	22.4	210	54.1	82	21.1	58.90	60

According to table 4, there is a significant relationship between social capital and social health its dimensions. Also, there is a significant relationship between the dimensions of reciprocal treatment with social acceptance, trust the size of prosperity,

cohesion, social acceptance and participation, the capacity dimensions of cohesion, participation and social network with acceptance of the resort.

Table 4: the relationship between social health and its dimensions and social capital and its dimension

Pearson correlation		Social capital	Reciprocal treatment	Trust	Capacity	Network
Social Health	The Pearson	.232**	.045	.343**	.163**	.087
Social Health	Significant	.000	.375	.000	.001	.088
Efflorescence	The Pearson	.119*	.002	.250**	.085	014
Emorescence	Significant	.019	.966	.000	.096	.790
Colidonity	The Pearson	.002	050	.023	054	.076
Solidarity	Significant	.961	.324	.647	.288	.133
Cohesion	The Pearson	.252**	.081	.270**	.283**	.072
Collesion	Significant	.000	.113	.000	.000	.159
	The Pearson	.260**	.135**	.357**	.085	.147**
acceptance	Significant	.000	.008	.000	.095	.004
monticipation	The Pearson	.131**	016	.192**	.182**	001
participation	Significant	.010	.754	.000	.000	.988

According to Table.5 there is a significant relationship between the support of friends and social capital and its dimensions. There is a significant relationship between social capital and its dimensions and the family dimension with social capital and capacity dimensions, trust and Reciprocal treatment, social support dimension friends and others.

Table 5: The relationship between social capital (its dimensions) and social support (ita dimensions)

Pearson cor	Pearson correlation		family	Trust	others
Capital	The Pearson	.500**	.263**	.429**	.348**
	Significant	.000	.000	.000	.000
Network	The Pearson	.187**	.015	.229**	.136**
	Significant	.000	.765	.000	.007
Capacity	The Pearson	.459**	.288**	.456**	.219**
	Significant	.000	.000	.000	.000
Trust	The Pearson	.532**	.291**	.360**	.456**
	Significant	.000	.000	.000	.000
Transaction	The Pearson	.227**	.154**	.162**	.160**
	Significant	.000	.002	.001	.002

According to Table 5 There is a significant relationship between Piety variable with social capital and trust and Reciprocal treatment. As well as there is a significant relationship between Faithfulness between social capital and trust and reciprocal

treatment, the ceremonial aspects of social capital and networks, trust and reciprocal treatment, between the outcomes and social capital and trust and reciprocal treatment, emotional dimension of social capital and the capacity, trust and reciprocal treatment.

Table 6: The relationship between social capital (its dimensions) and Piety (its dimensions)

Pearson	correlation	piety	faithfulness	Ceremonial	Outcomes	Emotional
Capital	The Pearson	0.271**	0.228**	0.260**	0.116*	0.236**
	Significant	0.000	0.000	0.000	0.023	0.000
Network	The Pearson	0.079	0.006	0.171**	-0.015	0.053
	Significant	0.119	0.898	0.001	0.769	0.301
Capacity	The Pearson	0.066	0.073	0.030	-0.089	0.180**
	Significant	0.192	0.149	0.558	0.081	0.000
Trust	The Pearson	0.365**	0.341**	0.271**	0.299**	0.266**
	Significant	0.000	0.000	0.000	0.000	0.000
Transaction	The Pearson	0.262**	0.231**	0.274**	0.128*	0.175**
	Significant	0.000	0.000	0.000	0.011	0.001

According to the results in Table 6, the determination coefficient of social health in terms of different dimensions of social capital variables, social support and Piety was measured on this basis is R2= 0.157. Of the three independent variables, trust, network capacity

and social capital variables, respectively 0.131 and 0.319 have effect on the social capital of the students. The family and other of social support variables by rates 0.112 and 0.147 Iran university students have a direct effect on of social health.

Table7: Regression coefficients of dependent variable: social health

The amount and			The standard Pearson correlation		The standard Pearson correlation	Т	Significant	
Significant F			В	The standard deviation	Beta			
F=6/354		stable amount	36.438	2.805		12.991	0.000	
Sig=0/000		social capital	0202.	0.045	0.232	4.683	0.000	
31g=0/000	social	capacity	0.326	0.159	0.1310	2.047	0.041	
	capital	trust	0.736	0.141	0.319	5.225	0.000	
157/0 = R2	social	family	-0.452	0.220	-0.112	-2.058	0.040	
137/0 - K2	support	others	0.515	0.196	0.147	2.626	0.009	

According to the results presented in Table 8, the determination coefficient based on different dimensions of social capital and social support and Piety variables were measured On this basis is R2=0.305 Family dimensions, friends and others social

support variables are as much as 0.126, 0.171, 0.349 and ritual dimension of piety to have direct effect on social capital in 0.231.

Table 8: Regression coefficients dependent on variable: social capital

The amount and Significant F		The standard Pearson correlation		The standard Pearson correlation	Т	Significant	
			В	The standard deviation	Beta		
F=23.792 Sig=0.000		stable amount	21.792	2.616		8.329	0.000
Sig=0.000	social	capacity	0.584	0.220	0.126	2.653	0.000
	support	trust	10.444	0.194	0.349	7.458	0.000
R2=0.0.305		family	0.691	0.194	0.171	3.566	0.000
K2=0.0.303		others	0.373	0.085	0.231	4.393	0.000

According to the research model 15.7 percent social health of variance explained by the independent variable composition 84.3 changes be explained by factors outside of the model.

4.Results

The issue of student's health is a critical issues that today cause to many challenges (Kadysvn Vdygrvnymv, 2004; Snyder, 2004). Block and Breslow for first time in a year1972 considered social health with community members as synonymous and make social health index. The importance of issue increase in time that some studies show the problems of this category are increasing. For example, the results of a 13year longitudinal study showed that students today go to university counseling centers to a greater extent than before; in addition, their problems also become more complex (Benton et al, 2003). Raymond et al (2004) that refers to some of the social challenges, social acceptance, social participation, social prosperity and social cohesion. Keynesian social health involves components that together indicate the quantity and quality of enjoyment of life is the right person, he said, mental health, quality of life and individual performance cannot be assessed without regard to social criteria, Rafie et al., 2011). Results of this research show that the social health of university students in Iran were observed below the average that is sobering.

The results show Yazdanpanah Nei Kurz (2016) as well as social health of students Bahonar university of Kerman was average. Larsen defines social health of individual assessment of the quality of relationships with family, people and community groups. He believes that scale of social health measures that reflect the health of individual satisfaction or dissatisfaction with life and her social environment and in fact (including responses such as the person's inner feeling, thinking and behavior) Akbarian et al., 2011). Health studies using biological models, further emphize on the privatization of health way; but people are in social structures and communication with and face countless challenges and social duties) Akbarian et al., 2011) Healthy individual socially knows the community with a

significant collection, understanding and the potential for growth and prosperity; there is a sense of belonging to the community, the community will be accepted and is involved in its development. Healthy people, socially as well as have a sense of belonging to social groups in society and its development partner. The content of social health scale, the whole positive assessment of the experiences of the individual in society. The new scale public health measures at the level of the individual (such as aggression and social support) and social level (such as poverty and social status) is different (Akbarian et al., 2011) There was a sense of social integration at the highest level leads to suicide (Durkheim, 1951). Healthy people feel they are part of society, so the social integration is between the persons common sense with others that make his social reality. They belong to your community. Social integration based on concepts such as social cohesion "Durkheim" cultural alienation and social isolation "Semen" and Class Consciousness "Marks". In term of Durkheim's social harmony and social well-being is a reflection of people to connect with each other through the criteria. Seeman believes that cultural alienation is to break the individual and the community, society or rejection of the view that society cannot be a reflection of cultural values and styles. On the other hand, social capital that known is as the missing link in the development of its results it is also less than average important variable in sustainable development should pay more attention to it. High levels of social capital can expand the powers and responsibilities. In recent years it has been shown that social capital by creating and providing an effective source of support for confidence and mutual respect, increase access to local health services, facilitating the process of crime prevention, promote the rapid transfer of medical information, raising the possibility of modeling the behavioral norms related to health and improving the opportunities of social control deviant behavior related to health, is of prime importance in public health (Linda Strvm and et all, 2006)

Although in this study piety does not have direct effect on the social health of university students in Iran but according to the research Kafashi (2015) explains the most direct effect will be

as a direct result of religious conviction the variable component of piety on social cohesion and social health factors. The results show of piety, health-oriented lifestyle variables. The results Rad et al., (2015) regression analysis suggests explanatory power of religion on the health of the community. Therefore, religion can often be a powerful factor determining social phenomena, to shape the institutions, to effect on the values and their relationships under their influence (Zaker, 2006: 175) Haddon (1983) believes that the main cause of social, religious and intellectual coherence, practical direction in solving problems of social issues and phenomena (Nazktbar and others, 2007: 234 quoted by Firouz Rad, 2016) totally, personal health practices and religious beliefs of a society is related to social and individual health (Dei, 2009)

The results show that there is a significant relationship between social capital and social health and its dimensions also there is a significant relationship between the reciprocity with social acceptance, self-actualization dimensions, cohesion, social acceptance and participation, the capacity of cohesion, participation and social network with acceptance of the resort. The results Afshani, Shir Mohammed Ayad and Safiri (2016) and Mansourian (2015) showed a significant relationship between social trust and social health. Based on the results of Sharbatian (2013), Rarani Amini et al. (2012) all dimensions of social capital have a significant relationship with social health. Results of Grozny (2011), Gilbert (2008) and Yip et al., (2007) suggest a significant positive relationship between social capital and social health.

Various links provide a wide range social support for network members. Social support enables students to have the ability to deal with everyday problems and crises of life and serve them well. According to Wellman (1992), the source of support and what kind of links, provides what kind of support, has of great importance (Bastani and Salehi Hikohi, 2006). The results of this study suggest that there is a significant relationship between the support of friends and social capital and its dimensions. There is a significant relationship between the family dimensions with the social capital and the capacity dimensions, trust dimension and reciprocity, friend dimensions and others with variable social capital and social support. Hence this sense induces popularity and belonging to a network of bilateral linkages with others and feel useful to the students and with this their public health increases.

The results of present study suggest that there is a significant relationship between piety variable with social capital and trust dimension and reciprocity. As well as there is a significant relationship between faithfulness with social capital and trust dimension with and reciprocity, Between the outcomes and social capital and trust and reciprocity and the emotional dimension of social capital and the dimension of capacity, trust dimension and reciprocity. Sharbatyan (2013), in their study points out that gathering people in religious ceremonies, also strengthens the religious beliefs And creates sensational and extreme emotions that Strengthens the bond between people (Rahman, 2015). Durkheim believes that the religion makes a continuous collection and recreates and it conducts this by tightening the links that connect the individual (Jalali Moghadam, 2001).

5. Conclusion

In general, it can be concluded that Lack of social participation activities and distrust prevents the absorption of the individual in the social context, In this case the person feels that There is nothing in common between his personal and social values and become indifferent to social values and norms and mistrust (reducing social integration), therefore feels that Social destiny is related to force foreign structures. When above attitudes were created in person. The individual loses his performance and feels that cannot have a role in the development and future of the society. So public health have an important factor in the acceptance of social norms that through the Strengthening the

social capital, a person can face with the challenges of social life and deal with them and have superior performance in society. Since social capital and trust dimension and networking capacity is effective on social health it is necessary to increase the amount of trust of the students than other members of society and social institutions that one way of that is providing clear information from the institutions responsible for and attention to the wishes and needs of young people. Providing appropriate conditions for students to participate in different levels, providing recreational facilities, Student sports at the university level, especially the home environment, provide the Jolly fields and mobility for students, to young people with gathering in these places in addition to the benefit of physical health, social psychological and social interactions, and their sense of oneness with each other.

References

- 1. Afshani S.: Social trust relationship with social health among women in Yazd. In Iranian Studies Social Research. 2013, 4, 32-39.
- 2. Akbarian M., Tbardrzy, A., Khaki M.: Public health, the police and the sense of security. Proceedings of the National Social Health Conference, 2011, 45, 92-109.
- 3. Bastani, S., Salehi Hykvyy, M.: Social capital and gender networks: Study of construction, functional interactive social network for women and men in Tehran. Journal of Sociological Studies, 2008, 30, 63-96
- 4. Babaporkheiredin, J., Toosi, F.: Examines the role of social determinants of health in students of Tabriz University. Quarterly Journal of Psychology, University of Tabriz, 2010, 8-26
- 5. Putnam, R.: Social capital, trust, democracy and development, translation: Afshin Afshin translations Khakbaz Khbrmy Snoopy. Tehran Nshrshyrzad, 2006.
- 6. Tajbakhsh, K.: Social capital. Afshin Khakbaz & Hassan Poua, publishing shiraze, 2006.
- 7. Jalali Moghadam, M.: An Introduction to the Sociology of Religion, providing sociologists of religion. Tehran: Publication markaz, 2000.
- 8. Durkheim, Emile, forms of fundamental religious life: totemism in Australia, Translator: B. Pram, Tehran: Publication Center. 2003.
- 9. Zakerman, F.: An Introduction to the Sociology of Religion. (str. Deyhimi, Translator) Tehran publication of the Ministry of Culture and Islamic Guidance, 2006.
- 10. Rahmani, E.: The Impact of Social Capital on social vitality in the presence of social support and religious variables. Journal of Culture communication. Year XVI, number thirty-second, winter, 2006.
- 11. Rastegar, A.: Expanding the role of women in work and social protections. Iranian Journal of Sociology. 2006. 1, 43-49. 12. Raad, Z., Mohammad-Zadeh, F., Mohammad-Zadeh, H.: Religion Social Health: Exploring the relationship between religiosity and social health. Journal of Social Sciences Faculty of Letters and Sciences, Ferdowsi University of Mashhad Mansany. 2006.
- 13. Rafee, H., Amini, M., Vakbryan, M.: Social health: the social definition circuit to circuit indicator evidence. Proceedings of the National Social Health Seminar, 2006, 24-45
- 14. Sam Aram, E.: Indicators of Social and Health. The first national public health conference. Proceedings of the lectures. Ministry of Health and Medical Education, Office of Mental Health Social addiction, 2011.
- 15. Safiri, K., Mansourian Ravandi, F.: Explaining the relationship between sexual identity and social health of young men and women in Tehran. Journal of Applied Sociology, 2014, 25 (53) 70-51, 1393
- 16. Sharbatyan, D. Reflection on linking social capital components and the exercise of social health among students of Payam Noor University of Mashhad. Sociology Youth Studies Quarterly, 2013, 2 (5) 149-174

- 17. Kafashi, M.: Structural equation modeling relationship between religiosity and components of the social health of students. Social and cultural Rhbrd Quarterly, 2015, 15.
- 18. Alizade, S., Mohabat, M., khanjani, N., Momen Abadi, V.: The correlation between social participation of women in Kerman their quality of life. Health Promotion Management, 2014, 5, 34-42
- 19. Nazktbar, H., Zahedi, D. Nayebi, H.: The role of religion in preventing juvenile delinquency in Tehran. Quarterly Journal of Social Welfare, 2007, 6 (22), 233-257.
- 20. Varmazyar, M.: The relationship between social capital, family and juvenile delinquency, MA Thesis, Sociology, University of Mazandaran, 2009.
- 21. Day, J.: Religion, spirituality and positive psychology in adulthood: A developmental view. Journal of Adult Development, 2010, 17(4), 215-229.
- 22. Fukuyame. F.: Social Capital and Civil Society, is Accessible at http://www .prospect.org/print/1999,V4/13/Putnam-r.html.
- 23. Gilbert, K. L. A Meta-Analysis of Social Capital and Health, Doctoral dissertation of Public health, University of Pittsburgh. 2008.
- 24. Keyes, C.: The mental health continuum: From languishing to flourishing in life. Journal of Health and Social Research, 2002. 43, 207-222.
- 25. Keyes, C.: Social well-being. Social Psychology Quarterly, 1998. 61, 21-141.
- 26. Lindstrom, M.: Social capital and lack of belief in the possibility to in0luence one's own health: A population-based study". Scandinavian Journal of Public Health, 2006. 34, 69–75.
- 27. Meng, T., Chen, H.: A multilevel analysis of social capital and self-rated health: evidence from China \Box , Health & Place, 2014, 27, 38-44.
- 28. Raymond; C., Wedding, D.: Current psychology. F.E. peacock publisher. Inc. 2004.
- 29. Wellman, B.: Which Type of Ties and Networks Provide What kinds of Social Support. Advances in Group Processes, 1992. 9, 207-235.