



# Social capital and child nutrition in India: The moderating role of development



Kriti Vikram\*

Department of Sociology, National University of Singapore, Singapore

## ARTICLE INFO

### Keywords:

Social capital  
Child health  
Development  
Multi-level modeling  
India

## ABSTRACT

Empirical studies of social capital rarely take into account the socioeconomic context of the region in which it operates, indeed as most of this research has been located in high income countries. It is imperative to investigate how development may influence the impact of social capital, especially in developing countries. This paper examines the relationship between social capital and child nutrition using the India Human Development Survey, 2005–2006. Using a multilevel framework and a sample of 6770 rural children under the age of five, it finds that household based bridging social capital, expressed as connections with development based organizations, is positively associated with child nutrition. Bonding social capital, expressed as ties with caste and religious based organizations, has the opposite impact. At the village level, contextual measures of social capital are associated with nutritional status of children, but their influence is conditional on local development.

## 1. Introduction

There is considerable evidence of a positive relationship between social capital and health (Kawachi et al., 1997; Kawachi et al., 1999; Kimet al., 2008). However, the majority of this research has focused on developed countries where infrastructure is developed, the population is relatively well educated, and health and educational services are accessible and reliable. This paper addresses the paucity of research on developing countries by examining the relationship between social capital and undernutrition among children in India. Malnutrition, especially in early years, leads to cumulative disadvantages over the life course. Poor fetal growth or stunting in the first two years of life leads to irreversible damage, including shorter adult height, lower attained schooling, reduced adult income, and for women, decreased offspring birth weight (Victora et al., 2008). Undernutrition is pervasive in India; in 2005, 48% of Indian children were stunted, 43% were underweight, and 20% were wasted (International Institute for Population Sciences (IIPS) and Macro International, 2007). More recent estimates suggest that even though the magnitude of the problem has diminished, it remains disturbingly high, with 38.4% of children stunted, 36% underweight, and 21% wasted (International Institute for Population Sciences (IIPS) and Macro international, 2017).

India has a rich history of social and political movements and has witnessed consistent growth in the voluntary sector in the last four decades (Sahoo, 2013), spurred by state support, a rising middle class,

and global influences such as international aid (Kochanek and Hardgrave, 2007). It is likely that these organizations, whether indigenous or externally funded, generate precious social capital.

Involvement in associations and community organizations is a form of social capital (Coleman, 1995; Putnam, 2000). This paper considers two types of voluntary organizations, development and religious or caste-based, on the basis of the resources they offer to people and communities. It visualizes these as forms of bridging and bonding social capital respectively and examines how they are differentially related to nutritional outcomes of children in India.

A second goal of this paper is to distinguish between the impact of social capital as a public good and as a personal resource. At the community level, social capital can function as a public good – community cohesion and information flow benefit all community members, irrespective of personal ties to social capital (Coleman, 1990; Putnam, 1993, 2000). At the individual level, social capital is a private good - providing personal social networks for social support, social influence, new knowledge, and increased access to scarce resources (Macinko and Starfield, 2001; Portes, 1998).

A third goal is to test if the impact of social capital on child nutrition varies by the level of local development. Studies often report contradictory results between social capital and health outcomes (for health services, see Derose and Varada, 2009; for outcomes, see De Silva et al., 2005). Even otherwise excellent cross-country studies do not discuss how and why the relationship between social capital and the outcome of interest might differ across regions or countries (an exception is

\* Correspondence to: Department of Sociology, National University of Singapore, AS1 #04–28, 11 Arts Link, Singapore 117570, Singapore.  
E-mail address: [socvk@nus.edu.sg](mailto:socvk@nus.edu.sg).

Islam et al., 2006), even though the influence of social capital is theorized to depend on the normative, socio-historical, and economic contexts.

Some argue that if social capital can substitute for or complement other forms of capital, it may be a particularly advantageous resource within a developing country where human and economic capitals are often found wanting (Kunitz, 2004; Woolcock, 1998). Research has consistently highlighted how personal socio-economic factors, such as education or SES, moderate the relationship between social capital and health (Uphoff et al., 2013; Nobles and Frankenberg, 2009; Favara, 2012; Moestue et al., 2007; Story and Carpiano, 2017). Yet little evidence links the development of a community within which social capital operates to its influence (exceptions include Caughy et al., 2003). For example, when access to health services is limited, people less educated, and infrastructure weak, social capital may make a significant difference to child health. Conversely, it may have little impact in communities with meager resources; the provision of information and contacts may be inadequate if basic systems are not in place. To know which assumption is correct, it is necessary to probe the interplay between social capital and the socio-economic institutions within which it is embedded.

## 2. Bridging and bonding social capital

Social capital can be obtained from involvement in associations and community organizations. Coleman (1995) and Putnam (2000) say these organizations can facilitate co-operation for mutual benefit irrespective of their specific ends. Operationally, social capital can be measured as the sum of resources available or the value or quality of resources accessed and used (Lin, 2005). As noted in the introduction, this paper considers two types of social capital: bonding and bridging.

Bonding social capital refers to trusting and co-operative relations between network members with similar social identities (Putnam, 2000; Szreter and Woolcock, 2004). Social interactions within homogeneous groups, such as families and churches, provide information and resources and enforce norms of behavior. However, interactions tend to be inward looking, reinforcing exclusive identities and homogeneous groupings (Putnam, 2000).

Bonding social capital can come at a price. It can undermine individual autonomy (Boissevain, 1974) and has been associated with higher levels of mental stress (Mitchell and LaGory, 2002; Caughy et al., 2003). In India, religion and caste remain important, and membership in their respective organizations may generate bonding social capital. Randeria says caste organizations are not a vestige of the past but a 'constitutive feature of modern life' (Randeria, 2006, p. 238). They may reinforce conservative ideas about medicine, discouraging mothers from adopting modern health practices (Vikram, 2012; Vikram et al., 2012; Story, 2014).

Certain caste organizations like *caste panchayats* in villages, set norms or adjudicate on personal and public disputes and are often motivated by patriarchal and parochial ideologies. For instance, *khap* (Jat caste) *panchayats* and Hindu groups, such as *Rashtriya Swayamsevak Sangh* (RSS), strongly oppose inter-caste and inter-religious marriages (Kaur, 2010; Faleiro, 2014). They can impose strong restraints on individual freedoms as well as generate downward levelling norms, preventing marginalized groups from gaining opportunities for growth (Portes, 1998).

However, some evidence shows bonding social capital is positively related to improved health care access and utilization (Derose and Varda, 2009), but this may depend on the norms or beliefs of network members (Derose and Varda, 2009; Pescosolido et al., 1998). If religious and caste based groups in India support traditional attitudes regarding the use of modern health services, the positive association observed elsewhere will not appear. For instance, Vikram (2012) finds bonding social capital is negatively associated with contraceptive use in India. Similarly, Story (2014) finds a negative association for two

health-seeking behaviors, antenatal care and childhood immunizations.

On a more positive note, bonding social capital, defined on the basis of kinship and religion, can benefit the community by organizing collective action (Grootaert, 2001). Story (2014) finds ties with religious and caste-based groups are positively associated with professional care during childbirth in India. Arguably, then, even though traditional attitudes about modern health care practices such as antenatal care remain salient for members of religious and caste-based groups in India, support may be provided for certain medical needs.

Bridging capital refers to connections between heterogeneous individuals or groups (Putnam, 2000). This concept suggests *weak ties*, exemplified in relationships with individuals outside one's immediate or local network, are important for the acquisition of new information and opportunities (Granovetter, 1973). Putnam (2000) suggests bridging social capital is the key to mobilizing community resources, as it includes a wider variety of resources and information. It may even increase cohesion at the societal level (Granovetter, 1973; Varshney, 2002).

Involvement in voluntary associations in a community often utilize connections between heterogeneous individuals or groups and entail the sharing of information and resources; thus, such involvement can be considered bridging social capital (Coleman, 1995; Putnam, 2000). Development organizations, such as non-governmental organizations, cooperatives, saving groups, or self-help groups, are good examples. Their agenda of development, poverty alleviation, and economic empowerment, among others, may engage participants in more secular and modern ideas and attract a diverse, broad-based membership.

Bridging social capital may be an important determinant of child nutrition by influencing several of its underlying determinants (UNICEF, 1998). For example, it can: increase food security by influencing educational attainment, standard of living, and uptake of nutritional programs; improve resources for care of mother and children by impacting health knowledge and beliefs, nutritional status, autonomy and well-being of the mother, among others; improve health services and the local environment, such as water supply and sanitation.

Evidence links membership in community based organizations to improved economic outcomes (e.g. Grootaert et al., 2002). Such membership helps women attain greater economic independence, as well as access to information, leading to more autonomous and informed household decision-making (Holvoet, 2005; Lyngdoh et al., 2013). Bridging social capital can facilitate the adoption of healthy norms and behavior within a community more generally, including support for institutionalized care (Manandhar et al., 2004) and increased use of formal health services such as immunization and modern contraception (Barber et al., 2002; Vikram et al., 2012; Vikram, 2012; Story, 2014), although establishing causality is difficult (Mouw, 2006). Recent work also highlights the positive role of bridging organizations in preventing child underweight in India (Story and Carpiano, 2017).

## 3. Community and individual level social capital

Coleman (1990) and Putnam (1993, 2000) define social capital as an aggregate concept, a characteristic of communities rather than individuals that facilitates action beneficial to entire communities. This definition prompts an investigation of the influence of social capital at the contextual level. Research shows that resources produced through social capital diffuse not only to those who possess it but also to people living in regions with a high level of social capital (Putnam et al., 2000). Generalized trust, norms, mutual relations, and information exchange have positive externalities for the entire community, not just those members connected to sources of social capital (Coleman, 1990).

Neighborhood organizations can aid in the development of the solidarity and trust that is instrumental in the formation of collective efficacy, willingness to intervene on behalf of the common good (Sampson et al., 1997). They may enable formal, collectively organized

Download English Version:

<https://daneshyari.com/en/article/7456976>

Download Persian Version:

<https://daneshyari.com/article/7456976>

[Daneshyari.com](https://daneshyari.com)