Social Capital, Gender & Health

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What is social capital?

“Social networks, the reciprocities that arise from them and the value of these for achieving (mutual) goals”


I.e. the value of social interactions and social network involvement
The relevance of social capital for health?

Individuals (and their ill-health) cannot be understood solely by looking inside their bodies and brains; one must also look inside their communities, their networks, their workplaces and their families

(Lomas 1998:1182)
Social capital
Individual or Collective characteristic?

**INDIVIDUAL**
“Social Network Approach”

- Social resources accessible for individuals by participation in social networks
- Individuals can reach certain ends that would not have been possible in the absence of these networks

**COLLECTIVE**
“Social Cohesion Approach”

- Characterize whole communities
  - Community networks
  - High levels of civic engagement in these networks
  - Generalized norms of trust and reciprocal help and support between community members
- Promote collective and individual goods
- A collective and (somewhat) non-exclusive resource
Pierre Bourdieu
Power perspective on social capital

- Membership in a group provides each of its members with a collectively owned capital
- Inclusion into networks by exchanging values – economic and cultural capital
- Lack of resources may exclude individuals from powerful social networks
- Some networks are more powerful than others – social capital not an equal resource in a community!
- There is gender, age, class and ethnic differences in access to social capital
Social capital & health – critical voices

Critique;
• Social capital downplays the importance of material factor in public health
• Social capital neglects analyses of structural inequalities in health (such as gender and class)

Response;
• Material and psychosocial factors equally important. The capacity to benefit from material factors often goes through social relations
• Social capital is integrated in the macro political system - the formation of social networks are shaped by political and structural factors
## Different forms of social capital

<table>
<thead>
<tr>
<th>STRUCTURAL</th>
<th>COGNITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in social</td>
<td>Perceptions of trust, reciprocity and safety</td>
</tr>
<tr>
<td>networks</td>
<td></td>
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</tbody>
</table>

- Involvement in **Bonding** networks
- Involvement in **Bridging** networks
- Involvement in **Linking** networks
- **Trust**: generalized, personalized and institutionalized
- **Reciprocity norms**
- **Safety**
Social capital and health in the Umeå region

• Social capital survey 2006-2007
  – 15,000 individuals 18-84 years
  – Studies on the associations between:
    • Individual social capital & self-rated health
    • Neighborhood specific social capital & SRH

• Qualitative follow up study, 2011-2012
  – Sex stratified focus groups with former participants in the survey
    • What constitutes a health enabling neighborhood? The importance of social capital and gender
Are the health effects of *individual* social capital gendered?
Associations between individual social capital and self-rated health for MEN

Odds ratio* for good self rated health by access to each form of social capital.
*Adjusted for age, education, marital status, children at home and level of urbanization.
Associations between *individual* social capital and self-rated health for WOMEN


**Odds Ratio** for good self-rated health by access to each form of social capital. WOMEN

*Adjusted for age, education, marital status, children at home and level of urbanization.*
Is social capital a social- and gender equal resource?
Social inequality in access to social capital

Access to Social Capital (OR)

Educational Level

Bridging social networks
Generalized trust

Basic  | Secondary  | Higher
---    | ---        | ---
1      | 2          | 4
1      | 1          | 3
1      | 1          | 1
Gender inequality in access to social capital

- Bridging social networks
- Personalized trust
- Safety

Sex

Women

Men

Access to Social Capital (OR)
Are the health effects of neighborhood social capital gendered?
Associations between neighborhood social capital and self rated health for WOMEN


Adjusted for socio-economic and socio-demographic variables as well as access to individual social capital
Conclusions
Eriksson, M., Ng, N., Weinehall, L., and Emmelin M (2011)
*Social Science & Medicine*, 73; 264-273.

- No effect of neighbourhood social capital on men’s SRH.
- Women, living in very high social capital areas, had significantly higher odds for Good-fair SRH, compared to women living in very low social capital areas.
- Mobilizing social capital for health promotion at the neighbourhood level might promote women’s self-rated health but would not necessarily do so for men.
- Reducing the unequal involvement of men and women in the domestic sphere would potentially benefit men in this matter.
- What constitutes a health enabling environment might be influenced by gender.
What constitutes a health enabling neighborhood?
The significance of gender and social capital
Qualitative follow-up study

Aim;
• To contribute to an understanding of what constitutes a 'health-enabling' neighborhood,
• To explore how social capital and other aspects of the neighborhood may influence health for men and women.

Methods;
• Focus group discussions
  – People who previously participated in the social capital survey were invited to FGD
  – In total 8 groups, stratified by sex, 4 groups with women, 4 groups with men
• Grounded theory situational analysis
Pile sort ranking
Statements about the living environment most commonly sorted as “having a positive influence on my health”

<table>
<thead>
<tr>
<th>Statement</th>
<th>Type of basic element</th>
<th>Men (%)</th>
<th>Women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To feel safe in my neighborhood</td>
<td>Symbolic Non-human</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>To feel at home in my neighborhood</td>
<td>Symbolic Non-Human</td>
<td>100</td>
<td>87</td>
</tr>
<tr>
<td>To be able to trust my neighbors</td>
<td>Symbolic Human</td>
<td>92</td>
<td>93</td>
</tr>
<tr>
<td>To live in a neighborhood where neighbors greet and talk when meeting</td>
<td>Symbolic Human</td>
<td>92</td>
<td>87</td>
</tr>
<tr>
<td>To have a nice outdoor environment</td>
<td>Spatial</td>
<td>92</td>
<td>93</td>
</tr>
</tbody>
</table>
Discussions – elements influencing health?

1. Human elements – neighbor relations (consensus men & women)

2. ”Symbolic elements (gender differences)

3. ”Spatial elements (gender differences)
Conclusions

• Neighborhood social capital, has fundamental influence on people’s perceived health. Close interaction between the physical and social environments in influencing health.

• Findings do not confirm that social capital is more important for women than for men but distinctive form of social capital differ in impact.

• Potential *negative effects* of neighborhood social capital more prominent among women.
Locating the results within the international research field; What is known about the (gendered) associations between social capital and health?

INDIVIDUAL SC & HEALTH

• Strong evidence for a positive association “in general” between access to individual social capital and health (– i.e. social network involvement)
• Some forms of social network involvement might be more health enhancing than others – and for some groups of people
• The “gains and returns” of social network involvement might differ due to gender
• Access to individual social capital unequally distributed between different social groups

COLLECTIVE SC & HEALTH

• So far inconclusive results about the health effects of living in a high social capital area.
• Still concerns about how to best operationalize and measure environmental effects on health
• Area effects on health seems to differ between social groups, due to gender, age and ethnicity
• Steered by socially constructed expectations on involvement in the living environment?