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# Sociological Analysis of the Social Health of Citizens of Lar and Its Related Factors

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## ABSTRACT

**Objective**: This study aimed to investigate the sociological dimensions of the social health of citizens of Lar and to identify the factors associated with it.

**Methods**: The research was conducted using a qualitative approach based on Strauss and Corbin's grounded theory method. Data were collected through in-depth interviews with 14 experts, specialists, and citizens with lived experience. Participants were selected through purposive sampling, and data collection continued until theoretical saturation was reached. The collected data were analyzed through open, axial, and selective coding.

**Results**: The findings showed that social health is influenced by three main categories of factors: social, cultural, and economic. Social factors include social trust, social networks, social solidarity, and social participation. Cultural factors involve education and social literacy, values and norms, and cultural interactions. Economic factors include access to economic resources, economic welfare, unequal distribution of resources, and economic support for families.

**Conclusions**: The results indicate that social health emerges from the interaction of social, cultural, and economic factors. Therefore, improving social health among citizens requires comprehensive and multidimensional social policies that address these interconnected determinants.

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## Introduction

Human health is a multidimensional concept that cannot be limited merely to the absence of physical illness. It also encompasses an individual's ability to perform social roles, adapt to environmental conditions, and respond appropriately to life's challenges and events (Panahi et al., 2024). Within this broader framework, social health has emerged as one of the essential dimensions of overall health. Social health reflects the extent to which individuals are able to establish constructive relationships with others, participate in social activities, and adapt to the norms and expectations of society. In other words, individuals are considered socially healthy when they are capable of fulfilling their social roles in a socially acceptable manner and feel a sense of connection with the community and its values (Hosseini et al., 2020). Therefore, social health is not merely defined by the absence of social problems; rather, it refers to the quality of individuals' interactions with their social environment and the nature of their relationships with others (Abdullah et al., 2022).

The concept of social health was first systematically discussed by Block and Breslow in 1972, who described it as the level of individuals' functioning within society. They argued that the degree to which individuals effectively perform their social roles can serve as an indicator for evaluating the social health of a community (Ghorbani et al., 2025). Later, Larson defined social health as an individual's evaluation of the quality of relationships with family members, friends, and social groups, considering it an important component of overall well-being that reflects a person's satisfaction or dissatisfaction with social life (Larson, 1996, cited in Bahramikhah et al., 2023). From this perspective, social health includes a set of feelings, attitudes, and behaviors that demonstrate the extent to which individuals are capable of participating in society and perceiving themselves as effective members of it (Rezadoost et al., 2019).

Social conditions and contexts can both contribute to the emergence of illnesses and social problems and provide opportunities for improving health and well-being. In fact, social health is a prerequisite for the effective performance of social roles. Individuals are able to function effectively within society only when they perceive themselves as healthy and when society recognizes them as capable and competent members (Omidy et al., 2017). Consequently, having a positive perception of society and maintaining constructive social attitudes represent important steps toward achieving social health (Blanco & Diaz, 2023). Some scholars also emphasize that

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the overall health of a society is closely related to the level of resources and forms of capital available within that society. Communities with greater access to various forms of capital generally demonstrate higher levels of productivity, competitiveness, and economic prosperity (Douglas, 2024). Therefore, given the inherently social nature of human life, attention to the social dimension of health alongside its physical, psychological, and spiritual dimensions is essential.

One of the key theoretical approaches to explaining social health involves examining the role of different forms of capital in individuals' social lives. Among the most significant forms are cultural capital, social capital, and economic capital. Cultural capital refers to the set of knowledge, skills, dispositions, and cultural goods that individuals acquire through the process of socialization and utilize in their social interactions (Vadaheir & Mohammadi, 2012). This type of capital reflects individuals' capacity to recognize, access, and use cultural resources and products and gradually accumulates throughout the course of social life (Esfandiyari-Fard, 2020). From Bourdieu's perspective, cultural capital consists of cultural competencies and dispositions—such as knowledge, language, taste, and lifestyle—that can exist in three forms: embodied, objectified, and institutionalized (Ritzer, 2013).

In addition to cultural capital, social capital plays a significant role in shaping the quality of individuals' social lives. Bourdieu (1990) defined social capital as the aggregate of actual or potential resources that individuals obtain through membership in durable networks of social relationships. These relationships are typically based on mutual recognition and trust and can enhance individuals' access to social, economic, and cultural resources (Sharepour, 2015). Alongside social capital, economic capital—which includes financial resources, property, and material assets—also influences individuals' life opportunities and social conditions (Fakouhi, 2016). According to Bourdieu, economic capital often forms the underlying basis of other forms of capital, as social and cultural capital can frequently be converted into economic capital under certain conditions (Salehi Amiri & Sepehrnia, 2015).

Numerous empirical studies have demonstrated that these various forms of capital can significantly influence individuals' social health. For instance, the findings of Khatibifar and colleagues indicate that cultural capital and family quality of life are significantly associated with the social health of children (Khatibifar et al., 2019; Ziyari et al., 2020). Similarly, Keyes and Larson found that occupational status and socioeconomic position can significantly affect individuals' levels of

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social health (Larson & Keyes, 2024). In the same vein, Mirowsky and Ross (2018) reported a direct relationship between socioeconomic status and social health, arguing that individuals in lower social classes often experience poorer health outcomes due to limited access to resources and opportunities.

In addition to these structural factors, other variables such as leisure activities, communication skills, gender, education, and marital status may also influence social health. For example, Smith and colleagues found a significant positive relationship between participation in leisure activities and various dimensions of social health (Hosseini, 2019). Likewise, Matson et al. (2009) suggested that communication skills represent one of the most important factors contributing to improved social health and greater effectiveness in social interactions. Other studies have also confirmed the influence of demographic variables such as gender, education level, and marital status on individuals' social health.

Overall, social health can be understood as the outcome of a complex interaction between social, cultural, and economic factors within society. As the level of social health among individuals increases, levels of social participation, social cohesion, and adherence to societal norms are also likely to improve. This issue is particularly significant in developing societies, where sustainable development cannot be achieved without citizens enjoying an acceptable level of social well-being. Iranian society, as a relatively young and transitional society, requires increasing attention to the social dimensions of health. Young people who lack adequate social health may encounter serious difficulties in confronting social challenges and fulfilling their expected social roles.

Despite considerable progress in addressing physical health issues in the country, relatively less attention has been given to the social and psychological dimensions of health. Such neglect, particularly in the era of globalization and rapid communication, may increase social vulnerability, contribute to social deviance, and reduce levels of civic participation (Fathi et al., 2012). Therefore, identifying the factors influencing social health and designing effective policies to enhance it is of great importance. In this regard, the present study aims to examine the level of social health among citizens of Lar City and to analyze its relationship with social, cultural, and economic capital. The findings of this study may contribute to a better understanding of the state of social health in this city and provide a basis for social and cultural planning aimed at improving quality of life and reducing social problems.

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## Material and Methods

The present study was conducted using a qualitative approach and a phenomenological method. This approach encompassed three main components: contexts, processes (including intervening factors and strategies), and consequences.

The study population consisted of experts, influential individuals, specialists in the fields of social health and sociology, local officials, and citizens of Lar City who possessed relevant experience and in-depth perspectives on the subject. Participants were selected through purposive sampling to ensure access to information-rich cases. In accordance with the fundamental assumptions of qualitative research and the principles of theoretical sampling, the sample size was not predetermined prior to the study. Instead, sampling continued until data saturation was achieved. Saturation occurred after conducting interviews with 14 participants.

Consistent with the flexible and iterative nature of qualitative research, particularly within the grounded theory tradition, the primary data collection technique was in-depth interviewing. Data were gathered using Patton's (2002) in-depth interview technique. Initially, an informal conversational interview approach was employed to explore emerging concepts and categories. After preliminary concepts and categories were identified, a general interview guide approach was used to further develop and refine categories and concepts during the interview process.

Data analysis was conducted in accordance with the systematic grounded theory approach of Strauss and Corbin, following a structured yet continuous analytical process. The analysis involved three stages: open coding, axial coding, and selective coding.

To ensure the trustworthiness and credibility of the findings, three commonly accepted validation techniques were employed:

Member checking: Participants were asked to review the data and provide feedback on its accuracy.

Analytical comparisons: Raw data were revisited and compared with the emerging model to evaluate the consistency and accuracy of the conceptual structure.

Audit technique: Three experts in grounded theory supervised various stages of coding, conceptualization, and category extraction to enhance the rigor and reliability of the analysis.

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## Results

Before presenting the research findings, the demographic characteristics of the interview participants are presented in Table 1.

**Table 1.** Demographic Characteristics of the Interviewees

| Interviewee | Age | Gender | Education |
|---|---|---|---|
| No. 1 | 48 | Female | PhD |
| No. 2 | 46 | Female | Master's |
| No. 3 | 35 | Female | Master's |
| No. 4 | 44 | Female | PhD |
| No. 5 | 51 | Female | Master's |
| No. 6 | 42 | Female | Bachelor's |
| No. 7 | 57 | Female | Master's |
| No. 8 | 42 | Male | Master's |
| No. 9 | 53 | Male | PhD |
| No. 10 | 48 | Male | Master's |
| No. 11 | 50 | Male | Master's |
| No. 12 | 48 | Male | PhD |
| No. 13 | 55 | Male | PhD |
| No. 14 | 59 | Male | Master's |

### Concept Analysis

Data analysis was conducted using the Strauss and Corbin (2001) method. In this approach, data are analyzed through several iterative stages involving repeated movement between the data, comparison of concepts, development of categories, and ultimately the extraction of theory directly from the data.

After conducting and transcribing the interviews, the researcher began the analytical process. Meaning units were first identified in the interview texts, and a specific code was assigned to each unit. Subsequently, codes with similar meanings were grouped into categories. In the next stage, the researcher examined the relationships between these categories through axial coding by addressing questions such as what, how, why, where, when, and with what consequences. In the final stage, through the development of a selective coding matrix, the process of conceptual integration and theory development was completed.

### Open Coding

The first stage in analyzing the research data involved open coding. Open coding is the process of identifying, labeling, and categorizing phenomena through a careful examination of the data. Using this approach, the collected data were broken down into smaller analytical units and carefully

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examined to identify similarities and differences. During this stage, questions were raised regarding the research topic based on the meanings emerging from the data.

Because the volume of interview data was substantial and could potentially lead to analytical complexity, conceptual labels were initially assigned to the interviews conducted with members of the study population. The resulting conceptual categories are presented in Table 2.

**Table 2.** Categories Derived from Conceptual Labels in Open Coding

| Conceptual Labels | Conceptual Labels |
|---|---|
| Trust in others | Living conditions |
| Social interactions | Economic opportunities |
| Social support | Unequal access to facilities |
| Participation in associations | Poverty among specific groups |
| Access to education | Social and economic support |
| Respect for different cultures | Economic support networks |
| Cultural dialogues | Mutual trust |
| Employment opportunities | Trust in neighbors |
| Class differences | Social cooperation |
| Income level | Social activities |
| Financial assistance to families | Sense of solidarity |
| Trust in authorities | Assistance during crises |
| Friendship networks | Influence on local policymaking |
| Relationships with social groups | Cultural literacy |
| Trust in social institutions | Citizenship education |
| Mutual assistance | Familiarity with cultural identity |
| Formal and informal education | Observance of social norms |
| Preservation of traditions | Economic support and assistance after divorce |
| Cultural cohesion | Achieving cultural consensus |
| Strengthening cultural relations | Government support |
| Cultural convergence | Local economic development |
| Access to loans and financial support | Economic imbalance |
| Addressing economic problems | Limited economic opportunities |

## Axial Coding

After identifying conceptual labels and preliminary concepts in the open coding stage, the next step involved organizing them into broader categories through axial coding. In this phase, categories were developed by continuously comparing the initial data and identifying similarities and differences among concepts. Concepts sharing common characteristics were grouped under broader categories whose titles encompassed all related concepts.

### Social Trust

According to social capital theories proposed by Pierre Bourdieu, James Coleman, and Robert Putnam, social trust is one of the most fundamental components shaping social health. Trust

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reduces the cost of social interactions, facilitates collective cooperation, and enhances the sense of security and predictability within social relationships.

In the open coding stage, this component was identified through conceptual labels such as trust in others, trust in neighbors, mutual trust, trust in authorities, and trust in social institutions. Higher levels of these forms of trust strengthen social cohesion, civic participation, and satisfaction with social life, thereby enhancing citizens' social health. Conversely, declining trust may lead to social isolation, indifference, and reduced collective participation.

Participants' narratives clearly reflected these concepts. One citizen stated:

"We can still trust our neighbors in this city, and if a problem arises we can rely on their help" (conceptual label: trust in neighbors).

A local expert noted:

"If people feel that officials are accountable, their trust increases and cooperation improves as well" (conceptual labels: trust in authorities and trust in social institutions).

Similarly, a social activist remarked:

"When there is mutual trust among people, many misunderstandings and tensions are resolved naturally" (conceptual labels: mutual trust and trust in others).

These statements indicate that social trust is not merely a subjective attitude but a lived experience that significantly influences the quality of social relationships and ultimately the level of citizens' social health.

**Table 3.** Axial Category: Social Trust

| Concepts | Axial Category |
|---|---|
| Trust in others, trust in authorities, trust in social institutions, mutual trust, trust in neighbors | Social Trust |

## Social Networks

From the perspective of social capital theory—particularly in the works of Bourdieu and Putnam—social networks represent the structural relationships among individuals and groups that form the foundation for the production and reproduction of social capital. These networks facilitate the flow of information, reinforce norms of cooperation, and provide social support, thereby playing a significant role in promoting social health.

During the open coding stage, this component was identified through conceptual labels such as social communications, friendship networks, relationships with social groups, social cooperation,

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and social activities. The breadth and quality of these networks can enhance individuals' sense of belonging, social cohesion, and satisfaction with collective life, while also reducing social isolation and exclusion. Consequently, dynamic social networks function as an important support system for improving citizens' social health.

Participants' statements also reflected these concepts. One citizen explained:

"Our relationships with relatives and friends in the city are very close, and this prevents us from feeling lonely" (conceptual labels: friendship networks and social communications).

A local community activist noted:

"When members of a group or association stay connected with each other, they can more easily work together to solve neighborhood problems" (conceptual labels: relationships with social groups and social cooperation).

A social specialist also remarked:

"Organizing cultural and social programs encourages people to interact more and strengthens their sense of belonging" (conceptual label: social activities).

These findings suggest that the density and quality of social networks in citizens' lived experiences are directly associated with their level of social health.

**Table 4.** Axial Category: Social Networks

| Concepts | Axial Category |
|---|---|
| Social communications, friendship networks, relationships with social groups, social cooperation, social activities | Social Networks |

## Social Solidarity

Within theories of social cohesion and solidarity, particularly those of Émile Durkheim and contemporary interpretations of social capital by Robert Putnam, social solidarity refers to the emotional, normative, and commitment-based bonds among members of society that strengthen social order and collective unity.

In the open coding stage, this component was represented through conceptual labels such as social support, mutual assistance, sense of belonging to society, sense of solidarity, and cooperation during crises. Higher levels of social solidarity provide individuals with emotional and practical support, reduce feelings of loneliness and social exclusion, and increase trust and psychological

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security. Consequently, social solidarity serves as one of the fundamental foundations of social health by fostering satisfaction with collective life and stability in social relationships.

Participants' narratives clearly illustrated these themes. One citizen stated:

"If someone in the neighborhood faces a problem, others do not remain silent; everyone helps as much as they can" (conceptual labels: social support and mutual assistance).

A local community elder explained:

"People in this city feel that they belong here, and they share both joy and sorrow together" (conceptual labels: sense of belonging and sense of solidarity).

A local official also noted:

"During crises, such as accidents or economic difficulties, people's cooperation increases significantly" (conceptual label: cooperation during crises).

These findings indicate that social solidarity in the lived experiences of citizens functions as a source of collective resilience and plays an important role in enhancing social health.

**Table 5.** Axial Category: Social Solidarity

| Concepts | Axial Category |
|---|---|
| Social support, mutual assistance, sense of belonging to society, sense of solidarity, cooperation during crises | Social Solidarity |

## Social Participation

Within the framework of social capital and collective action theories, particularly in the perspectives of James Coleman and Robert Putnam, social participation is recognized as one of the fundamental pillars of strengthening social health. Participation reflects the extent to which citizens are actively engaged in collective affairs and social processes. By enhancing individuals' sense of efficacy, responsibility, and social belonging, participation contributes to increased social cohesion and satisfaction.

In the open coding stage, this component was identified through conceptual labels such as participation in associations, involvement in social decision-making, group activities, and influence on local policymaking. The more actively citizens are present within social institutions and structures, the more their relational capital is strengthened, thereby facilitating the realization of social health—understood as a sense of effectiveness, trust, and solidarity.

Interviewees' statements clearly reflected these conceptual labels. A social activist stated:

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"When people become members of local associations, they gain more information and feel that they are part of the decision-making process."

(Conceptual label: participation in associations)

One citizen noted:

"If we are asked about urban issues, we are more motivated to cooperate."

(Conceptual label: involvement in social decision-making)

A local official remarked:

"Whenever people have acted through community groups, we have achieved better results in neighborhood management."

(Conceptual labels: group activities; influence on local policymaking)

These findings indicate that social participation goes beyond symbolic presence and functions as an effective mechanism for enhancing citizens' social health.

**Table 6**. Axial Category: Social Participation

| Concepts | Axial Category |
|---|---|
| Participation in associations; involvement in social decision-making; group activities; influence on local policymaking | Social Participation |

**Education and Social Literacy**

Within Bourdieu's theory of cultural capital, cultural capital includes knowledge, skills, symbolic competencies, and access to educational and cultural resources that enhance individuals' positions within the social structure and increase their capacity for informed action. In relation to social health, cultural capital promotes awareness, strengthens communication skills, and enhances understanding of social norms, thereby enabling more effective participation and constructive interaction.

In the open coding phase, the component of education and social literacy was identified through conceptual labels such as access to education, social awareness, formal and informal education, cultural literacy, and citizenship education. Higher levels of education and awareness increase individuals' ability to analyze social issues, accept differences, adhere to norms, and play active roles in society, thereby promoting social health in terms of cohesion, responsibility, and effective interaction.

Interviewees' accounts further reflected these themes. A social expert stated:

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"The more aware people are of their civic rights and responsibilities, the more rational and respectful their social interactions become."

(Conceptual labels: citizenship education; social awareness)

A citizen commented:

"Access to universities and educational centers in the city has given the younger generation a broader perspective on social issues."

(Conceptual labels: access to education; formal education)

A cultural activist added:

"Cultural programs and informal workshops have significantly increased people's cultural literacy."

(Conceptual labels: informal education; cultural literacy)

These findings demonstrate that education and social literacy, as dimensions of cultural capital, play a vital role in strengthening citizens' social capacities and ultimately enhancing social health.

**Table 7**. Axial Category: Education and Social Literacy

| Concepts | Axial Category |
|---|---|
| Access to education; social awareness; formal and informal education; cultural literacy; citizenship education | Education and Social Literacy |

**Values and Norms**

Within Bourdieu's theory of cultural capital and functionalist analyses of social order—particularly in the works of Talcott Parsons—cultural values and norms are understood as meaning-making and behavior-regulating frameworks that ensure social cohesion and stability. In relation to social health, they foster value convergence, reduce conflict, and strengthen collective belonging.

During open coding, this dimension was identified through conceptual labels such as respect for different cultures, preservation of traditions, cultural cohesion, familiarity with cultural identity, and observance of social norms. Greater adherence to accepted norms, combined with tolerance toward cultural diversity, results in more orderly, predictable, and mutually respectful social relationships, thereby enhancing social health.

Interviewees emphasized these aspects. A cultural activist stated:

"When people respect different cultures and preferences, social tensions decrease."

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(Conceptual label: respect for different cultures)

A citizen noted:

“Preserving the city’s traditions has strengthened intergenerational relationships.”

(Conceptual labels: preservation of traditions; cultural cohesion)

A trusted community member remarked:

“If individuals understand their cultural identity and observe social norms, the city becomes calmer and healthier.”

(Conceptual labels: familiarity with cultural identity; observance of social norms)

These findings indicate that cultural values and norms serve as the underlying meaning structure of social relations and play a fundamental role in strengthening cohesion and promoting social health.

**Table 8**. Axial Category: Values and Norms

| Concepts | Axial Category |
|---|---|
| Respect for different cultures; preservation of traditions; cultural cohesion; familiarity with cultural identity; observance of social norms | Values and Norms |

**Cultural Interactions**

Within theories of communicative action and cultural capital, particularly in the works of Jürgen Habermas and Pierre Bourdieu, *cultural interactions* are defined as communicative and meaning-making processes through which individuals and groups exchange values, symbols, and meanings, thereby fostering mutual understanding and social convergence.

In open coding, this component was identified through conceptual labels such as cultural dialogues, strengthening cultural relations, cultural convergence, joint cultural activities, and achieving cultural consensus. The broader and more dialogue-based these interactions are, the greater the society’s capacity to resolve conflicts and foster empathy, ultimately strengthening social health.

Participants’ narratives reflected these themes. A cultural activist stated:

“When we discuss cultural differences openly, misunderstandings decrease.”

(Conceptual label: cultural dialogues)

A citizen noted:

“Holding joint cultural programs has increased interaction among different groups.”

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(Conceptual labels: joint cultural activities; strengthening cultural relations)

A social expert observed:

"If we can reach a shared understanding of values, conflicts are resolved more easily."

(Conceptual labels: cultural convergence; achieving cultural consensus)

These findings suggest that dynamic and constructive cultural interactions function as communicative mechanisms that enhance social health and strengthen collective bonds.

**Table 9.** Axial Category: Cultural Interactions

| Concepts | Axial Category |
|---|---|
| Cultural dialogues; strengthening cultural relations; cultural convergence; joint cultural activities; achieving cultural consensus | Cultural Interactions |

**Access to Economic Resources**

Within the framework of Pierre Bourdieu's theory of forms of capital, economic capital refers to material resources, assets, and income-generating opportunities that can also facilitate access to other forms of capital. In relation to social health, fair and sustainable access to economic resources strengthens livelihood security, reduces social tensions, and increases hope for the future. In the open coding stage, the component "access to economic resources" can be extracted through the conceptual labels "employment opportunities," "access to loans and financial support," "addressing economic problems," and "government support." The greater the opportunities citizens have for employment, access to financial facilities, and institutional support, the higher their level of social satisfaction, civic participation, and sense of belonging. Consequently, social health is strengthened in terms of stability and efficiency.

Statements from interviewees also clearly reflect these conceptual labels. One citizen stated: "If appropriate job opportunities are available in the city, young people will have more motivation to stay and work." (Conceptual label: employment opportunities). An economic activist noted: "Access to low-interest loans can solve many of the problems faced by small businesses." (Conceptual label: access to loans and financial support). A local official also stated: "Government support during difficult economic conditions reduces the pressure on families." (Conceptual label: government support and addressing economic problems). These findings indicate that economic capital—particularly in terms of access to resources—plays a fundamental role in reducing social harms and improving citizens' social health.

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**Table 10**. Core Category – Access to Economic Resources

| Concepts | Core Category |
|---|---|
| Employment opportunities, access to loans and financial support, addressing economic problems, government support | Access to economic resources |

## Economic Welfare

Within the framework of economic capital theory in Bourdieu's thought and social development analyses, economic welfare refers to the level of individuals' access to sufficient financial resources, livelihood security, and sustainable economic opportunities that directly affect social health. Economic welfare reduces financial stress, strengthens the sense of security, and increases citizens' participation in collective activities, thereby enhancing social cohesion and satisfaction.

In the open coding stage, this component is identified through the conceptual labels "income level," "livelihood status," "economic opportunities," "poverty reduction," and "local economic development." The higher the economic welfare of citizens, the greater the opportunity for active participation in society, mutual trust, and psycho-social well-being, ultimately improving social health at the community level.

Interviewees' narratives also clearly reflect these labels. One citizen stated: "When family income is stable, daily concerns are fewer and we have more time for social activities." (Conceptual label: income level and livelihood status). An economic activist said: "Creating new job opportunities has increased people's motivation to participate in society." (Conceptual label: economic opportunities and local economic development). A local official added: "Poverty reduction programs and support for vulnerable groups have increased social satisfaction in neighborhoods." (Conceptual label: poverty reduction and livelihood status). These findings show that economic welfare, besides directly influencing quality of life, acts as an infrastructure for improving social health and collective cohesion.

**Table 11**. Core Category – Economic Welfare

| Concepts | Core Category |
|---|---|
| Income level, livelihood status, economic opportunities, poverty reduction, local economic development | Economic welfare |

## Unequal Distribution of Economic Resources

Within the framework of social justice theories and economic capital, particularly in the ideas of Pierre Bourdieu and socio-economic analyses, the unequal distribution of economic resources is

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considered a factor that reduces social health. By creating economic gaps between groups and limiting access to opportunities and resources, it decreases social participation, increases dissatisfaction, and weakens collective cohesion.

During the open coding stage, this component is identified through the conceptual labels “class differences,” “unequal access to facilities,” “poverty among specific groups,” “economic imbalance,” and “limited economic opportunities.” The greater the economic inequality, the stronger the feelings of injustice and isolation, which negatively affect social health.

Interview statements clearly illustrate these labels. One citizen stated: “Some families in the city have many facilities, while others struggle even to meet their basic needs.” (Conceptual label: class differences and poverty among specific groups). A local activist mentioned: “Economic opportunities are not equally accessible to everyone, which has caused discouragement in some neighborhoods.” (Conceptual label: limited economic opportunities and unequal access to facilities). A local official added: “Economic imbalance in the city has made some people unable to participate in social activities and they become distant from the community.” (Conceptual label: economic imbalance). These findings indicate that unequal distribution of economic resources, beyond its direct impact on financial welfare, indirectly affects social health and social cohesion.

**Table 12**. Core Category – Unequal Distribution of Economic Resources

| Concepts | Core Category |
|---|---|
| Class differences, unequal access to facilities, poverty among specific groups, economic imbalance, limited economic opportunities | Unequal distribution of economic resources |

**Economic Support for Families**

Within the framework of economic capital theory and social development analysis, economic support for families refers to providing financial resources, facilities, and support networks to reduce household economic pressures. This factor plays a direct role in social health and collective cohesion.

By reducing financial anxiety, increasing economic security, and enabling active participation in society, such support strengthens social capital and promotes collective welfare. In the open coding stage, this component is identified through the conceptual labels “financial assistance to families,” “social and economic support,” and “economic support networks.” The more stable and extensive

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these supports are, the greater citizens' sense of security, social participation, and overall social health.

Interviewees' statements also highlight these labels. One citizen noted: "When families receive financial assistance, daily worries decrease and they have more opportunity for social activities." (Conceptual label: financial assistance to families). A local official stated: "Social and economic support has enabled families to participate in group and neighborhood activities." (Conceptual label: social and economic support). A social activist added: "Economic support networks among neighborhoods have helped ensure that no family becomes completely isolated from society." (Conceptual label: economic support networks). These findings show that economic support for families, as part of economic capital, plays an effective role in reducing social harms and strengthening citizens' social health.

**Table 13**. Core Category – Economic Support for Families

| Concepts | Core Category |
|---|---|
| Financial assistance to families, social and economic support, economic support networks | Economic support for families |

## Selective Coding

Selective coding represents the final stage of analysis in this research. At this stage, the first step for the researcher was identifying the central storyline of the study—the main objective pursued by the research and reflected in the collected data. To assign a name to this central theme (a name that encompasses all paradigm-related concepts), the categories obtained from previous coding stages were conceptually analyzed and integrated.

Based on the data analysis and the selective coding stage, three main groups of factors—social, cultural, and economic—were identified, each playing a determining role in enhancing citizens' social health.

Social factors include components such as social trust, social networks, social solidarity, and social participation. Social trust increases mutual confidence and reduces tensions, creating the foundation for healthy interactions and collective cooperation. Social networks enable information exchange, mutual support, and friendly or group interactions, strengthening the sense of belonging and collective cohesion. Social solidarity enhances societal resilience through mutual support and assistance during crises, while social participation—through involvement in associations, local decision-making, and group activities—strengthens responsibility and collective cohesion.

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In the domain of cultural factors, components such as education and social literacy, cultural values and norms, and cultural interactions are identified. Education and social literacy provide access to knowledge, social awareness, and both formal and informal learning opportunities, enabling citizens to participate consciously and effectively in social interactions and decision-making. Cultural values and norms—including respect for different cultures, preservation of traditions, cultural cohesion, and awareness of cultural identity—shape the meaning framework of social relations and reduce tensions. Cultural interactions through dialogue, shared activities, and cultural convergence foster understanding and harmony among individuals and groups, contributing to social cohesion and health.

Economic factors include access to economic resources, economic welfare, unequal distribution of resources, and economic support for families. Access to economic resources and employment opportunities, along with financial facilities and support, reduces financial pressures and facilitates social participation. Economic welfare—through livelihood security, higher income levels, and poverty reduction—improves quality of life and citizens' motivation for active participation in society. Conversely, unequal distribution of economic resources can lead to class differences, limited opportunities, and feelings of injustice, negatively affecting social health. Economic support for families—through financial assistance and support networks—reduces livelihood pressures and enhances social resilience and cohesion.

Overall, these three categories of factors interact dynamically to form a comprehensive framework for understanding citizens' social health and provide the basis for the conceptual model of the research.

**Table 14.** Social Factors Affecting Social Health

| Component | Conceptual Labels | Role in Social Health |
|---|---|---|
| Social Trust | Trust in others, trust in authorities, trust in social institutions, mutual trust, trust in neighbors | Trust reduces distrust, increases cooperation and social cohesion, and strengthens psychological well-being and civic participation |
| Social Networks | Social relationships, friendship networks, relations with social groups, social cooperation, social activities | Social networks provide a platform for information exchange, mutual assistance, and interaction, increasing belonging and collective cohesion |
| Social Solidarity | Social support, mutual assistance, sense of belonging to society, solidarity feeling, help during crises | Social solidarity strengthens social resilience and participation by providing psychological and practical support |
| Social Participation | Participation in associations, involvement in social decision-making, group activities, influence in local policy-making | Active participation increases responsibility, cooperation, and social cohesion |

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**Table 15**. Cultural Factors Affecting Social Health

| Component | Conceptual Labels | Role in Social Health |
|---|---|---|
| Education and Literacy | Access to education, social awareness, formal and informal education, cultural literacy, civic education | Increased knowledge and awareness lead to informed decision-making, adherence to norms, and better participation in society |
| Values and Norms | Respect for different cultures, preservation of traditions, cultural cohesion, familiarity with cultural identity, adherence to social norms | Cultural values and norm's structure social relationships, reduce tensions, and strengthen collective cohesion |
| Cultural Interactions | Cultural dialogue, strengthening cultural relations, cultural convergence, joint cultural activities, cultural consensus | Cultural interactions promote exchange of values, reduce misunderstandings, and create shared identity, supporting social cohesion and health |

**Table 16**. Economic Factors Affecting Social Health

| Component | Conceptual Labels | Role in Social Health |
|---|---|---|
| Economic Resources | Employment opportunities, access to loans and financial support, addressing economic problems, government support | Access to resources reduces financial pressure and increases security and social participation |
| Economic Welfare | Income level, livelihood status, economic opportunities, poverty reduction, local economic development | Economic welfare enables better quality of life and active participation in society |
| Unequal Distribution | Class differences, unequal access to facilities, poverty among specific groups, economic imbalance, limited economic opportunities | Economic inequality reduces participation, creates feelings of injustice, and threatens social health |
| Economic Support | Financial assistance to families, social and economic support, economic support networks | Economic support reduces financial pressure, strengthens resilience, and increases social participation |

## Discussion

The findings of this study indicate that citizens' social health is not a one-dimensional phenomenon nor merely dependent on the absence of conflicts or social harms. Rather, it is the outcome of a complex interaction among social, cultural, and economic factors that are experienced and reproduced in individuals' everyday lives. In other words, social health reaches an optimal level when citizens can perform their social roles effectively and with satisfaction within a context characterized by trust, support, participation, and equal opportunities. The in-depth analysis of the qualitative data revealed that social health is a dynamic and process-oriented concept influenced by both the broader structural conditions of society and the lived experiences of citizens. Any strengthening or weakening of social health is therefore directly linked to the quality of social relations, the level of cultural capital, and the degree of economic security and welfare experienced by individuals.

At the level of social factors, components such as social trust, communication networks, social solidarity, and social participation play a central role in shaping citizens' social health. Social trust, as the foundation of everyday interactions, facilitates cooperation, empathy, and predictability in social relations while increasing motivation for collective action. Social networks, through

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friendships, group relations, and local ties, provide emotional and practical support for citizens and help prevent feelings of isolation and lack of support. Social solidarity—manifested through mutual assistance, a sense of belonging to the community, and cooperation during times of crisis—serves as an important psychological foundation for both individual and collective resilience. Similarly, social participation enables citizens to perceive themselves as influential in local decisions and processes, thereby fostering higher levels of social satisfaction, psychological security, and collective identity. These findings suggest that strengthening social relationships, creating opportunities for participation, and reinforcing local connections can play a significant role in improving social health.

Alongside social factors, cultural capital also holds a distinctive position in understanding social health. Education, cultural and social literacy, awareness of norms, respect for cultural diversity, and cultural dialogue are among the cultural components influencing social health, and these were clearly reflected in the statements of interviewees. Citizens with higher levels of cultural and social awareness are not only better able to analyze social issues, follow norms, and resolve conflicts peacefully, but they also establish more constructive relationships with other groups and demonstrate greater social tolerance. Cultural values and norms also contribute by providing a framework for social behavior, ensuring social order and cohesion while reducing cultural conflicts and misunderstandings. Furthermore, cultural interactions—including intercultural dialogue, shared activities, and the creation of cultural convergence—provide the necessary platform for understanding, participation, and empathy among different groups. These findings indicate that any effort to improve social health without strengthening cultural capital and creating opportunities for cultural learning and interaction will remain incomplete.

The findings of the study also demonstrate that economic factors exert the most direct and indirect influence on social health. Access to employment opportunities, loans and financial support, adequate levels of economic welfare, and the absence of severe economic inequalities significantly affect citizens' sense of security, social hope, and participation. When citizens enjoy at least a basic level of livelihood security, they are more capable and motivated to engage in social activities, participate in associations, and build empathetic relationships. Conversely, unequal distribution of economic resources, concentrated poverty in certain neighborhoods, and limited opportunities can generate feelings of injustice, reduce participation, increase social isolation, and

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ultimately weaken social health. Economic support for families also functions as a protective buffer against livelihood pressures, enabling families to distance themselves from cycles of social harm and develop more stable social relationships.

The overall synthesis of the data suggests that the social health of citizens in the city of Lar can be understood as the result of the interaction among social, cultural, and economic forms of capital. None of these factors alone can guarantee social health; rather, only through their constructive interaction can they contribute to the development of a healthy, cohesive, and participatory society. A society characterized by strong social trust, active communication networks, stable solidarity, high cultural literacy, extensive intercultural interactions, and a fair distribution of economic opportunities is one in which citizens are more likely to experience higher levels of social health and demonstrate greater resilience in the face of social challenges.

Finally, the results of this study can provide a valuable foundation for social and cultural policymaking in the city of Lar. Efforts to enhance social health should adopt a comprehensive and multidimensional approach. Instead of focusing solely on individual or behavioral problems, policies should aim to strengthen social structures, expand economic justice, increase opportunities for participation, improve educational levels, and create spaces for cultural dialogue. Only through such an approach can improvement in citizens' social health be expected and the conditions for the emergence of a dynamic, resilient society enriched with meaningful human relationships be established.

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### Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

### Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

### Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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### Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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