

Influence of Social Capital on the Health of Individuals

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Abstract

Social capital consists of characteristics of the relations and the interaction that happens between individuals and groups. It is perceived as an individual level where personal resources can emerge in various social networks where individuals have good access to support and services involved. On several occasions, social capital has been perceived as a factor that can affect health through numerous mechanisms. These are well-known norms and attitudes that influence health psychological networks and increases access to quality health systems thus enhancing self-esteem. The objective of this paper, therefore, was to assess the influence social capital has on the health of individuals. The study adopted a descriptive survey research design and targeted 840 respondents from 7 countries across sub-Saharan Africa. Data was collected through structured questionnaires and interview guides, which were pilot-tested before use and utilized the Cronbach alpha test on SPSS to measure both reliability of the research tool and the internal consistency. The data were analysed using descriptive statistics which includes correlation analysis aided by Statistical Package for Social Science for quantitative while the qualitative data was analyzed using narrative and thematic methods. Results showed that social capital indeed has an influence on the health of individuals. 54% of the respondents reported having fallen below their economic status at some point in their life and further provided insights on the importance of friends and family at this point in their life. 98% of them confirmed receiving aid and support (both moral and financial) from their family and social networks and this eased a lot of stress and further supported them in their search for new channels of earning their livelihoods. Also, 69.1% of the respondents reported belonging to a particular social network, among them, 95% confirmed that in multiple occasions, the social network influenced their health-seeking behaviors, diet, and general hygiene, eating and sleeping habits, etc. while noting that the network provides support (both financial, moral, care, etc.) to its

members and thereby reducing the effects of stress on the people who are part of the social networks as well as the likelihood of becoming sick. The respondents gave social capital an average rating of 3.7 out of 5 showing a 74% effect on the health of individuals. The correlation analysis between social capital and health of individuals demonstrated a degree of positive correlation, with an estimated average of 0.736. In conclusion, the study showed that social networks are the bedrock of social support, and this is helpful and most impactful on the health status of individuals. Social capital is therefore a potentially crucial characteristic of the social and cultural environment that ultimately influences the patterns of health outcomes.

Keywords

Social Epidemiology, Social Capital, Health, Social Factors

1. Background

Social capital, according to the Wikipedia Encyclopaedia, is “the networks of relationships among people who live and work in a particular society, enabling that society to function effectively”. Social capital is characterized by relations and the interaction that happens between individuals and groups. Social capital is used to collectively measure the individual level which is seen as a factor that would arise within communities as well as the neighbourhoods as scrutinized also as a collective property (Derose & Varda, 2009; Roberson et al., 2018). Social capital is also regarded as the resources that are available to members of communities and other social contexts such as workplaces, etc. by virtue of the existence of a rich network of social interactions (Kawachi et al., 2004).

Social capital is perceived as also an individual level where personal resources can emerge in various social networks; this is where individuals have good access to data support and services involved. Social capital is where individuals and communities benefit by having access to quality health systems (Derose & Varda, 2009; Foo, 2021). On several occasions, social capital has been perceived as a factor that can affect health through numerous mechanisms. These are well-known norms and attitudes that influence health psychological networks and increase access to quality health systems thus enhancing self-esteem.

Social capital consists of social networks, social participation, and social trust as it is considered one of the factors at the individual level. Berkman & Glass (2000) defined social networks as the web of person-centered social ties. Its assessment and impact extend to the number of network members, homogeneity of members, frequency of contacts amongst members, the extent of reciprocity of these contacts as well as the duration of the contacts.

Social support, however, is regarded as the number one indicator of good and favourable social relationship. It consists of different types of assistance that people receive from their social networks which could be instrumental support such as

financial, in-kind support; informational support such as advice and tips on health and diets; and emotional support. It is believed that social connectedness bestows an extrapolated host resistance to a broad range of health outcomes, ranging from morbidity and mortality to functional outcomes (Cassel, 1976). Throughout the life course, there is a linkage between social networks and social support to provide positive physical and mental health outcomes for individuals (Stansfeld, 1999). Berkman and Glass (2000) noted that following major illnesses, social networks and social support have been greatly linked to superior prognosis and survival. For mental health outcomes, Kawachi & Berkman (2001) indicated evidence showing that social support cushions the effects of stressful life events as well as helps prevent cases of psychiatric disorders such as depression, etc.

The major determinant of health is health behaviours which consist of different behaviours such as physical activity, dietary and sleeping duration (Harman, et al., 2019). There is power in networking as it could strengthen the sense of everyone and trust. Despite considerable progress in tackling key global health and social issues and knowledge, inequalities in health outcomes remain to expand, both within and between countries and subpopulations. The challenges come in due to poor organization, which has often limited health systems and could cause an individual outcome with inadequate attention given to preventive measures and broader social factors of health and illness. Possibilities are available to work across health and social growth sectors and to develop multisector cooperation and development.

Measures of social capital generally emphasize two components which include the structural and cognitive components (Hernandez & Blazer, 2006). The structural component of social capital includes the extent and intensity of associational links and activity in society such as the density of civic associations, measures of informal sociability, and indicators of civic engagement. On the other hand, the cognitive component of social capital assesses people's perceptions of trust, sharing, and reciprocity (Harpham et al., 2002).

An increasing number of multilevel studies have discovered a relationship between community social capital and individual health outcomes. Increasing stocks of social capital are related with an improved ability of communities to apply informal social control over divergent behaviors such as smoking and drinking by minors, as well as undertaking collective action for mutual benefit such as passing local laws to restrict smoking in public places, etc. Social capital and social cohesion are therefore possible significant characteristics of the "social and cultural environment" that eventually influence patterns of health.

2. Methodology

This study adopted a descriptive survey research design. This allows the researchers in the collection of data, analysis, presentation and interpretation for the sole purpose of clarity (Orodho & Kombo, 2002). Cooper & Schindler (2008)

added that it aids the researcher to have an extensive analysis and to understand a particular concept. The adequacy of a research design to fulfill the research objectives determines its applicability. Descriptive research survey design helps the researcher to collect comprehensive information. This is through a combination of both quantitative and qualitative data collection methods. This survey design aided in drawing conclusions on the influence social capital has on the health of individuals. This survey research design was chosen as a result of its suitability to fulfilling the research objectives.

This research targeted 7 countries across sub-Saharan Africa (3 in West Africa, 3 in East Africa and South Africa). The sample size for the study included 840 respondents (120 each) from Nigeria, Ghana, Liberia, Uganda, Tanzania, Zambia, and the Republic of South Africa. Furthermore, key informant interview was with 10 selected respondents (5 from each region). The survey and key informant interview methods of data collection were used to collect opinions from the participants as regards social capital and health of individuals.

Using a semi structured questionnaire with open-ended and close ended questions as well as the use of a key informant interview guide for data collection. The tool was piloted and its reliability was tested using the Cronbach alpha test using SPSS with a score of 0.73. Nunnally (1978) and Mugenda & Mugenda (2003) noted that scores of 0.70 and above are acceptable reliability coefficients therefore the questionnaire was considered reliable.

The study adopted the descriptive statistic methods as well as correlation analysis using SPSS to analyse the quantitative data while the qualitative data was analyzed using narrative and thematic methods. A 95% confidence level was used to test the significance of the factor, and this was done using correlation analysis. This was to establish the degree of strength in terms of the relationship between the variables. Spearman's correlation was utilized in the establishment of the relationship between the variables. The below model specification guided the multiple regression analysis;

$$Y = (\alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon)$$

where:

Y = Project Performance;

β_0 = Constant Term;

β_1 = Beta coefficients;

X_1 = M & E planning;

X_2 = M & E Skills;

X_3 = M & E information management system;

ε = Error Term.

3. Research Findings

3.1. Response Rate and Demography of Respondents

Out of the total number of participants in the sample frame, the response rate is

the percentage of people that correctly completed semi-structured questionnaires (Fowler, 2002). The survey had a 97% response rate. The distribution of responders is displayed in **Table 1** below.

This rate of response was adequate and representative; thus, it was used to draw study conclusions. A 50% response rate is sufficient for analysis and report writing, a 60% response rate is considerably enough, and a 70% rate is exceptional (Mugenda & Mugenda, 2003). This is also the viewpoint of Babbie (2010), who considers a response rate of greater than 70% to be exceptional.

Data showed that 59% (n = 481) are married while 41% (n = 334) are single. The majority of the respondents (69.3%, n = 565) as shown in **Table 2** below are between the ages of 26 to 35 years while the least (4.4%, n = 36) are between 18 to 25 years of age.

As shown in **Table 3** below, the majority (50.4%, n = 411) of the respondents have graduate degrees as their highest level of education while the least (6.3%, n = 51) have secondary/high school as their highest level of education. 43.3% (n = 353) have post-graduate degrees.

The employment, income, as well as economic status of the respondents were assessed. As shown in **Figure 1** below, the majority (91.2%, n = 743) of respondents are employed (12.8% employed in the civil service, 41.3% employed in the private sector, and 37.1% self-employed) while 8.8% (n = 72) of the respondents are unemployed.

Table 1. Respondents distribution by country.

	Frequency	Percent	Valid Percent	Cumulative Percent
Ghana	115	14.1	14.1	14.1
Liberia	109	13.4	13.4	27.5
Nigeria	156	19.1	19.1	46.6
South Africa	106	13.0	13.0	59.6
Tanzania	101	12.4	12.4	72.0
Uganda	116	14.2	14.2	86.3
Zambia	112	13.7	13.7	100.0
Total	815	100.0	100.0	

Table 2. Respondents distribution by age.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 - 25 years	36	4.4	4.4
	26 - 35 years	565	69.3	73.7
	36 - 55 years	214	26.3	100.0
	Total	815	100.0	100.0

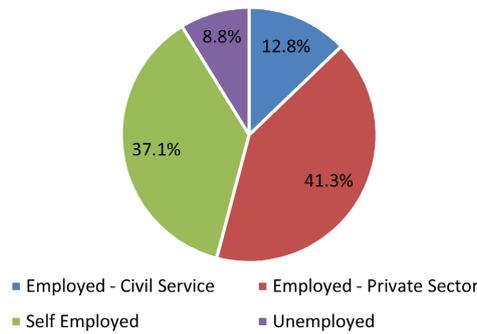


Figure 1. Employment status.

Table 3. Respondents' highest level of education.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Graduate Degree	411	50.4	50.4
	Post-Graduate Degree	353	43.3	93.7
	Secondary/High School	51	6.3	100.0
	Total	815	100.0	100.0

67.1% (n = 547) of the respondents classified themselves as middle-income earners while 32.9% (n = 268) were classified as low-income earners. This was well replicated in the rating of the respondent's economic status as shown in **Table 4** below which showed that majority (76.1%, n = 620) of the respondents are on average in terms of economic status while the least (2.1%, n = 17) are classified as rich.

3.2. Social Capital and Health

Social capital is characterized by the relations and interaction that happens between individuals and groups. It is used to collectively measure the individual level which is seen as a factor that would arise within communities as well as the neighborhoods as scrutinized also as a collective property.

As shown in **Table 5** below, 69.1% (n = 563) reported belonging to a particular social network while 30.9% do not belong. Among the respondents who belong to a particular social network, 94% (n = 529) confirmed that on multiple occasions, the social network influences their health-seeking behaviors, diet, and general hygiene. 72% (n = 402) also confirmed that their friends and social networks influence their eating and sleeping habits. Respondents mentioned that social networks are good because the network provides support (both financial, moral, care, etc.) to their members. This reduces the effects of stress on the people who are part of the social networks as well as the likelihood of becoming sick. The testimonies revealed that the effects of the help received from family, friends and neighbors are tremendous and has gone ahead to reduce worries, anxiety, stress, etc.

Table 4. Rating of current economic status.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Average	620	76.1	76.1	76.1
	Poor	178	21.8	21.8	97.9
	Rich	17	2.1	2.1	100.0
	Total	815	100.0	100.0	

Table 5. Membership of a particular social network.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	252	30.9	30.9	30.9
	Yes	563	69.1	69.1	100.0
	Total	815	100.0	100.0	

Data showed that 93.5% (n = 762) of the respondents have friends who are of the same class with them. As shown in **Table 6** below, 95% (n = 724) of them affirmed that their friends have in one way or the other, had a positive influence on their health while 5% (n = 38) reported to have had a negative influence from their friends as regards their health.

As regards to their health, 89.1% (n = 726) of the respondents affirmed that their friends usually provide advice to them concerning their health while 10.9% (n = 89) of them responded that their friends do not provide advice to them concerning their health.

54% (n = 440) of the respondents reported having fallen below their economic status at some point in their life. They further provided insights into the importance of friends and family at this point in their life. 98% (n = 431) of them confirmed receiving aid and support (both moral and financial) from their family and social networks. This eased a lot of stress and further supported them in their search of new channels of earning their livelihoods. At the time of sickness, friends provided different levels of support to the respondents ranging from finance, care, security, etc. Data from the survey as shown in **Table 7** below shows that 93.3% (n = 760) of the respondents received support from their friends when they were sick.

The type of support received during the time of sickness as reported by the respondents includes financial support, moral and psychological support, the recommendation to visit the hospital, and spiritual support through prayers. **Figure 2** below shows how the friends of respondents provided different types of support. Respondents mentioned the impact of this support on them and their health. They mentioned that these supports were encouraging; provided hope and comfort as well as aided quick recovery; made them feel loved, etc.

Social networks are the bedrock of social support, and this is helpful and most impactful on the health status of individuals. This is in line with **Durkheim (1952)**

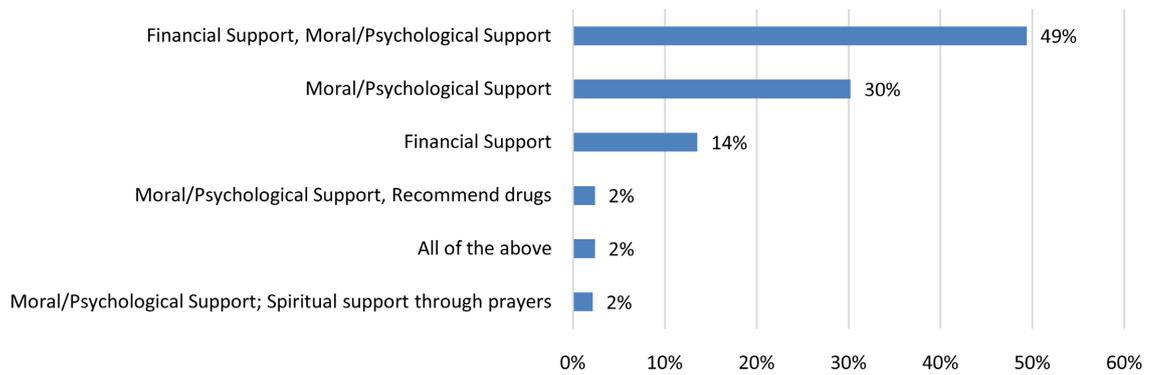


Figure 2. Type of support by friends.

Table 6. Type of influence friends has had on your health.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Negative Influence	38	5.0	5.0	5.0
	Positive Influence	724	95.0	95.0	100.0
	Total	762	100.0	100.0	

Table 7. Did you receive support from your friends when you were sick.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	55	6.7	6.7	6.7
	Yes	760	93.3	93.3	100.0
	Total	815	100.0	100.0	

who concluded that social solidarity and support was a form of protection against the drive to commit suicide. According to WHO (1998), Social support and good social relations make an important contribution to health. They further noted that social support helps provide the needed emotional and practical resources to people. Social support is helpful because of its promotion of mutual transmission of health information. This simply implies that it is easier for peers within a social network to share information on health-related issues amongst other things. This builds on the sense of responsibility towards peers which social networks promote. In the presence of others, sharing jokes, burdens and problems helps reduce the burden of stress, anxiety, and mental health problems among peers in a social network. This is supported by the WHO (1998) who opined that “belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued” and this has a powerful protective effect on health.

Support works at both the individual and societal levels. Increased rates of premature death as well as slimmer chances of survival after a heart attack have a direct association with social isolation and exclusion. This simply implies that people who get minimal emotional and social support from others have greater

chances of experiencing more depression, less well-being, higher risk of pregnancy complications as well as higher levels of disability from chronic diseases.

Poverty can greatly contribute to social exclusion and isolation. In the same vein, access to both emotional and practical social support differs by social and economic status. The influence of economic status on the health of individuals was visible in the responses from the respondents as shown in **Table 7** above. 99% (n = 807) of the respondents believed that being economically rich has something to do with the well-being and health of an individual. They also believed that being poor can significantly affect the health of an individual. This is in line with **Halasz & Kaufman (ND)**, who stated that income has relationships with other aspects of our life chances including health. They further noted that people who are residents in poor neighborhoods face greater exposure to different environmental hazards, which directly contribute to health problems. Studies by **Braveman & Egerter (2013)** noted that poor people suffer from serious chronic illnesses such as asthma, diabetes, and heart disease more frequently than wealthier people. They also noted that poor children face higher infant mortality and obesity rates than their wealthier counterparts. This is the same case for this study as shown in **Table 7** above where the economically rich respondents reported having rarely fallen sick.

3.3. Social Capital and Health of Individuals Correlation Analysis

A correlation analysis is a descriptive statistical tool for determining the relationship between two or more variables or datasets that belong to the same group. It can also be used to determine how strong a link between two or more variables is. The coefficient of correlation, also known as the coefficient of determination (r^2), is a metric that measures the direction and strength of correlations between variables across the entire variable range. The direction of the relationship is indicated by the sign (+ or -) of the coefficient. If the coefficient is positive, it means that if one variable rises, the other rises with it.

By employing correlation analysis, the researcher was able to statistically evaluate the impact/influence of social factors on the health of individuals. The 95% confidence interval was used to calculate Spearman's Coefficient of Correlation. The data in **Table 8** below showed a strong link between social capital and the health of individuals, with a correlation coefficient of 0.736.

The presence of a link between social capital and the health of individuals is implied by the proven positive association. Social capital as a social factor was found to be significantly correlated to the health of individuals, with a significant value of 0.028 at a 95 percent confidence level and 5% significance level (p -value –

Table 8. The social capital and health Spearman correlation.

		Health of Individuals
Social Capital	Spearman Correlation	0.736*
	Sig. (2-tailed)	0.028

$p = 0.05$). This simply means that maintaining good social relationships and a high level of social capital can improve the health of individuals.

4. Summary and Conclusion

The study's objective was to assess how social capital influences the health of individuals. Social capital is characterized by the relations and interaction that happens between individuals and groups. It is used to collectively measure the individual level which is seen as a factor that would arise within communities as well as the neighborhoods as scrutinized also as collective property. 54% ($n = 440$) of the respondents reported to have fallen below their economic status at some point in their life. They further provided insights into the importance of friends and family at this point in their life. 98% ($n = 431$) of them confirmed receiving aid and support (both moral and financial) from their family and social networks. This eased them of a lot of stress and further supported them in their search for new channels of earning their livelihoods. The majority (69.1%) of the respondents reported belonging to a particular social network. Among them, 95% confirmed that on multiple occasions, the social network influences their health-seeking behaviors, diet, general hygiene, eating and sleeping habits, etc. while noting that the network provides support (both financial, moral, care, etc.) to its members and thereby reducing the effects of stress on the people who are part of the social networks as well as the likelihood of becoming sick. Social networks are the bedrock of social support, and this is helpful and most impactful on the health status of individuals. Social capital is therefore a potentially crucial characteristic of the social and cultural environment that ultimately influences the patterns of health outcomes. Respondents gave social capital an average rating of 3.7 out of 5 showing a 74% influence on the health of individuals. The correlation analysis between social capital and the health of individuals demonstrated a degree of positive correlation, with an estimated average of 0.7.

Social change occurs due to various factors such as demographic, technological, cultural, political, economic, and educational factors. Social factors have a direct impact on the health of individuals, as shown in the study. Social Capital revolves around how people relate with each other in society, and they generally include family relationships, education, peer pressure, social support, social networks, etc. This basically means that the health of individuals and health outcomes can be improved upon having positive social attributes, as well as engaging and investing in the right relationships alone. Social networks influence health-seeking behaviors, diet, and general hygiene, eating and sleeping habits, etc. and provide support (both financial, moral, care, etc.) to its members and thereby reducing the effects of stress on the people who are part of the social networks and also the likelihood of becoming sick. Social networks are the bedrock of social support, and this is helpful and most impactful on the health status of individuals. Social capital is therefore a potentially crucial characteristic of the social and cultural environment that ultimately influences the patterns of health outcomes.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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