Abstract
The common goal of development programs in every society is to improve the quality of life. The future of individuals’ life depends on better understanding of factors impact on their quality of life. Parts of these factors are related to the quality and quantity of one’s relationships with others, formal and informal groups, and institutions; that is expressed as social capital. Expanding these ties and networks promote the accessibility of economic and social resources. In other words, these ties in its different forms act as type of glue and results in a better utilisation of social resources and decrease in social expenses. A number of studies have shown that inefficiency in most of the economic, political, and social plans that have been executed in some of regions are related to the condition of the relations and ties present among those people with each other, with official organizations, and the norms that stabilized them. Therefore, we could claim that the quality of life, in its different dimensions, is under the influence of the quality of communications and social ties. The cities of Tehran and Delhi, as the country’s capital, with excellent employment opportunities and as socio-political forefront of both developing countries have attracted people from all over the both countries, and have located numerous tribal and religious groups that co-exist in splendid plural harmony. This has created an asymmetrical composition regarding the quality of life and social capital forms. Lack of knowledge about these characteristics always hinders the insights to gain the proper outcomes for quality of life development programs for both countries’ policy makers. Herein, the main purpose of the current study was to explain the relationship between social capital and quality of life and comparing the quality of life differences according to the level of social capital in different localities of Delhi (India) and Tehran (Iran). In other words, this study attempted to gain better understanding of the elements that are effective for the quality of life of residents in both societies of Delhi and Tehran. In addition, it was aimed to find out whether there is any relationship between social capital’s cognitive (views towards locality, local solidarity, and social trust) and structural (social communication and social participation) indicators and quality of life? In this respect, this thesis was organized into five chapters, each of which contains two or more sections as follows.

Chapter 1: Introduction
This chapter introduces the research problem. In general, it summarizes the approach providing a condensed overview of the study and a road map for how the problem was addressed through the succeeding chapters. This chapter indicated that this study was guided by six objectives as follows.
a. The first objective of the study is to gain insight into the comparison of quality of life differences according to level of social capital in Delhi and Tehran.
b. The second objective of the study is to investigate the relationship between social capital and quality of life in Delhi and Tehran.
c. To identify to what extent variances in quality of life is determined by social capital indicators in both societies.
d. To illuminate the empirical model for both societies and identifying the extent to which total variance in quality of life could be uniquely explained by each predictor.
e. To identify the extent to which total variance in quality of life could be uniquely explained by cognitive and structural dimensions of social capital in both societies.
f. To describe and visualize the social capital and quality of life indicators distribution in both societies through maps and charts.

Next section pertains to the research design. This section was divided in four parts. In the first part of this section, research methodology, Method and Techniques which had been used in this study are discussed. It is stated that positivistic methodology, survey method, and schedule interview technique were employed to show how theoretical framework was put in practice. Then study area, statistical population, and sampling method were explained in next part. Finally this section ends by research approach which depicts how data was collected, processed, and analysed. The fourth section of this chapter illustrates the research significance. Next section explained the research limitations. Finally, this chapter ended with outline of the thesis.

Chapter 2: Literature Review

In order to conduct the research it was important to determine what we really mean by the concept of social capital and quality of life. Meanwhile, as positivistic methodology was used in this study which was based on circular dependence of theory and observation. According to the principals of positivism, theory always precedes practice. Hereby, it was attempted to tie theoretical framework to the observation of the social capital and quality of life relationships in this study. Therefore, this chapter primarily attempted to conceptualize the independent and dependent variables. First section attempted to answer what is social capital? It presented a number of influential definitions have been offered in the literature, notably by Bourdieu, Coleman, Fukuyama and Putnam. Next section, briefly introduced the history of the term social capital according to the social scientists’ viewpoint. Third section addressed the meaning of quality of life. Afterward, a brief history of quality of life in accordance with social scientists' viewpoint was reviewed. Then, the importance of social
capital for quality of life was illustrated. After conceptualizing and reviewing the social capital and quality of life literature, in a broad manner a composite idea of Uphoff and Woolcock and Narayan on social capital was adapted as theoretical framework of the study. Uphoff distinguishes between structural and cognitive social capital. Structural social capital involves various forms of social networks and communications that contribute to cooperation and civic participation. Cognitive social capital includes norms, values, attitudes, beliefs, shared understanding and those variables that hold people together. Structural and cognitive social capitals are complimentary; structures help translate norms and beliefs into well coordinated goal-orientated behaviour. Drawing from these structural and cognitive dimensions of social capital it is possible to conclude that there is no single construct called social capital, but rather, social capital can be understood in a composite form of the central idea of social capital. Woolcock and Narayan have given a new perspective on this context. They conclude that quality of life is based on complementarity and embeddedness. Complementarity refers to mutually supportive relations between public and private actors and is exemplified in legal frameworks that protect rights of association. Embeddedness refers to the nature and extent of the ties connecting citizens and public officials. This framework is empirically verifying that a high level of embeddedness and complementarity between cognitive and structural dimensions of social capital of the residents in both Delhi and Tehran is associated with high level of quality of life. As conceptual definition of social capital and quality of life constructs, social capital conceptually refers in general to the institutions, relationships, and norms which shape the quality and quantity of a society’s social interactions and hold them together like glue. Quality of life refers to the individual’s subjective evaluation and their perception of their position in life which is incorporating physical health, mental and emotional state, level of safety, environmental quality, economic state, and their access to social and public services. Followings are seven hypotheses that are emerged from theoretical model and divided into two primary hypotheses and five secondary hypotheses which should be tested:

Primary Hypotheses

- There is a significant difference in quality of life variances between Delhi and Tehran according to level of social capital.
- There is a significant relationship between social capital and quality of life in Delhi and Tehran.
Secondary Hypotheses

- There is a significant relationship between view towards locality and social capital in Delhi and Tehran.
- There is a significant relationship between local solidarity and quality of life in both societies.
- There is a significant relationship between social trust and quality of life in Delhi and Tehran.
- There is a significant relationship between social communication and quality of life in Delhi and Tehran.
- There is a significant relationship between social participation and quality of life in Delhi and Tehran.

Finally, this chapter ended with presenting the empirical evidences in accordance with theoretical model. These empirical evidences helped us to conduct our discussion and to compare our results with existing relevant literature.

Chapter 3: Research Design

In order to deduce the abstract theory and move from general principals of the theoretical framework to specific realms of the facts should be observed and to test the hypotheses, the research design and approach as a kind of map was presented in third chapter. This chapter first of all describe the philosophical and methodological foundation of the chosen research plan. This chapter tried to illustrate the relationship between philosophical background, related research method, and its applied practical research techniques. In other words, this chapter described the data collection, generation and analysis methods for drawing inferences.

First section of this chapter was pertaining to the philosophical and historical foundations of positivism methodology which was chosen as research methodology of current study along with its ontological and epistemological discussions. The section closed with a few remarks on the influence of the applied methodology on research design and research method.

Second Section begins with discussion on survey method. The history of this approach was briefly discussed to put research method in context. This section ended with some remarks on the influence of the survey method on techniques which were applied for operational parts of the study in particular collecting the data.

Next section illustrates what we mean by social capital and quality of life operationally. It defines the independent and dependent variables’ indicators conceptually and operationally and depicts the measures’ validity and reliability levels. According to the theoretical
framework, social capital was defined in a broad manner, including both cognitive and structural forms. Five indicators of social capital were distinguished as independent variables: views towards locality, local solidarity, social trust (as cognitive social capital), social communication, and social participation (as structural social capital). In addition, quality of life was measured by six indicators: local safety, health state, mental state, quality of environment, accessibility to social services, and economic state. Aforementioned variables are defined as follows.

1) **Social Capital Variables**: These are the key variables of the theoretical model as social capital indicators. Several multi-item scales have been constructed linking social capital variables to a set of related indicators. All of them have a good level of reliability. In order to check face and content validity of the scales an expert panel was employed. The five indicators of the social capital viz. view towards locality, local solidarity, social trust (as representative of cognitive social capital), social communication, and social participation (as representative of structural social capital) are presented as follows:

   i). **View Towards Locality**: This variable mainly studies the perspective and attitude of the individual with respect to the living locality and neighbourhood. During the pre-test interviews in order to measure this variable, 14 items in the format of likert scale were applied. After checking the internal consistency and reliability of the indicator through Cronbach’s coefficient alpha it is indicated that only 6 items out of the 14 items by 0.84 alpha value were retained. That is, internal consistency of this scale with 6 items was 84%.

   ii). **Local Solidarity**: It implies a supporting structure for the groups in the locality. In other words, that exists when people are integrated by strong social bonds and shared beliefs and also are regulated by well developed guidelines for action. The internal consistency of this scale with 6 items (out of 7 items presented in the pre-test interviews) was 0.78.

   iii). **Social Trust**: Trust is defined in a relational term which is somehow central to the production of social glue among the social actors and cooperation in society. Social trust is a belief in the honesty, integrity and reliability of others – a faith in people. The internal consistency of this scale with 9 items (out of 12 items presented to the respondents in pre-test interviews) was 92% (Cronbach's alpha = 0.92).

   iv). **Social Communication**: Social communication connotes to the complex sets of relationships between members of the social system. Different types of communication with family, friends, and neighbours are considered in this study as items of this indicator. The internal consistency of this scale with 5 items (out of 7 items) was 72% (Crobach's alpha = 0.72).
v). **Social Participation**: Participation is accounting for expansion of inter-group and intra-group relations. It shows the level of peoples' involvement in socio-political and cultural issues. The internal consistency of this scale with 6 items (out of 9 items) was 87% (Cronbach’s alpha = 0.87).

2) **Quality of Life Variables**: These are also the key variables of the theoretical model as manifestations of quality of life indicators. Several multi-item scales have been constructed for the quality of life scales as well. All of them have a good level of reliability. The six indicators of the quality of life viz. local safety, health state, mental state, quality of environment, accessibility to social and public services, and economic state are presented as follows:

a). **Local Safety**: Feeling safe and secure in our homes, localities and urban area is a basic human right. Feeling and being safe is a key to overall quality of life in any community. Safety and perceptions of safety highly feature in people's view and sense towards their quality of life. The internal consistency of this scale with 6 items was 87% (Cronbach's alpha = 0.87).

b). **Health State**: Good health should result in a better quality of life. Health has both direct and indirect positive effects on quality of life. On one hand, improvement in health has immediate impact on person's quality of life and on the other hand, it may also indirectly increase the quality of life by acting on other indicators like economic state through increasing productivity. The internal consistency of this scale with 6 items (out of 14 items) was 70% (Cronbach’s alpha = 0.70).

c). **Mental/Emotional State**: How better life an individual has, not only depends on his/her income, health, and environment, but it is also affected by intensity of stress, depression and in general mental and emotional state. We assume that a better mental and emotional state is an indication of better quality of life. The internal consistency of this scale with 6 items (out of 11 items) was 65% (Cronbach's alpha = 0.65).

d). **Quality of Environment**: Local environmental condition contributes to the way people feel about where they live and it indicates strongly the level of quality of life. Improvements in environmental aspects make up the living area and can help foster a good quality of life for the residents. The internal consistency of this scale with 9 items (out of 11 items) was 81% (Cronbach's alpha = 0.81).

e). **Quality of Accessibility to Social Services**: Poor accessibility to social services can directly have a negative impact on the quality of life and on the other hand indirectly through its
impact on economic, health, and sense of safety. The internal consistency of this scale with 10 items (out of 16 items) was 84% (Cronbach's alpha = 0.84).

f). Economic State: Economic condition has both direct and indirect impact on a family's quality of life. Improving the economic condition of the family directly impacts peoples' feeling about their quality of life on one hand and it improves the perceived quality of life through its impacts on health and mental state. The internal consistency of this scale with 8 items (out of 11 items) was 85% (Cronbach's alpha = 0.85).

Next section described the study area, sampling method, and sample size. This section showed that the multistage sampling approach was chosen as sampling method. In the first stage both Delhi and Tehran were divided into three zone viz. well-off zone, middle class zone, and poor zone. Among different clusters which were encompassed in each zone, one of them was selected randomly. At the end, observation units were selected randomly in each selected clusters. According to Krejcie & Morgan’s formula the sample size for the population of 5,481,892 households was 384 and 192 schedule interviews had been conducted in three localities of Delhi and 192 interviews in three localities of Tehran between March-December 2009. Finally, the last section of this chapter presented the study approach that explains how the study practically was constructed and implemented. In other words it showed how data was collected, processed by GIS and SPSS, and analyzed. In general, this section showed how GIS is applied in this research along with SPSS.

Chapter 4: Results (Descriptive and Inferential)

Fourth chapter showed that results in this study furnished several interesting reflections in the field of study and provided concrete data to test hypotheses and theoretical model. This chapter helps to visualize the findings to compare them with existing empirical evidences in discussion section. In this chapter, descriptive and inferential results of the study were presented in details. First section of this chapter through 156 maps and charts visualized the distribution of the five indicators of social capital and six indicators of quality of life in six localities of Delhi and Tehran. This section met the last objective of the study. Next section illustrates the inferential results of the study into two parts. These results helped us to test the hypotheses and theoretical model of the study. In the first part of this section bivariate correlation analysis described the strength, direction and assessing the significance level of the linear correlation between two variables. These features helped us to test the secondary hypotheses. Depending on the level of measurements all of which were in interval level we used Pearson Product-Moment Correlation Coefficient to test the secondary hypotheses as follows.
*First hypothesis:* There is significant relationship between view towards locality and social capital in Delhi and Tehran.

Findings indicated that there was a strong, positive correlation between view towards locality and quality of life in both societies \([r = 0.840 \text{ and } 0.786 \text{ and } p<0.01]\), with high scores on positive view towards locality associated with high levels of scores on quality of life. Additionally, the P value showed that with 99% confidence the Null hypothesis was rejected and the alternative hypothesis was accepted.

*Second hypothesis:* There is significant relationship between local solidarity and quality of life in Delhi and Tehran.

Findings in the current chapter indicated that there was a strong, positive correlation between local solidarity and quality of life in Delhi \([r = 0.661 \text{ and } p<0.01]\), with high scores on local solidarity associated with high levels of scores on quality of life. Whereas, there was a strong, negative correlation between local solidarity and quality of life in Tehran \([r = -0.558 \text{ and } p<0.01]\), with high scores on local solidarity associated with low scores on quality of life. Additionally, in both societies the P value showed that with 99% confidence the Null hypothesis was rejected and the alternative hypothesis was accepted.

*Third hypothesis:* There is significant relationship between social trust and quality of life in Delhi and Tehran.

Inferential results showed that there was a strong, positive correlation between social trust and quality of life in Delhi \([r = 0.753 \text{ and } p<0.01]\), with high scores on people’s interpersonal and institutional trust was associated with high levels of scores on quality of life. Whereas, there was a small and negative correlation between people’s interpersonal and institutional trust and quality of life in Tehran \([r = -0.198 \text{ and } p<0.01]\), with high scores on social trust associated with low levels of scores on quality of life. Additionally, the P value showed that with 99% confidence the Null hypothesis was rejected and consequently the alternative hypothesis was accepted in both Delhi and Tehran.

*Forth hypothesis:* There is significant relationship between social communication and quality of life in Delhi and Tehran.

Results indicated that there was a small, positive correlation between social communication and quality of life in Delhi \([r = 0.197 \text{ and } p<0.01]\), with high levels of scores on social communication and networks associated with high levels of scores on quality of life. While, there was a medium and negative correlation between social communication and quality of life \([r = -0.476 \text{ and } p<0.01]\), with high scores on social communication and networks associated with low levels of scores on quality of life in Tehran. In addition, the P value
showed that with 99% confidence the Null hypothesis was rejected and accordingly the alternative hypothesis was accepted for both societies.

Fifth hypothesis: There is no significant relationship between social participation and quality of life in Delhi and Tehran.

The relationship between respondents' social participations and their quality of life was investigated using Pearson product-moment correlation coefficient. Inferential results depicted that there was a strong, positive correlation between the two variables in Delhi \( r = 0.551 \) and \( p<0.01 \), while there was a medium and negative correlation between peoples’ social participations and quality of life in Tehran \( r = -0.487 \) and \( p<0.01 \), with high scores on social participation associated with low scores on quality of life. Furthermore, the \( P \) value showed that the Null hypothesis was rejected and the alternative hypothesis was accepted for both Delhi and Tehran.

Additionally, In order to test primary hypotheses and the theoretical model of the study, and to test the relationship between social capital and quality of life in both societies, a two-way between-groups analysis of variance and the multiple linear regressions (Stepwise Method) were used in the second part of this section. Primary hypotheses and relevant results are briefly presented as follows.

First primary hypothesis: There is a significant difference in quality of life variances between Delhi and Tehran according to the level of social capital.

A two-way between-groups analysis of variance was conducted to compare the difference in quality of life variances between Delhi and Tehran according to the level of social capital. According to the results the interaction effect was significant \([\text{xscrank} \times \text{xcountry}: F (2, 6598) = 11102.1, p = 0.000] \). This indicated that there was a significant difference in quality of life according to the level of social capital between Delhi and Tehran. In addition, the \( P \) value showed that the Null hypothesis was rejected and the alternative hypothesis was accepted. In addition, the profile plot in depicted that the higher the quality of life, the higher social capital in Delhi. Whereas the higher quality of life, the lower social capital in Tehran. Furthermore, subjects were divided into three groups according to their level of social capital (Group 1: low social capital; Group 2: moderate social capital; Group 3: high social capital). The findings also showed that there was a statistically significant main effect for social capital \([\text{xscrank}: F(2, 6598) = 3804.4, p = 0.000] \) This means that in terms of quality of life there was significant difference in mean scores for low, moderate, and high social capital subjects. In addition, it is indicated that there was a statistically significant main effect for society \([\text{xsociety}: F (1, 5) = 162757.3, p = 0.000] \) this means that Delhi and Tehran do differ in terms
of their quality of life scores. However, according to the Cohen's criterion the effect size for both social capital and society was large (partial eta squared= 0.103 and 0.712 respectively), additionally, it was also showed that 81% of variance in quality of life was predicted by both social capital and society (R Squared= 0.809). Post-hoc comparisons using the Games-Howell test indicated that the mean score for the low social capital group (M=127.29, S.D= 3.46) was significantly different from both the moderate social capital group (M=120.51, S.D= 10.76) and the high social capital group (M=128.88, S.D= 13.33). In addition, the model maps and the graphs also asserted that there was significant difference between empirical models results in different localities of interest in Delhi and Tehran. For instance, it was showed that 42% of the poor area in Delhi was highly sensitive and impacted from included indicators of social capital, whereas, only 29% of the poor area in Tehran was highly impacted from included indicators of social capital in the model. In the mean time 51% of the middle class area under study in Delhi was highly impacted from social capital while 35% of the middle class area under study in Tehran was highly impacted from social capital. The same findings showed that 44% of the well off area in Delhi was highly impacted from social capital whereas 34% of the well off area in Tehran was highly impacted from social capital.

Second primary hypothesis: There is a significant relationship between social capital and quality of life in Delhi and Tehran.

In order to carry out multivariate analysis of data collected in Delhi and Tehran and to determine the factors responsible for quality of life in both societies a multiple linear regressions was used. Results obtained from data collected in Delhi showed that since sig= 0.000 (P<0.01), the null hypothesis was rejected and alternative hypothesis was accepted that is social capital model reaches statistical significance in Delhi. In other words, with 99 percent confidence there was a significant relationship between social capital and quality of life in Delhi. R square value indicated that 77 percent of the variance in quality of life was explained by the model. It was also showed that all of the five variables viz. view towards locality, social participation, social communication, social trust, and local solidarity included in the model and contributed to the prediction of the quality of life and none of them excluded from the model. The Beta column indicated that peoples’ attitude and their views about the locality where they live had largest beta value (1.084) that means it made the strongest unique contribution to explain the quality of life model. At the same time, the beta value of social participation was lower (-0.446) indicating that it had second unique contribution in explaining the quality of life model. Then the social communication, social trust, and local solidarity had lower beta value (0.138, 0.195, and -0.112 respectively) and
consequently lower contribution in explaining the quality of life model. Since the sig. values of five variables were less than 0.01 then the variables made significant unique contribution to the prediction of the quality of life in Delhi. In addition, the Standardized Beta values also indicated that if we could increase view towards locality’s scores by one standard deviation which was 3.04 according to table labelled descriptive statistics then the quality of life scores would be likely to increase by 1.084 standard deviation units. Also at the same time, one unit increase in social participation, social communication, social trust, and local solidarity’s standard deviation led to 0.446 units decrease, 0.138 units increase, 0.195 units increase, and 0.112 units decrease in quality of life’s standard deviation scores respectively. Squared part value indicated that the view towards locality while the rest of predictors were controlled uniquely explained the 17 percent of the total variance of quality of life. Social participation, social communication, social trust, and local solidarity could be able to uniquely explain the 5 percent, 2 percent, 0.4 percent, and 0.3 percent of the total variance of quality of life respectively while the rest of the predictors were controlled. Finally, results showed that accepted variables as predictors of quality of life and equation of the empirical model in Delhi were described as follows.

\[ Y = a + bX_1 + bX_2 + bX_3 + bX_4 + bX_5 \]

Where,

\( Y \) = quality of life

\( a \) = the intercept (constant)

\( b \) = the slope or regression coefficient (X-coefficient)

\( X_1 \) = view towards locality

\( X_2 \) = social participation

\( X_3 \) = social communication

\( X_4 \) = social trust

\( X_5 \) = local solidarity

Quality of life = 101.927 + (2.712)* view towards locality + (-1.555) * social participation + (1.079)* social communication + (0.587)* social trust + (-0.630)* local solidarity

(Note: - * refers to multiplication.)

According to the aforementioned equation and our empirical model in Delhi, the optimum combination of the social capital factors was shaped by five indicators of peoples’ view towards locality, social participation, social communication, social trust, and local solidarity proportionately. The empirical model in Delhi also showed that 18 percent of total variance in quality of life was uniquely explained by cognitive indicators of social capital (view
towards locality, local solidarity, and social trust) whereas only 7 percent of total variance in quality of life was uniquely explained by structural indicators of social capital (social participation and social communication).

Results obtained from data collected in Tehran showed that since sig= 0.000 (P<0.01), the null hypothesis was rejected and alternative hypothesis was accepted that is the social capital model reaches the statistical significance in Tehran. In other words, with 99 percent confidence there was a significant relationship between social capital and quality of life in Tehran. R square value indicated that 68 percent of the variance in quality of life was explained by the model. It was also showed that four variables viz. view towards locality, social participation, social trust, and local solidarity out of five variables included in the model and therefore contributed to the prediction of the quality of life, that is only social communication was excluded from the empirical model in Tehran. The Beta column indicated that peoples’ attitude and their views about the locality where they live had largest beta value (0.84) that means it made the strongest unique contribution to explain the quality of life model. At the same time, the beta value of social trust was lower (0.26) indicating that it had second unique contribution in explaining the quality of life model. Then the local solidarity and social participation had lower beta value (0.19, 0.16 respectively) and contribution in explaining the quality of life model. Since the sig. values of four variables were less than 0.01 then the variables made the significant unique contribution to the prediction of the quality of life. In other words, it was concluded that peoples’ communication to each other did not make a significant unique contribution to the prediction of quality of life in Tehran. The standardized Beta values also indicated that if we could increase view towards locality’s scores by one standard deviation which was 2.74 according to table labelled descriptive statistics then the quality of life scores would be likely to increase by 0.84 standard deviation units. Also according to the same values, one unit increase in social trust, local solidarity and social participation’s standard deviation led to 0.27 units decrease, 0.19 units increase and 0.16 units decrease in quality of life’s standard deviation scores respectively. Squared part value indicated that the view towards locality while the rest of predictors were controlled uniquely explained the 19 percent of the total variance of quality of life. Social trust, local solidarity and social participation could be able to uniquely explain the 0.7 percent, 0.4 percent and 0.4 percent of the total variance of quality of life respectively. Finally, results showed that accepted variables as predictors of quality of life and equation of the empirical model for Tehran were described as follows.
\[ Y = a + bX_1 + bX_2 + bX_3 + bX_4 \]
Where,
\[ Y = \text{quality of life} \]
\[ a = \text{the intercept (constant)} \]
\[ b = \text{the slope or regression coefficient (X-coefficient)} \]
\[ X_1 = \text{view towards locality} \]
\[ X_2 = \text{social participation} \]
\[ X_3 = \text{social trust} \]
\[ X_4 = \text{local solidarity} \]

Quality of life = 110.645 + 0.967* view towards locality + (-0.349)* social participation + (-0.324)* social trust + 0.420* local solidarity
(Note: * refers to multiplication.)

According to the aforementioned equation and the empirical model in Tehran, the optimum combination of the social capital factors was shaped by four indicators of view towards locality, social participation, social trust, and local solidarity proportionately. The empirical model in Tehran showed that the majority of total variance in quality of life, about 20 percent, was uniquely explained by cognitive indicators of social capital (view towards locality, local solidarity, and social trust) whereas only 1 percent of total variance in quality of life was uniquely explained by structural indicator of social capital (social participation) that was included in the model as predictor.

**Chapter 5: Conclusion, Discussion, and Recommendations**

This chapter after presenting an overview of the thesis in the first section attempts to discuss about the results found in this study in comparison with parallel studies and empirical evidences conducted in this field and presented in second chapter of this thesis. Next section puts the general concluding remarks of the study and attempts to answer the research questions which were posed in the first chapter of this thesis. By answering the research questions, it was attempted to meet research objectives as follows.

1. **Is there any significant difference in quality of life variances between Delhi and Tehran according to level of social capital?**

To perform this analysis a Two-Way ANOVA was conducted. Results of the study showed that there was a significant difference in quality of life in Delhi and Tehran according to level of social capital [xscrank*xcountry: F (2, 6598) = 11102.1, p = 0.000]. In addition, the profile plot also supported the same result in another way. It depicted that the higher quality of life, the higher social capital in Delhi, whereas the higher quality of life, the lower social capital in
Tehran. This indicated that even if the importance of social capital in explaining the quality of life variances in both societies was significant it asserted that the level of social capital in poor areas of Tehran was greater than well-off area while in well-off areas of Delhi the level of social capital was greater than poor areas. The model maps provided by GIS, visually depicted that where exactly located these differences in quality of life according to the level of social capital. Additionally, the charts also showed the extent to which quality of life was sensitive to social capital in different localities of Delhi and Tehran. For instance, in poor area of Delhi, quality of life was 42% sensitive to social capital, whereas in poor area of Tehran quality of life was only 29% sensitive to social capital.

2. Is there any relationship between social capital and quality of life in Delhi and Tehran?
   To answer this analysis a multiple linear regression was conducted for both Delhi and Tehran separately. Results obtained from Delhi and Tehran data showed that there was a strong, positive correlation between social capital and quality of life in both societies \([r = 0.887 \text{ and } 0.826 \text{ and } p<0.01]\) that is, high scores on social capital are associated with high levels of scores on quality of life. This answer met the second objective of the study.

3. To what extent the social capital indicators included in the model as predictors of quality of life can determine its variances?
   R square value indicated that 77 percent of the variance in quality of life in Delhi was explained by the five indicators of social capital as predictors in the empirical model. While, R square value for Tehran showed that 68 percent of the variances in quality of life was explained by the four indicators of social capital as predictors in the empirical model. However, social communication was excluded from Tehran’s empirical model.

4. To what extent total variance in quality of life could be uniquely explained by each predictor in both societies?
   The Part values are squared for all predictors in order to answer this question. Squared part values for Delhi indicated that the view towards locality while the rest of predictors were controlled uniquely explained 17 percent of the total variance of quality of life. Social participation, social communication, social trust, and local solidarity could be able to uniquely explain the 5 percent, 2 percent, 0.4 percent, and 0.3 percent of the total variance of quality of life respectively while the rest of the predictors were controlled.
   Whereas, squared part values for Tehran indicated that the view towards locality while the rest of predictors were controlled uniquely explained the 19 percent of the total variance of quality of life. Social trust, local solidarity and social participation could be able to uniquely
explain the 0.7 percent, 0.4 percent and 0.4 percent of the total variance of quality of life in Tehran respectively.

5. To what extent total variance in quality of life could be uniquely explained by cognitive and structural dimensions of social capital?

It was also showed that 18 percent of total variance in quality of life in Delhi was uniquely explained by cognitive indicators of social capital (view towards locality, local solidarity, and social trust) whereas only 7 percent of total variance in quality of life was uniquely explained by structural indicators of social capital (social participation and social communication). At the same time, it was showed that about 20 percent of total variance in quality of life in Tehran was uniquely explained by cognitive indicators of social capital (view towards locality, local solidarity, and social trust) whereas only 1 percent of total variance in quality of life was uniquely explained by structural indicator of social capital (social participation) that was included in the model as predictor while cognitive factors were controlled. In other words, it can be conclude that there was a good source of both cognitive and structural social capital in Delhi whereas there was only good source of cognitive social capital in Tehran and the level of structural social capital was low.

This study also concluded that according to the social capital literature it was expected to have a positive and linear relationship between social capital and quality of life but findings of the current study suggested the reverse relationship in Tehran that means the more developed areas have granted the lower level of social capital. According to the theoretical framework and obtained empirical model it was suggested that there was a failure in making complementarities between cognitive and structural forms of social capital and there were no embedded ties between public and private actors in social north of Tehran. In addition, more interesting findings were presented through empirical model maps and graphs which depicted the geographical distribution of the social capital impact on quality of life in both Delhi and Tehran. The most important thing for policy makers was that the model maps and graphs showed the quality and quantity of the location of the area which was either low or high sensitive to the social capital. This study tentatively illustrated that using GIS can reveal the trends, qualities, and quantities of either subjective or objective factors in ongoing policies and programs in every society. It was finally concluded that in both societies the cognitive predictors of quality of life were more important than structural predictors; this suggested that in order to have better quality of life and to forge mutually beneficial and accountable ties between different peoples, positive sum oriented attitudes, perspectives and values should be focused rather than zero sum oriented attitudes.
This chapter ended with implications and recommendations for policy making and for further researches which were suggested. This section was divided into three parts of theoretical implications, implications and recommendations for policy making, and recommendations for further researches. At the end of this thesis, Bibliography and appendices were supplied.