

Social capital in settings with a high concentration of road traffic injuries. The case of Cuernavaca, Mexico

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Abstract

There exists a differential ability within local communities to maintain effective social controls to prevent road traffic injuries (RTIs) in high risks areas. In 2002 we conducted a cross-sectional study in Cuernavaca, Mexico which incorporated 339 adults living in three areas which were characterized by high RTI concentrations. Multivariate analyses demonstrated that even when participants perceived RTIs as a local problem, they expressed no expectations that community members would exert social control through their involvement in local issues and law adherence. The study revealed four key conclusions regarding the association between the low levels of social capital and RTIs: (a) public roads are used solely for transportation, are not viewed as a communal space, and consequently reciprocity is not viewed as a relevant way of controlling behaviors in public places; (b) “strong immediate personal networks” bring about a lack of reciprocity between those sharing the public space which generates uncooperative behavior; (c) high levels of residential instability hinders the identification of common problems; (d) when there exists a low level of civic commitment and a scarcity of social resources directed towards the problem, the possibilities of social control over RTIs are low.

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Introduction

Urban spaces in densely populated countries such as Mexico are notorious for their wide range of transportation, means of locomotion, (pedestrians, motor drivers and cyclists) and vehicle types. While motorists have varied means of transport, they all share the same roadways. Seventy-seven percent of road traffic injuries (RTIs) occur in the urban context in Mexico and they

mainly affect males aged 15–19 years (*Centro Nacional para la Prevención y Control de Accidentes (CNPCA), 2001*). Despite regional differences, RTIs are the main cause of death among the working-age population in the country (*CNPCA et al., 2001*). The results produced from previous studies clearly illustrate how these injuries affect the health and economy of communities, particularly in urban settings.

Regional patterns and differences of RTIs suggest that RTIs can also be associated with other factors than the traditional and empirically assessed risk factors such as alcohol intake, drug consumption, or environmental conditions (*Hajar, 2003*). However, there has been very little research conducted in Mexico regarding the social factors associated with the high concentrations of RTIs

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in urban areas. Factors such as social capital, which can both increase and decrease the exposure to the risk factors mentioned above, must also be taken into account when considering the factors associated with RTIs. The main idea of social capital is based on the ability of individuals in communities to work together towards a common goal by using networks, social trust, and norms that promote coordination and cooperation for mutual benefit (Field, 2003).

The objective of this research was to explore whether the consequences of local social capital, focusing on social control, were associated with local perceptions of RTIs as a problem in the community. The following exploratory questions guided the analyses: Is there an association between the identification of RTIs as a problem within the public space and certain community characteristics, defined as social capital? What components of social capital are appropriate to measure this association? What role do the physical and organizational characteristics of the community play in the identification of local common problems?

Social capital and road traffic injuries: Conceptual links

The urban context is an optimal environment to explore RTIs and their possible determinants. The study of RTIs in Latin American cities has been directed towards the *accident propensity of the space* (Vasconcelos, 2000), revealing that various features of the physical urban environment, not immediately apparent to the pedestrian, passenger, or driver, are inherently dangerous for this population. Furthermore, rapidly growing urban populations and poor planning of public spaces have promoted unpredictable patterns in the use of sidewalks and roads which result in unsafe road conditions for pedestrians and drivers.

Several public health studies have explored epidemiological aspects of RTIs, revealing that accident victims have a sex ratio of 1.9 (male to female), an average age of 24 years, a higher probability of occurring on weekends and at night (Hidalgo, 2002), alcohol is often involved, and cars are often traveling at high speeds (World Health Organization, 2001). Several instruments have been developed to take measurements and make projections in order to accurately report injuries (Hijar, 1997). GPS mapping studies have contributed to the knowledge concerning the association between the severity of injuries and the locations where the RTIs are concentrated (Hijar, 1999).

The central idea in this study is that specific characteristics of communal space determine collective aspects of community life which in turn influence the health and behaviors of individuals. Sampson, Raudenbush, and Earls (1997) and Sampson, Morenoff, and Earls (1999) have explored the ways in which certain

forms of social capital, specifically “informal social control,” increases health and well being in social groups by modifying or regulating habits and behaviors. The concept of social control has multiple meanings found in the literature.¹ In the context of this study we use social control to refer to the punitive actions defined by a given social group in order to reduce the occurrence of unacceptable or nonconforming behavior outside community norms (Gallino, 1995; Janowitz and Burk, 1991; Ross, 2002). Rather than looking at formal mechanisms such as the use of law enforcement, we focus on informal mechanisms which are employed by the community residents themselves to achieve public order (Sampson et al., 1997, p. 918).

Definitions of social control in the literature agree that institutions have formal and informal rules that motivate these individual strategies (North, 1990). For example, the formation of a line of cars is an informal rule that drivers have to obey and respect. The drivers’ behaviors are dictated by informal mechanisms which depend on how communities assume their civic engagement. For example, in order for the line of flow of traffic to succeed, a rule of reciprocity is required among the drivers so that the flow maintains its order. In addition, the successful flow of traffic is a goal-oriented activity conformed by individual rational actions. If these rules are respected then informal social control, according to the following elements, will be achieved:

- (a) *Reciprocity*: Reciprocity expresses some degree of civic commitment based on assumed rules and shared norms. Road safety greatly depends on rule adherence and on collective sanction capacity. Portes and Landolt (1996) argue that these elements ensure compliance by individuals and predispose people toward mutually beneficial collective action leading to reciprocity.
- (b) *Self-organization*: This involves the willingness of neighbors to intervene in common issues based on reciprocal rules. These informal rules provide a level of trust that other members will assume their

¹Gallino (1995) gave two general meanings to social control: a social and a political one. The social meaning makes reference to the set of processes which contribute to regulating and organizing human behavior; and the establishment of relationships between individuals with a view towards collective objectives. Factors of moral, religious and institutional natures are considered in this definition. The key point is that regulating behaviors need a collective acceptance. The political meaning includes the mediating mechanisms by which people and groups mutually influence each other. These are characterized by (a) direct influences over groups or individuals; (b) group influences for managing daily activities and (c) institutional influences over a group or individuals. The point to emphasize is the capacity for adjusting behaviors in a unilateral way or as a form of interaction.

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