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CASE STUDY RESEARCH PAPER

Investigating the impact of effective social factors on the social health of Tabriz citizens

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ABSTRACT

Social health, defined as a form of mental, individual, and social well-being, leads to citizens having high motivation and enthusiasm when it becomes a reality in society. Ultimately, this results in a healthy and vibrant community. The purpose of this research was to investigate the role of social factors affecting the social health of Tabriz citizens. Based on this, the impact of five social variables: social support, social trust, religiosity, social and economic base and the participation in social networks on social health was investigated. Also, determining the relationship of nine contextual variables with social health was another goal of this research. This paper utilizes Kinzer's theories and employs a survey-based research method, using questionnaires to collect data. The sample size was 400 people, and a combination of stratified and cluster sampling methods was used. The results indicate that the average social health of citizens in Tabriz is slightly higher than the national average. Among the variables, social trust, religiosity, and social support significantly impact citizens' social health. Only two variables, economic and social status, and participation in social networks, did not have a significant relationship with citizens' social health. Evaluating the effects of direct and indirect influences, social trust, education, religiosity, and age respectively have the most significant impact on the social health of Tabriz citizens.

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INTRODUCTION

From a macro perspective, social health refers to a healthy society where multiple indicators such as poverty reduction, improved education levels, crime prevention, decreased environmental pollution, and other related components have been enhanced. This approach views social health as a collective outcome and considers its impact as a direct effect on each individual within the community (Ramaswamy, 2020). This perspective bears significant similarity to the concept of citizenship, meaning that governments and urban managers are responsible for creating favorable conditions that allow citizens to meet their needs and ensure their well-being. Such favorable conditions enable citizens to fulfill their civic duties and rights to the best of their ability. The modern perspective on health defines it as a comprehensive concept within a holistic model. This definition includes multiple dimensions such as physical, emotional, intellectual, spiritual, psychological, and social aspects. Health and happiness are central concepts in sustainable development, which have been addressed in United Nations discussions since 2000 (Shokri and Rostami, 2021). This view is based on the belief that human health is influenced more by social factors, available facilities, and community and economic conditions than by medical interventions for diseases. This approach, by emphasizing interactions between different dimensions of health, provides a comprehensive picture of health status and highlights the importance of vulnerability and equity in access to health resources (Hamblion et al., 2019). Since social health is related to people's sociability, it can be considered an important factor in accepting social norms and play an important role in reducing lawlessness and social anomalies. On the other hand, the society of Iran is evolving and at the same time with social, economic and cultural developments, relationships and lifestyles of people, especially in cities, have undergone transformations. In densely populated cities, especially in big cities (unlike small towns

and villages), on the one hand, social relations are expanded in order to further separate roles, and people depend on other situations for their survival, and on the other hand, relationships it remains on the surface and does not go deep, and people know less than before those who are placed in various situations and communicate with them. In addition to the fact that these relationships do not have the stability and continuity of the past, while being superficial, it ultimately leads to keeping oneself away from others and reducing primary and face-to-face relationships, disregarding others and not trusting them, keeping the relationship limited. Social with a limited number of people, conflicts of roles, expectations from others, etc. Tabriz, with its unique characteristics including its immigrant population and the formation of a dense and industrial urban community, provides a specific and challenging environment for living. Therefore, conducting research in this city to examine the social factors affecting citizens' social health is highly significant. This research aims to investigate the factors affecting social health, seeking to elucidate and analyze various aspects of this issue. Such research, in addition to enhancing citizens' quality of life, can significantly contribute to improving the quality of urban communities.

Considering the importance of social health and the factors that can reduce or improve the social health of citizens, the main purpose of this research is to investigate the social factors affecting the social health of the citizens of Tabriz city; In order to achieve this goal, some more detailed goals are desired as follows:

- Determining the relationship between social support and social health
- Determining the relationship between social trust and social health
- Determining the relationship between religiosity and social health
- Determining the relationship between social and economic base and social health
- Determining the relationship between participation in social networks and social health

MATERIALS AND METHODS

Health is one of the main pillars of development and improving the quality of life for citizens. Maintaining and enhancing health plays a crucial role in the acceptance of social norms and the reduction of anomalies. Social health refers to the alignment of values, interests, and attitudes of citizens within a community. This alignment influences the behavior of citizens and effective life planning. Social health plays a significant role in coping with psychological and social pressures, and its reduction in a community can lead to social harms, including aggression, delinquency, substance abuse, depression, poor academic performance, and more. Social health, or at least its lack, is an important concern in classical sociological theories. From an empirical point of view, this issue is rooted in the sociological literature related to social support. Durkheim believes that one of the potential benefits of public life is social integration and solidarity, which means a sense of belonging and dependence, understanding common consciousness and having a collective destiny; These benefits of social life are a basis for a global and general definition of social health. According to the health-oriented approach, Larson and Keyes presented a concep-

tual and theoretical framework for social health. Larson (1996) defines social health as a person’s assessment of the quality of his relationships with other people (relatives and social groups) of which he is a member and believes that the social health scale measures a part of a person’s health and includes answers It is a person’s internal (feeling, thinking and behavior) which indicates the satisfaction or lack of satisfaction of a person with his life and social environment. Keyes raises the dimensions of social health by considering the health model. In fact, Keyes’ multifaceted model of social health includes five aspects, which are: social flourishing, social solidarity, social acceptance, social participation and social cohesion. (Tab. 1)

We can literally say The index of social health is one of the most important global indicators in this field. Relevant research includes: Rezaei (2013) in his thesis titled “Examining Factors Affecting the Social Health of Mashhad Citizens” concludes that there is no significant relationship between gender and social health; however, there are significant relationships between religiosity, social security, social trust, and education with social health (Rezaei, 2013). Haeri et al. (2015) in a study titled “Factors Affecting

Table 1: Five important components in the structure and promotion of social health

Social self-improvement	This dimension examines whether citizens have hope and believe in the abilities and potentials of the urban society. In this view, citizens hope for positive changes in the urban society and believe that the world can become better and more dynamic with cooperation and interaction. (2004, Keyes & Shapiro)
Social integration	This dimension examines whether citizens feel that they are part of the urban community and that they are related to others. Healthy citizens feel that they have something in common with others and belong to urban society and social groups. (2006, Keyse)
Social cohesion	This dimension expresses the belief in comprehensibility, rationality and predictability of urban societies. Healthy citizens feel that they are able to understand and interact with the events around them and somehow dominate their social world.
Social acceptance	This dimension represents the citizen’s interpretation of the urban society and the characteristics of others. Socially healthy citizens accept society as a variety of citizens with strengths and weaknesses, positive and negative characteristics. (2004, Keyes & Shapiro)
Social participation	This dimension shows the social contribution of the citizen in the urban society. Socially healthy citizens feel that they are present as active members in the urban society. They recognize the values and abilities they offer to the urban society and believe that their participation and cooperation is valuable and influential for the urban society (Keyes & Shapiro, 2004).

the Social Health of Employees in the Ministry of Health, Treatment, and Medical Education” found significant relationships between levels of social health and gender, education, and place of residence. This research indicates that influential factors on social health vary among different groups within the study population; moreover, factors such as age group, marital status, and job position do not have a significant impact on citizens’ social health (Fathi et al., 2001). Sharbatian and Tavafi (2015) in their study titled “Sociological Analysis of Youth’s Perceptions of Social Health Indicators (Case Study: Youth of Qaen County, South Khorasan)” examined the advancement of social health among youth in this area. The results of this research show that the social health of youth in this county is rated as satisfactory, with the component of social cohesion receiving the highest rank in social health dimensions, and the component of social participation receiving the lowest rank. Additionally, the results indicate significant relationships between demographic variables (age and socio-economic status) and the dependent variable (social health) (Sharbatian and Tavafi, 2015: 39-9). Mohseni Tabrizi et al. (2017) in their study titled “Examining the Social Health of Tehran Citizens and the Factors Affecting It,” used a survey method with the sample population being households residing in District 3 of Tehran. This study used simple random sampling and selected 383 individuals from a total of 10,604 residents in District 3. The results show that there is a significant relationship between the dimensions of the social health variable and variables such as gender, marital status, socio-economic status, communication skills, religion, and the extent of social media usage. Regression modeling also confirmed the impact of each of these variables, specifying their contribution to social health. For instance, the impact of gender (36%), marital status (33%), religion (27%), social media usage (25%), communication skills (24%), and socio-economic status (10%) on citizens’ social health is reflected respectively. Abachi Zadeh et

al. (2016), in a two-phase study titled “Analysis of Social Health Status in Provinces of the Islamic Republic of Iran,” analyzed the social health status in Iranian provinces. In the qualitative phase, they first identified the conceptual framework and extracted related indicators from the literature. In the quantitative phase, they collected indicator data from official sources. Finally, through expert surveys on the importance and accuracy of the data, final indicators were extracted. By standardizing the indicators and using the additive model, the social health scores of the provinces were calculated and ranked. The findings show that a composite index of 39 indicators identifies the most important features of a healthy society, including factors such as the absence of substance abuse, child labor, low divorce rates, unemployment among educated individuals, lack of corporal punishment and inadequate child care, and no tobacco use. Yazd Province has the highest social health score, while Sistan and Baluchestan Province has the lowest. The conclusion of the study indicates that by providing a comprehensive overview of social health across provinces, this study serves as an important tool for evidence-based policy-making. In a study titled “Social Capital and Health: A Meta-Analysis,” conducted by Xue et al. (2020), results from analyzing 470 articles revealed that social capital is significantly associated with various positive health outcomes. This strong relationship between social capital and health outcomes spans different types of social capital, including cognitive and structural capital, affecting various health issues such as mortality, disease, and depression. These findings underscore the importance of social capital in maintaining and enhancing community health, highlighting it as a crucial factor in both mental and physical health of citizens. In the study conducted by Klein-Sosa and Rank (2016), the primary aim was to examine the role of social acceptance as a fundamental component of social health, while also considering its moderating role in the relationship between

socio-economic status and the psychological adjustment of adolescents. The results revealed that socio-economic status and psychological adjustment are significant predictors influencing adolescents' experiences of social acceptance. Additionally, perceived social acceptance plays a substantial role in the relationship between socio-economic status and adolescents' depression, anxiety, and self-concept, acting as a moderating variable in these relationships. These findings highlight the importance of examining social factors in the mental and social health of adolescents to develop effective policies and programs in this area. Santa Veron and colleagues (2011) investigated the differences in mental and social health between Latvian and Romanian students. The study was conducted with 130 Latvian students and 449 Romanian students. Using questionnaires to collect data, the results showed that when students' social and economic conditions are similar and there are no cultural differences, their interactions with professors, social flourishing, social integration, social participation, social acceptance, and social cohesion are comparable. On the other hand, cultural differences can have an impact on health. In other words, culture can contribute to the development of mental and social health components in students and enhance their overall well-being.

Social health has emerged as a relatively new concept in the field of sociology, indicating a lack of sociological theories related to it in past research. In this context, efforts have been made to gather and review sociological theories that are related to the concept of health (as one of the general aspects of health). According to sociologists, the formation of social classes is affected by the distribution of capital in society (Einipour et al., 2022). From a sociological perspective, particularly the Marxist approach, the primary focus is on the impact of social classes and health inequalities. This approach defines social classes based on modes of production and views health inequalities as a product of class

relations. It is believed that the type of production and distribution of economic resources has a significant impact on citizens' health, and social inequalities arise from these relationships. Studies within this perspective especially focus on the impact of poverty on health (Purdy and Bands, 2001: 72). A theoretical perspective on the impact of religion on human health has existed since before Durkheim, but it was further developed by his works. Harry Alpert, a Durkheimian researcher, identified four main functions of religion that act as effective social forces in organizing individual social life: disciplinary, integrative, vitalizing, and happiness-enhancing. Given these functions, it can be expected that religion, as a social and cultural element, has positive effects on citizens' health. For example, participation in religious communities may lead to increased personal discipline, enhanced social cohesion, improved vitality, and increased sense of happiness. These factors can ultimately contribute to the overall improvement of citizens' health. Durkheim, focusing on the concept of social cohesion, argues that in societies where religion is widespread, citizens are likely to experience more social connections and receive more social support from the community. This aspect can be considered as one of the positive factors in the influence of religion on social and psychological health (Sen, 2002: 48). According to Giddens' theory, social trust plays a crucial role in enhancing social health. This theory emphasizes that increasing levels of trust in society facilitates the improvement of social relationships. Social trust, as a fundamental factor, can have both direct and indirect impacts on social health. From Giddens' perspective, citizens with higher levels of social trust benefit more from positive relationships compared to others. Therefore, in this view, social trust not only facilitates the improvement of social relationships but also contributes to social health by increasing social participation and active communication (Hazarjaribi and Mehri, 2017). The social support theory highlights the

beneficial characteristics of relationships between citizens. Wills defines social support as the unity and connection between a citizen and their surroundings, arguing that the greater this unity and connection, the more social support is provided to the individual. Wills believes that social support can help form a positive self-image and acceptance among citizens, as well as evoke feelings of affection and worth. This social support makes citizens feel recognized and valued within the community. Therefore, according to Wills' perspective, social support not only affects citizens' sense of well-being but also impacts all their functions within society. This theory emphasizes that social support, as a fundamental factor, facilitates the improvement of social health and has significant positive effects on citizens' self-image and their relationships with the community (Arun and Holdsworth, 2011). Among the examined perspectives and theories, Keyes' social health theory emerges as a dominant viewpoint. This theory assesses social health based on five main indicators: social cohesion, social acceptance, social participation, social solidarity, and social flourishing. These indicators are considered the main dimensions of a citizen's perception of how they function within the urban community and the quality of their relationships with other citizens, acquaintances, and social groups. In the context of social factors, the concept of social health is influenced by various elements. Crises such as social class, religiosity, social networks, social trust, and social support of Tabriz citizens are among the factors that play a role in shaping social health. These factors play a significant role in influencing the social health of citizens and various urban communities. (Tab. 2)

In this study, the unit of analysis is the individual, and the survey technique has been utilized, focusing on examining citizens and their opinions within the research framework. The sampling in this research is a combination of random sampling and cluster sampling. The statistical population in this study comprises citizens aged 15 and above in the city of Tabriz, to-

taling 1,412,425 based on the 2016 census. Table (1) provides detailed and specific information about the allocation of samples across the ten districts (National Statistics Portal, 2016). Below is the operational definition of each variable:

Social support variable

The theoretical definition of social support: social support can come from friends, colleagues, classmates and other sources and refers to having affection, assistance and attention from family members, friends and other citizens, social support (Ibrahim Qawam, 1400: 12) Operational definition of social support: the level of human satisfaction from the support of friends, family and others. The difference between the social support of friends and family is that the network of human friends is shorter than the family network and maintaining the network of friends requires more social efficiency compared to the family. This difference is partly due to the fact that people consider the family network to be their natural right, a right given to them by birth.

Social trust variable

Theoretical definition of social trust: the concept of trust, as a key indicator, refers to the process of changing links from one direction to several directions. In this process, the solidarity between citizens increases and their interest in each other goes beyond the normal state, which makes it easy for self-control. This concept shows the high adaptability of humans to the social environment. According to this point of view, mutual trust makes it possible for the interactions in the urban society to be widespread and fluent (Abdulhatbar et al., 2007). Operational definition of social trust: The variable of social trust has been investigated according to the above definition in 2 indicators of trustworthiness of citizens and society, the increase of mistrust in citizens and society.

Religiosity variable

The theoretical definition of religiosity: religious attention is in a way that influences the attitudes, tendencies and behaviors of citizens (Babapour Khairuddin et al., 2008: 36). Oper-

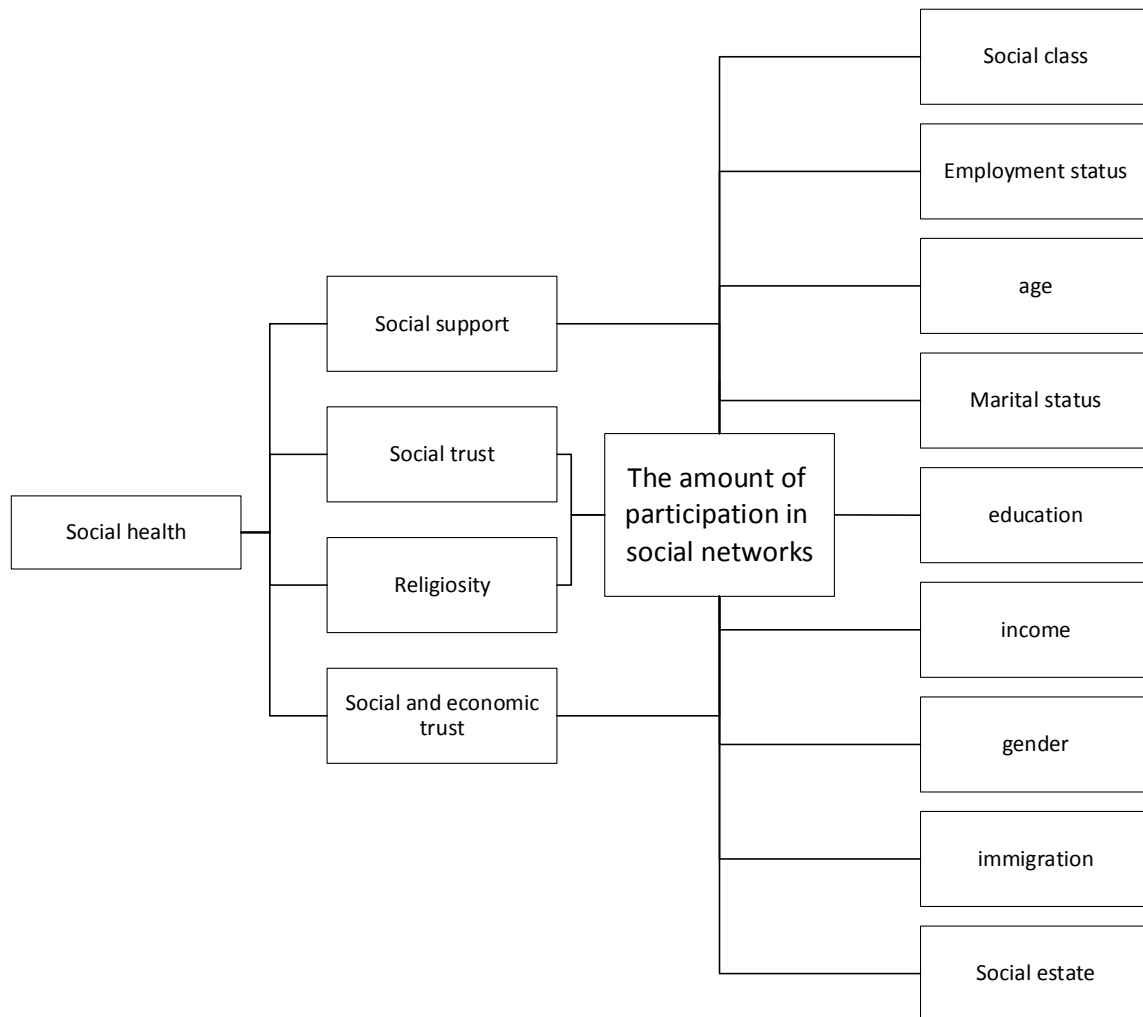
ational definition of religiosity: The variable of religiosity has been examined according to the above definition in four indicators: 1- Belief, 2- Emotional, 3- Consequential, 4- Ritual.

Socio-economic base variable

Theoretical definition of socio-economic base: Socio-economic base is defined as a measure of respect and prestige of citizens or positions. This database represents factors such as the effects of family behavior, educational background and similar characteristics that are more difficult to achieve or lose than to gain or lose econom-

ic wealth (Chalabi, 2004). There are various components that by examining and integrating them, it is possible to achieve the variable of the socio-economic base of a family or an individual in an urban society. In this research, three components, i.e. education, the amount of individual expenses during a month, and job, are used as important factors to determine the socio-economic base. Operational definition of socio-economic base: The variable of social base is examined according to the above definition in 3 indicators of education, amount of expenses during a month and occupation.

Table 2: Theoretical framework Social factors affecting the social health of citizens



Virtual social networks variable

Theoretical definition of virtual social networks: It is a social structure or a group of people who communicate with each other in a virtual environment as a group and share information, needs, activities and thoughts. Operational definition of virtual social networks: The variable of participation in virtual social networks is examined according to the above definition in three indicators: the number of memberships, the duration and age of membership. To ensure that the results of this research can be generalized to the population with greater accuracy and confidence, a larger sample size has been chosen. For this purpose, the value of P (the probability of the presence of the attribute, i.e., social health) is considered to be 50%, and the value of q (the probability of the absence of this attribute) is also 50%. The sampling method used is simple random sampling. Based on Cochran’s formula, the sample size for this study is determined to be 400 individuals. According to the calculated sample size, a sample was obtained from each district, as shown in the table below: (Tab. 3)

Table 3: sample based on the 10 regions

sample	percent	pop	\regions
51	13	179012	1
45	11	157710	2
54	14	192026	3
53	13	186369	4
50	13	178992	5
35	9	122951	6
23	6	81967	7
31	8	108765	8
10	3	36219	9
48	3	170414	10
400	100	1414425	Total

Case study

Tabriz, the capital of East Azerbaijan Province, is located at 46 degrees and 25 minutes east longitude and 38 degrees and 2 minutes north latitude from the Greenwich Meridian (Coen, 2018).

In 2016, Tabriz had a population of 1,558,693, making it the sixth most populous city in Iran, following Tehran, Mashhad, Isfahan, Karaj, and Shiraz. According to comprehensive plan studies, Tabriz is divided into 10 municipal districts. Tabriz is also one of the evolving sections of Iranian society, experiencing transformations in relationships, interactions, and lifestyles of its citizens in parallel with economic, social, and cultural changes. In densely populated cities, especially metropolises, with the increase in role differentiation, social relationships become more extensive. Citizens become dependent on other positions for survival, and relationships remain at a surface level. Although these relationships may lack desired stability, they often lead to a distancing from others and a reduction in primary, face-to-face interactions. This can result in indifference towards others due to lack of trust, limited social interactions to a small number of citizens, role conflicts, and expectations from others. The independent variables in this study include gender, level of social trust, social support, Participation in Virtual Social Networks, socio-economic status, religiosity, and the dependent variable being social health, which is examined to assess the impact of these independent variables on it.(Fig. 1)

DISCUSSION AND FINDINGS

Data Collection

Validity and Reliability: The social value of a variable is not apparent, and to recognize and measure this variable, indirect and justifiable item design must be employed so that respondents can provide the closest possible answer to reality while feeling more secure in the legitimacy of the items. Validity and reliability (trustworthiness) are two crucial criteria in social research, typically used by researchers to evaluate indicators and measurement tools before the main study. In this research, content validity was used to assess the questionnaire’s validity, which includes two components: sample validity and face validity. To achieve a result that reflects

the questionnaire's sample validity, a review and revision of the questions were conducted after studying books and other written sources. Various questions were formulated alongside those extracted from validated questionnaires related to the current study. Through review and revision, and preliminary evaluations, some questions were modified or removed, ensuring that the remaining questions adequately addressed the research hypotheses. Therefore, the sample validity was largely assured. To measure reliability in this study, Cronbach's alpha coefficient was used. Initially, 30 questionnaires were prepared for a pilot test, and after evaluating reliability and reviewing preliminary items, the final questionnaire was developed. The results of the alpha test for this research questionnaire are shown in Table 2, demonstrating that the obtained alpha confirms the reliability of the questionnaire. (Tab. 4)

Table 4: Statistical table of Cronbach's alpha coefficient of research variable

	variable	Cronbach's alpha
1	social health	0.890
2	social support	0.801
3	social trust	0.859
4	religiosity	0.781
5	Socio- economic status	0.812
6	Participation in Virtual Social Networks	0.763
Cronbach's alpha coefficient of the entire questionnaire		0.910

Given that the Cronbach's alpha coefficient is above 0.70, it can be concluded that the reliability of the distributed questionnaire is good.

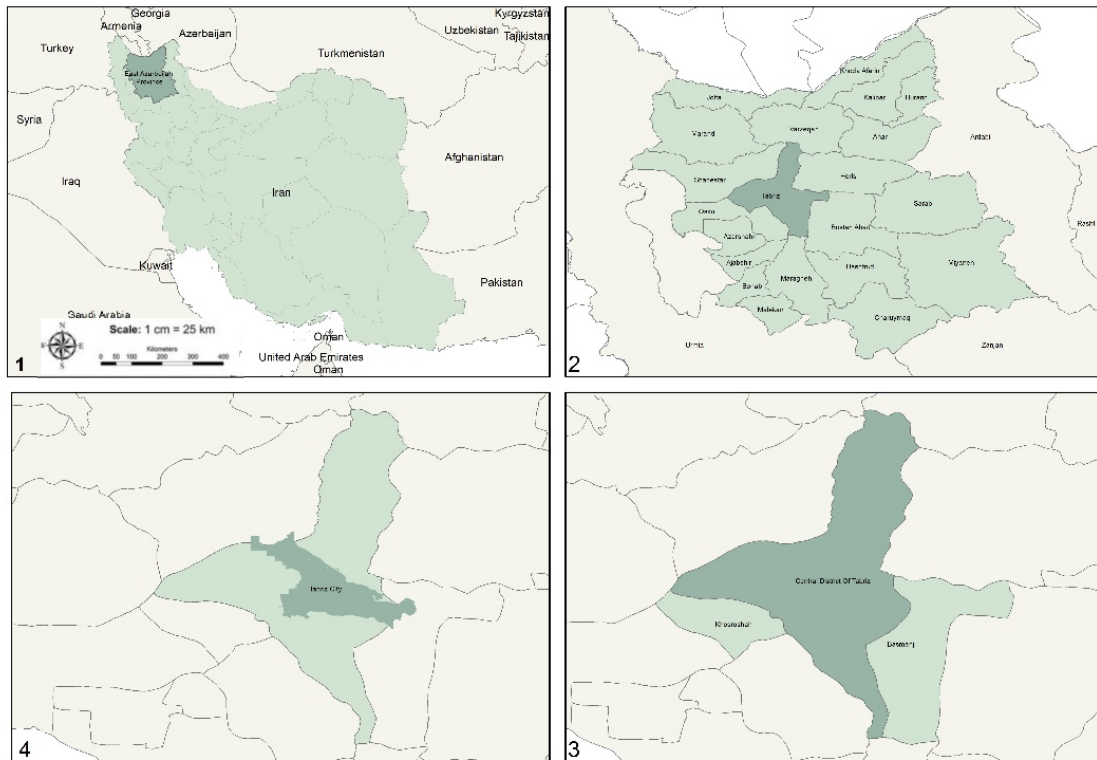


Figure 1: Geographical position of Tabriz city

Questionnaire Design and Scoring

In designing the questionnaire, as shown in the appendices, a set of items was used for each independent variable (both positive and negative items), and 17 items were specified for the dependent variable. Responses were based on a five-point Likert scale. The scoring for positive items (1 to 5) differs from that of negative items (5 to 1). The highest score for the independent variables is 5, and the lowest is 1. For the dependent variable, the highest score is 5 and the lowest is 1.

Data Analysis Method

After collecting the required information, the questionnaires were coded and the data for each respondent were entered into SPSS (version 29) for analysis. The obtained data were analyzed at two levels: descriptive statistics and inferential statistics. In the descriptive section, tables containing frequency distribution, percentages, means, minimum, and maximum values were used to provide a deeper, clearer, and more comprehensible description of the research variables. Depending on the type of variables (nominal, ordinal, interval, and ratio), different statistical measures were employed. For inferential statistics, significance tests such as correlation tests, multiple regression, one-way ANOVA, independent t-tests, and path analysis were used to show relationships among hypotheses and statistical differences.

RESULT AND CONCLUSION

Based on the descriptive results of demographic variables, out of 400 respondents, the mean age is 36.98 years. Among them, 235 individuals, representing 58.7%, are men, and 165 individuals, representing 41.3%, are women. The marital status distribution is as follows: 110 individuals, or 27.5%, are single; 264 individuals, or 66.0%, are married; 13 individuals, or 3.3%, are divorced; and 13 individuals, or 3.3%, are widowed. Regarding educational levels: 20 individuals, or 5%, have education below diploma; 73 individuals, or 18.3%, have a diploma or associate degree; 233 individuals, or 58.3%, have a bachelor's de-

gree; 57 individuals, or 14.2%, have a master's degree; and 17 individuals, or 4.3%, have a doctoral degree. Income distribution is as follows: 26 individuals, or 6.5%, earn less than 5 million; 77 individuals, or 19.3%, earn between 5 and 10 million; 149 individuals, or 37.3%, earn between 11 and 15 million; 122 individuals, or 30.5%, earn between 16 and 25 million; and 26 individuals, or 6.5%, earn more than 25 million. Occupational distribution is as follows: 116 individuals, or 29.0%, are self-employed; 30 individuals, or 7.5%, are retired; 45 individuals, or 11.3%, are employees; 38 individuals, or 9.5%, are unemployed; 94 individuals, or 23.5%, are housewives; 6 individuals, or 1.5%, are doctors; 23 individuals, or 5.75%, are students; 16 individuals, or 4.0%, are teachers; 5 individuals, or 1.25%, are laborers; 22 individuals, or 5.5%, are engineers; and 31 individuals, or 7.75%, are drivers. Age distribution is as follows: 81 individuals, or 20.25%, are aged 15-25; 153 individuals, or 38.25%, are aged 25-35; 58 individuals, or 14.5%, are aged 35-45; 47 individuals, or 11.75%, are aged 45-55; 48 individuals, or 12.0%, are aged 55-65; 11 individuals, or 2.75%, are aged 65-75; and 2 individuals, or 0.5%, are aged 75-85. (Tab. 5)

Regression Analysis of Social Health Based on Independent Variables (Simultaneous Method)

In the simultaneous regression method, all independent variables are included in the analysis at once to examine the overall effects of these variables on the dependent variable. To assess the relationship between the set of independent variables and the dependent variable of social health, and to determine the extent to which these independent variables collectively explain social health, the multiple regression analysis was employed. The results are as follows: As shown in Table 3, the correlation coefficient for the independent variables with the dependent variable (social health) is 0.519. The R-squared value is 0.217, meaning that 22% of the variation in the dependent variable is explained by the independent variables. Comparing this R-squared value with the R-squared value from simple regression indicates that the accuracy of predictions

improves with the inclusion of new variables. The linear relationship between the variables is statistically significant at the 99% level (p-value = 0.000). The t-values for the regression coefficients were also computed and their significance levels are reported in the table. According to the significance levels, the effects of the variables age, social trust, religiosity, and social support are significant, while the effects of socio-economic status, education, and participation in virtual social networks are not significant and have a weak impact on predicting the dependent variable. However, the importance and role of the independent variables in predicting the regression equation are assessed using the beta coefficients. Since the beta values are standardized, they can be used to judge the relative importance of the variables. A larger beta value indicates greater relative importance and role in predicting the dependent variable. In this case, religiosity has the most significant contribution compared to other variables in predicting the dependent variable, as a one-unit change in its standard deviation results in a change of 0.519 in the standard deviation of the dependent variable. Age follows next, as a one-unit change in its standard deviation results in a change of 0.229 in the standard deviation of the dependent variable. Social trust and social support have respective impacts of 0.240 and 0.104 on the standard deviation of the dependent variable. However, socio-economic status, partic-

ipation in virtual social networks, and education have a weak influence on the standard deviation of the dependent variable.

Path Analysis

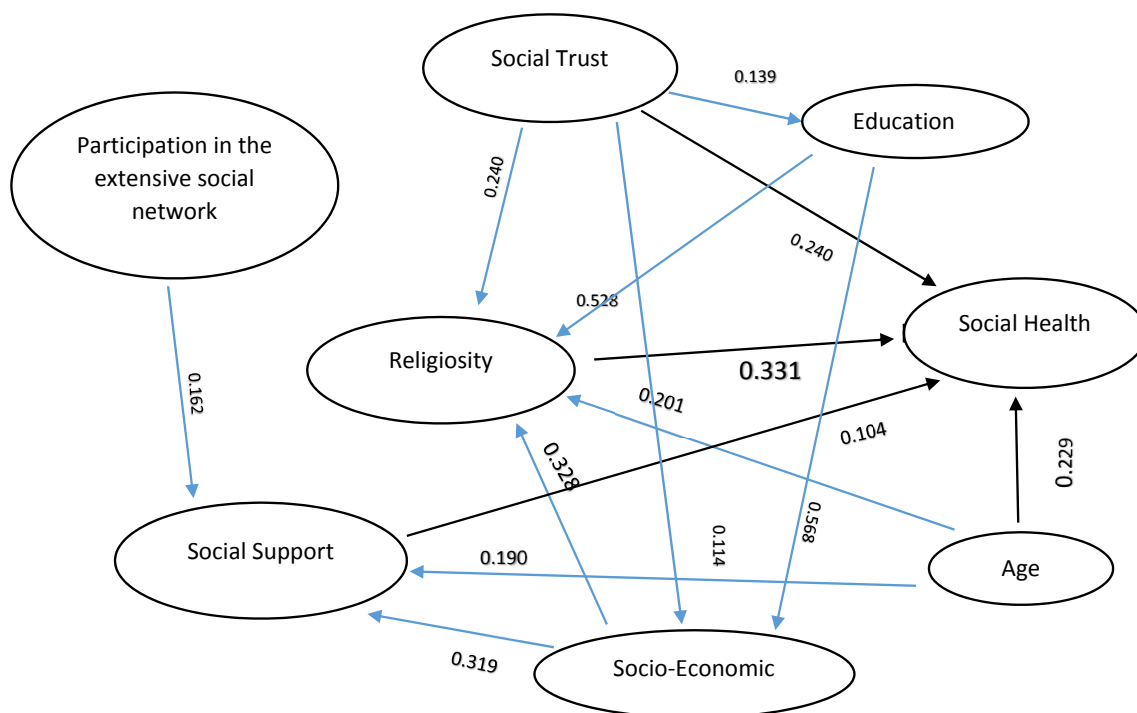
In the path analysis as depicted in Figure and Table 5, we can assess the contributions of various independent variables in predicting the dependent variable, social health. In summary, social trust emerges as the most influential variable in predicting social health, followed by social support. Age and participation in virtual social networks, while relevant, have a less direct effect. The path coefficients underscore the relative strength of these variables' impacts, with those exceeding an absolute value of 0.3 signifying strong effects.(Tab. 6)(Graph. 1)

Table 6: social health path analysis

variable	Impact factor		Total impact factor
	direct	indirect	
Age	0.222	0.100	0.329
Education	-	0.378	0.378
Socio- economic status	-	0.147	0.147
Social trust	0.240	0.299	0.539
religiosity	0.331	0.015	0.346
Participation in Virtual Social Networks	-	0.016	0.016
Social support	0.104	-	0.104

Table 5: Multivariate regression results of explaining social health

Independent variables		t	The significance level of the correlation coefficient	correlation coefficient	Coefficient of determination	F total	(total) level of significance
Fixed value	-	4.478	>0.001	0.519	0.217	19.95	>0.001
age	0.229	4.954	>0.001				
education	0.082	1.30	0.178				
Socio-economic status	0.088	1.496	0.136				
Social trust	0.240	5.150	>0.001				
religiosity	0.331	6.316	>0.001				
Participation in Virtual Social Networks	0.061	1.338	0.182				
Social support	0.104	2.201	0.028				



Graph 1: path analysis

Recently, the concept of social health has emerged as a significant topic, and the main objective of this sociological study was to examine social health and the factors affecting it in the city of Tabriz. Also, determining the relationship of nine contextual variables (gender, age, marital status, employment status, education, immigration, income, urban social area and social class) with social health was another goal of this research. The statistical population consisted of Tabriz citizens aged over 15. Reports indicate that the state of social health in this city is average (Helpman et al., 2020) and is slightly above the national average. Estimates show that this finding is consistent with similar research conducted on health (Mousavi et al., 2014). However, it should be emphasized that this research did not focus on a specific demographic but considered all citizens over 15 years old. According to the results of the multivariate

regression analysis, religiosity and social trust, age, and social support are the strongest predictors of social health, respectively, accounting for 0.217 of the variance in social health.

Based on the path analysis results for explaining social factors influencing social health, it can be said that social support is the most internal variable, while the most external variables in this study are age and participation in virtual social networks. Social trust, education, religiosity, age, socioeconomic status, social support, and participation in virtual social networks are the strongest predictors of social health in order. The results of this study align with the research of Mohseni Tabrizi (2017), Abachi Zadeh (2016), and others. Regarding education and social health, a significant relationship is observed. Citizens with higher education tend to have more serious attitudes, which leads to greater knowledge and experience in dealing

with problems. Additionally, highly educated citizens usually have higher expectations from society and are considered active and capable in social interactions. These citizens, apart from being more role-oriented in various fields, have a more positive and hopeful outlook on the future. Therefore, it is expected that citizens with higher education experience a higher level of social health. Previous studies, including those by Abdollahi Tabriz (2007), Rezaei (2013), and Kinsey (1998 and 2004), have shown that education has a significant impact on social health.

It was expected that there would be a significant relationship between socioeconomic status and social health; however, the results show that such a relationship is not clearly observed. Previous studies have also reported various results; for example, research by Keyes (2006) and Hata-mi (2010) did not show a significant relationship between these two variables. On the other hand, studies by Rezaei (2013), Khairaldin (2009) have also noted the lack of a significant relationship. Some suggest that pursuing material goals in life may lead to reduced social health as focusing on material goals might reduce other pleasurable opportunities. However, the current result might be due to the presence of other mediating variables affecting social health. Overall, final results may require further confirmation about the relationship between these two variables, as past studies have not provided consistent results. In this research, the results were consistent with the hypotheses of Serajzadeh et al. (2013), Rezaei (2013), Abachi Zadeh (2016), and Mohseni Tabrizi (2017) regarding the positive impact of religion on social health. In other words, functionalists believe that religion has a significant impact on social health. It can be said that religion promotes a sense of collective belonging and unity among citizens, which can contribute to cohesion between them. Overall, religion creates enthusiasm for solidarity, which can directly or indirectly help improve community and neighborhood health. A significant relationship between social security and social

health was also observed. Security is considered one of the basic needs for maintaining citizens' health. This result indicates that the presence of security provides citizens with a sense of peace and reassurance, which ultimately leads to social health. Citizens with security develop positive perceptions of themselves, society, and others, which positively impacts their social health. The relationship between membership in social networks and social health was also evident. According to network theory, the extent of social networks can increase interactions and communications among citizens, and citizens with this feature can assume significant social roles in the community. Having these roles and taking on corresponding responsibilities can contribute to enhancing social health.

The significant relationship between social trust and social health confirms the findings of research conducted by Pourafkari (2012) and Abachi Zadeh (2017). Citizens with social trust have more hopeful and positive attitudes toward life events in the community and other citizens. Therefore, this indicates that trust in others can play a role in strengthening social relationships, creating cohesion and social participation, and ultimately improving citizens' social health. Research conducted by scholars such as Qaedi (2008) and Bakhshipoor (2005) shows that there is a positive relationship between social health and social support. Having appropriate support from primary groups and subsequently from secondary groups can provide citizens with the confidence that they are not alone in facing difficulties and challenges. This approach can lead to improved social health for citizens. Social support, including feeling validated by others, feeling loved by others, and similar elements, guides citizens toward maintaining social health at desirable levels.

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