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Not all social capital is good capital

Spencer Moore [a,b,*], Mark Daniel [b,c,d], Lise Gauvin [b,d], Laurette Dubé [e]

[a] School of Kinesiology and Health Studies, Queen's University, 69 Union St. PEC Rm. 215, Queen's University, Kingston, ON, Canada K7L 3N6
[b] CRCHUM, Centre de Recherche du Centre Hospitalier de l'Université de Montréal, Canada
[c] School of Health Sciences, University of South Australia, Australia
[d] Département de médecine sociale et préventive, Université de Montréal, Canada
[e] Desautels Faculty of Management, McGill University, Canada

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ABSTRACT

Limited empirical research on social capital has investigated the potential downside of social capital on health and well-being. We hypothesized that social capital and mastery might vary according to education with lower-educated persons experiencing fewer advantages. This study used a stratified cluster design to recruit a volunteer sample of 332 adult residents from 7 metropolitan census tracts. The survey included a position generator to collect social capital network data. Generalized estimating equations were used to account for the clustering of respondents in census tracts. Results indicated a differential association between individual social capital and mastery according to educational attainment. Among persons with a high school degree or more, higher social capital was associated with a higher sense of mastery; among less-educated persons, higher individual social capital was associated with lower mastery. Differences in the pathways by which lower- and upper-educated groups access social capital may play a role in social capital's negative association with psychological well-being.

Introduction

Social capital can be defined as the resources to which individuals or groups have access through their social relationships (Bourdieu, 1986; Portes and Sensenbrenner, 1993; Portes, 1998). In early essays on social capital, Alejandro Portes cautioned against the portrayal of social capital as wholly beneficial with no significant downside (Portes and Sensenbrenner, 1993) "Sociability," Portes (1998, p. 18) remarked, "cuts both ways". Social connections, which may lead to beneficial outcomes for some individuals or groups, may lead to detrimental outcomes for others. On the positive side, social capital can provide benefits such as familial support, social control, and privileged access to economic resources (Portes and Sensenbrenner, 1993). On the negative side, social capital can restrict individual opportunities and freedoms or result in excessive claims and obligations being placed on a person. Who you know may tip the scales balancing the positive and negative consequences of social integration (Mirowsky and Ross, 2003), but social factors, such as gender, age, or socioeconomic status (SES), can affect who you have an opportunity to know and the types of benefits that might accrue through those connections.

Empirical research has been slow, however, to examine how the potential advantages or disadvantages in health or well-being due to social capital might vary across social groups. Rojas and Carlson (2006), for example, found that the association of social capital with self-rated health in Russia was modified by education. Within impoverished Baltimore neighbourhoods, Caughy et al. (2003) showed that children whose parents had few neighbourhood social connections had lower levels of behavioural problems than the children whose parents had more social connections. Carpiano (2007) found higher levels of neighbourhood social support associated with higher likelihoods of smoking and binge drinking. In other words, social connections do not in themselves result in health benefits; instead, the content of social relations, including the resources available in those connections, may play a critical role in how social capital impacts health and well-being.

Given this important yet under-examined issue, the aims of this study were threefold: (1) examine quantitatively whether or not there were disparities in social capital according to educational attainment among Montreal adults, (2) assess if higher educated groups used different network pathways in accessing social capital than those used by lower-educated groups, e.g, strong (family and friends) versus weak (acquaintances) ties, and (3) examine if educational attainment modified the association of social capital with mastery. First, following the work of Bourdieu,

* Corresponding author at: School of Kinesiology and Health Studies, Queen's University, 69 Union St. PEC Rm. 215, Queen's University, Kingston, ON, Canada K7L 3N6. Tel.: +1 613 533 6000x78667; fax: +1 613 533 2009.
E-mail address: mooresp@queensu.ca (S. Moore).

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we hypothesized that like other forms of capital in society, social capital was unequally distributed across educational attainment levels. Second, following the work of sociologists such as Lin and Granovetter, we hypothesized that (1) a person's weak, acquaintance relationships were an invaluable source of social capital, particularly for those resources that could be used for instrumental purposes, e.g., job attainment, and (2) that persons with higher educational attainment had greater access to social capital through their weak, acquaintance relationships. Third, although the creation and maintenance of social connections can provide access to the resources of others, such actions can also be a drain on one's own resources and time. We hypothesized that high SES groups had more abundant personal resources to buffer against the greater number of obligations that come with more extensive social connections. In terms of mastery, high SES individuals with more extensive social connections may view those connections as contributing to a greater sense of control, whereas low SES individuals with few resources but more extensive social connections may view those connections as reducing their sense of control. We selected mastery as a particularly relevant outcome on which to test these hypotheses since mastery has been postulated as lying along an indirect-cognitive path linking social environmental characteristics to cardiometabolic outcomes (Daniel et al., 2008). Mastery has been defined as the extent to which one sees one's life chances as being under one's own control (Pearlin and Schooler, 1978), and is considered an important dimension of psychological well-being and distress (Pearlin and Schooler, 1978; Mirowsky and Ross, 1986, 2003). Mastery is also associated with positive health behaviour (Daniel et al., 2004, 2006) and is an important health outcome itself (Pampalon et al., 2007).

In examining the association among social capital, education, and mastery, we sought to contribute to research on the potential downside of social capital for psychological well-being. In contrast to conventional indicators of social capital using trust and participation, we collected network data and constructed network measures of individual social capital using a position generator instrument (Lin, 2001). The position generator measures an individual's social capital by assessing respondents' ties to persons working in specific types of occupations and if those persons are family, friends, or acquaintances. Family and friend relationships represent strong ties, whereas acquaintances represent weak ties (Lin, 2001). There has been increased recognition of the importance of network data for measuring and assessing the importance of social capital for well-being and health (Moore et al., 2005; Kawachi, 2006; Valente et al., 2007). One of the advantages that formal network measures provide for the study of social capital and health is greater attention to the types of resources to which individuals or groups have access and the ability to discriminate between the role of strong (e.g., family and friends) and weak (e.g., acquaintances) ties in gaining access.

Methods

Sampling and recruitment procedures

Data for this study were drawn from the 2006 Montreal Neighbourhood Survey of Lifestyle and Health (MNSLH); the MNSLH was designed to collect self-reported and objective biological markers of health status. The MNSLH used a stratified cluster sampling design with clusters consisting of Montreal Island census tracts ($n = 521$); these clusters were stratified into (1) tertiles according to high, medium, and low socioeconomic status and (2) divisions of either predominantly French- or English-speaking tracts based on the percentage of persons reporting French or English spoken at home. French and English are the two official languages of Canada. Seven census tracts were randomly selected from this stratified cluster design: one tract from each cell, with one additional medium-SES French tract later added to help augment sample size deficiencies. The individual-level sample was restricted to persons 18–55 years old. Recruiters canvassed 100% of the census tract area distributing informational materials on the study to households in those areas. Follow-up visits by recruiters were used to enlist individual volunteers into the study. Potential participants were given the opportunity to complete the socio-demographic, lifestyle, and self-reported health questions either by telephone or online and schedule a nurse's visit at which time they would also return the self-administered social connectivity module of the questionnaire. The unique recruitment protocol was implemented to facilitate obtaining as representative a sample of Montreal residents as possible, and to reduce overall respondent burden often associated with population-based surveys and the collection of biological data using nurse home visits. Of 374 individuals contacted for a home visit, a total of 332 (89%) completed the social capital module. Compared to Canada census data of the selected census tracts, 2-sided exact binomial probability tests showed that overall the MNS sample over-represented individuals who had a Bachelor's degree, and those born outside of Canada; higher income and married individuals were over-represented in 3 census tracts. There were no differences in gender or duration of residence in a given census tract. Four observations were excluded from analyses due to missing data on study covariates. The present study is based on data from 328 respondents.

Measures

Dependent variable

We used Pearlin and Schooler's (1978) original 7-item mastery scale with 5-point Likert categories ranging from strongly disagree to strongly agree. Sample items included "Sometimes I feel that I'm being pushed around in life," and "Sometimes I feel helpless in dealing with the problems of life." Five of the seven items, including the two previous examples, were reverse coded to ensure that higher scores on the scale reflected higher mastery. Respondents' scores could range from 7 to 35. Mastery was normally distributed.

Independent variables

Individual social capital

We used a four-stage process to develop an individual social capital score for each respondent in the sample. First, we developed a position generator instrument for the household questionnaire. Sixteen occupations were selected from a listing of 90 occupations that had been ranked according to gender-neutral job prestige scores within Canada (Goyder et al., 2003). To select the 16 occupations, we divided the Goyder et al. list into octiles ranging from the highest to lowest prestige occupations. From each octile in the list, two occupations were randomly selected. These 16 occupations were then randomly listed on the position generator. The mean prestige value for the original list was 53.0 with a range of values from 9.1 (squeegee kid) to 92.7 (physician). The mean prestige value for the study's 16-item position generator was 55.0 with a range from 33.6 (janitor) to 92.7 (physician).

Second, rather than simply asking respondents if they knew someone on a first name basis with a given occupation, we asked