



## 'Faking til you make it': Social capital accumulation of individuals on low incomes living in contrasting socio-economic neighbourhoods and its implications for health and wellbeing

Kathryn Browne-Yung<sup>a,\*</sup>, Anna Ziersch<sup>a</sup>, Fran Baum<sup>a,b</sup>

<sup>a</sup>Southgate Institute for Health, Society and Equity, Flinders University, Australia

<sup>b</sup>South Australian Community Health Research Unit, Adelaide, Australia

### ARTICLE INFO

#### Article history:

Available online 26 February 2013

#### Keywords:

Social capital  
Bourdieu  
Neighbourhood  
Australia  
Life trajectory

### ABSTRACT

People on low-income living in low socio-economic neighbourhoods have poorer health in comparison with those living in advantaged neighbourhoods. To explore neighbourhood effects on health and social capital creation, the experiences of low-income people living in contrasting socio-economic neighbourhoods were compared, in order to examine how low-income status and differing levels of neighbourhood resources contributed to perceived health and wellbeing. Quantitative and qualitative data were analysed: survey data from 601 individuals living in contrasting socio-economic areas and in-depth interviews with a new sample of 24 individuals on low-incomes. The study was guided by Bourdieu's theory of practice, which examines how social inequalities are created and reproduced through the relationship between individuals' varying resources of economic, social and cultural capital. This included an examination of individual life histories, cultural distinction and how social positions are reproduced. Participants' accounts of their early life experience showed how parental socio-economic position and socially patterned events taking place across the life course, created different opportunities for social network creation, choice of neighbourhood and levels of resources available throughout life, all of which can influence health and wellbeing. A definition of poverty by whether an individual or household has sufficient income at a particular point in time was an inadequate measure of disadvantage. This static measure of 'low income' as a category disguised a number of different ways in which disadvantage was experienced or, conversely, how life course events could mitigate the impact of low-income. This study found that the resources necessary to create social capital such as cultural capital and the ability to socially network, differed according to the socio-economic status of the neighbourhood, and that living in an advantaged area does not automatically guarantee access to potentially beneficial social networks.

© 2013 Elsevier Ltd. All rights reserved.

### Introduction

Many studies have documented the strong relationship between low-income and poor health status. Less attention has been paid to social, cultural and life stage differences between low-income people and how these differences affect health. A small body of research has shown that disadvantaged residents in advantaged neighbourhoods have better health and wellbeing compared to

their counterparts living in disadvantaged areas (Campbell, 2000; Hou & Myles, 2005; Macintyre, Mckay, & Ellaway, 2005; Wen, Browning, & Cagney, 2007). However, there has not been a comprehensive examination of the potentially health promoting role of social capital in bringing about this health advantage (Kawachi, Subramanian, & Kim, 2008; Poortinga, Dunstan, & Fone, 2008; Portes, 1998; Szreter & Woolcock, 2004). Likewise, little is known about how low-income individuals engage in social networks and access social resources in affluent areas, and the impact of this on health and wellbeing, as most studies tend to compare disadvantaged residents from disadvantaged areas with advantaged residents from advantaged ones (Browne-Yung, 2011).

This paper reports on a study which explored neighbourhood and life course effects on health and social capital creation through an examination of how low-income status and differing levels of

\* Corresponding author. Southgate Institute for Health, Society and Equity, Flinders University, Level 2 Health Sciences Building, North Ridge Precinct, Registry Road, Bedford road, South Australia 5042, Australia. Tel.: +61 8 7221 8487; fax: +61 8 7221 8424.

E-mail address: [Kathryn.browneyung@flinders.edu.au](mailto:Kathryn.browneyung@flinders.edu.au) (K. Browne-Yung).

neighbourhood resources contribute to perceived health and wellbeing. It compares the social capital experiences of low-income individuals living in contrasting socio-economic neighbourhoods in Adelaide, South Australia, and the relevance of these experiences for health and wellbeing. The study was guided by Bourdieu's theory of practice, which examines how social inequalities are created and reproduced through the relationship between individuals varying resources of economic, social and cultural capital (Bourdieu, 1977). To our knowledge, this is the first qualitative paper to compare low-income people living in contrasting socio-economic areas using Bourdieu's theory. The paper examines how levels of the various capitals are developed over the life course have implications for health and wellbeing, and individuals ability to fully participate in neighbourhood community life.

#### *Bourdieu's theory of social capital*

We draw on Bourdieu's conceptualisation of social capital, which is defined as, "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquisition and recognition or in other words membership in a group" (Bourdieu, 1986, p. 51). While Putnam's communitarian approach is more frequently applied in health research, it obscures the role of power, the inequitable distribution of social capital and the consequences for health equity (Navarro, 2002; Portes & Landolt, 2000). Bourdieu views social capital as being inequitably distributed in society and contributing to ongoing inequities, with power and the distribution of resources central to this theorising (Bourdieu, 1977). For Bourdieu social capital sits within his broader Theory of Practice where social class and inequalities are socially reproduced through competition for limited stocks of relational social, economic, cultural (education, modes of presentation, tastes) and symbolic (ability to recognise cultural standards and styles) capital. Bourdieu argues that all cultural practices are closely linked to education level and social origins, and are class based (Bourdieu, 1984). Bourdieu's Theory of Practice also features the concepts of habitus, fields and symbolic violence; these concepts together with concepts of power and resource distribution enable an exploration of participants' experiences of contrasting neighbourhoods.

The concept of *habitus*, which is composed of individuals' enduring values, beliefs, tastes and behaviours, learnt in childhood and shaped throughout life is central to Bourdieu's theory. The habitus reflects how society affects individuals in the form of lasting dispositions and capacities to think, feel and act in determinant ways, which guide behaviour (Bourdieu, 1977). However, the habitus does not inhibit individual's strategic capacities. When individuals challenge experiences or ideas, the dispositions of the habitus can potentially be transformed. While each individual's habitus is different as no two biographies are exactly the same, individuals' histories are also strands in a collective history as individuals belong to a variety of groups and develop their habitus within these groups. Therefore, the habitus of individuals tend to manifest many group specific characteristics (Crossley, 2001). Our study explored how the habitus influences the creation of social capital for low-income individuals in different neighbourhoods, and how social capital affects their health and wellbeing.

Cultural capital is closely linked to the habitus and reflects distinctive tastes, embodied cultural capital and cultural appreciation created in early life socialisation. The presence or absence of cultural capital may influence life opportunities such as employment or social acceptance. Cultural capital is incorporated through education and knowledge, and symbolically through the capacity to define and legitimise dominant culture, aesthetic values, standards

and style (Bourdieu, 1986). Exploring the distribution of cultural capital reveals the non-economic hierarchies and power inequalities in society. A social position occupied in childhood may influence and set up unequal opportunities for access to resources throughout the life course. Aspects of life trajectories are therefore important, but rarely explored in research on neighbourhood effects on health and social capital (McDonough & Berglund, 2003; Singh-Manoux & Marmot, 2005). We examined early life experiences to explore how Bourdieu's habitus both shapes and influences behaviour throughout the life course for low-income people. The habitus is also influenced by physical space and context such as neighbourhoods and is only activated in social engagement in what Bourdieu refers to as social fields.

Bourdieu described the concept of *fields* as the social and institutional arenas where individuals express and reproduce their habitus and compete for the distribution of different kinds of capital (Bourdieu, 1986). Our study viewed neighbourhoods as *fields of power* made up of sub-fields, which have varied physical and social attributes patterned by social position that provide distinct opportunities for social capital creation through engagement in networks (Diez Roux & Mair, 2010; Kearns & Parkinson, 2001; Kelaher, Warr, Feldman, & Tacticos, 2010). Individuals with limited economic resources and limited exposure to dominant cultural norms through the life course may struggle to access opportunities for social capital creation in advantaged areas by misrecognising the neighbourhood dominant style. This misrecognition, Bourdieu describes as *symbolic violence*, and this is vital to our understanding of the capacities of individuals for active agency and transformation of the habitus (Bourdieu, 1984). Individuals through their experience of everyday social life and social structures gradually accept the *taken for granted* ways of thinking and behaving that reflect their lived experience, these perceptions become internalised as part of the habitus (Bourdieu, 1984). In our study we examined how symbolic violence was evident in the accounts of our participants.

#### *Neighbourhood, social capital and health*

Both epidemiological and qualitative studies have linked elements of social capital to mental (Almedom, 2005; De Silva, McKenzie, Harpham, & Huttly, 2005) and physical (Hawe & Shiell, 2000; Kim, Subramanian, & Kawachi, 2008) health status. Social capital is thought to influence health through membership of networks and the corresponding provision of social and material support and information, access to better resources, and by acting as a buffer to stress in adverse circumstances (Poortinga, 2006a; Woolcock & Narayan, 2000).

There is evidence that the type of networks available to residents in advantaged and disadvantaged areas differs, which has implications for health and wellbeing in terms of relative access to resources important for health (Wen, Browning, & Cagney, 2003). Social ties have been differentiated as bonding, bridging and linking (Szreter & Woolcock, 2004). Bonding ties are informal networks of families and friends (Gittel & Vidal, 1998), and are often regarded as a means of 'getting by' where networks may act as a buffer to stress (Poortinga, 2006b). Bridging networks refer to relations between heterogeneous groups, dissimilar in a socio-demographic or social identity way such as age, income or ethnic group and these are seen to have the most potential to generate resources that may improve socio-economic status and help people 'get ahead' (Kawachi et al., 2008). Linking networks refer to trusting relationships between people who interact across explicit vertical formal or institutionalized power or authority gradients in society, which brings together bridging capital and vertical networks (Szreter & Woolcock, 2004). Disadvantaged areas tend to have more bonding social capital which generates fewer benefits to those

Download English Version:

<https://daneshyari.com/en/article/952309>

Download Persian Version:

<https://daneshyari.com/article/952309>

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