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Original article

Social Capital and Vulnerable Urban Youth in Five Global Cities

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A B S T R A C T

Purpose: Social capital is essential for the successful development of young people. The current study examines direct measures of social capital in young people in five urban global contexts.
Methods: The Well-Being of Adolescents in Vulnerable Environments is a global study of young people aged 15–19 years living in disadvantaged, urban settings. Respondent-driven sampling was used to recruit approximately 500 participants from each site. The sample included 2,339 young people (mean age 16.7 years; 47.5% female). We examined the associations between social capital in four domains—family, school, peers, and neighborhood and demographic characteristics—using gender-stratified ordinary least-squares regression. We also examined associations between self-reported health and the four social capital domains, which was minimal.
Results: School enrollment was positively associated with social capital for young women in Baltimore, Delhi, and Shanghai; the association was less consistent for young men. The same pattern is true for perceived wealth. Unstable housing was associated with low familial social capital in all groups except young women in Shanghai and young men in Ibadan and Johannesburg. Being raised outside a two-parent family has a widespread, negative association with social capital. Self-reported health had a mainly positive association with social capital with the most consistent association being neighborhood social capital.
Conclusions: Different types of social capital interact with social contexts and gender differently. Strategies that aim to build social capital as part of risk reduction and positive youth development programming need to recognize that social capital enhancement may work differently for different groups and in different settings.

IMPLICATIONS AND CONTRIBUTION

Though the quantity of social capital is protective for young people, all social capital is not equal. Different types of social capital interact with social contexts and with gender differently.

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By 2030, most of the world's population will be urban [1]. Global urbanization has redirected attention to the health of urban dwellers [2].

One model of urban health posits *the social environment* as an important influence on health [3]. Social capital is defined as the resources that inhere in people's relationships [4,5]. A growing body of evidence suggests that the presence and amount of social

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capital is essential for the health and successful development of young people [6–8].

One aspect of social capital for young people is their connections through their parents to a wider social network. Adolescents report that their parents are the most important people in their lives [9,10]. Some in the United States argue that the rise of single-parent households threatens these networks [6]. Researchers in the United States [11,12] and Europe [13] have shown that young people who grow up without both parents are disadvantaged over peers who do, and this effect persists when the effects of reduced economic resources are controlled [14]. Research documents similar findings in Latin America [15] and Africa [16–18], most visibly among orphans in sub-Saharan Africa, whereas in India, norms prescribing strict age and gender hierarchies within the family inhibit parent-child connections [19–24].

There is an association between low-income neighborhoods and juvenile violence, teen childbearing [25,26], adolescent sexual behaviors [27–29]; STIs [30]; adolescent mental health [31]; and school achievement [32–34]. High crime and poor environmental conditions may preclude neighbors being cohesive and having the collective self-efficacy of higher income neighborhoods. Such disadvantage may be compounded for rural to urban migrant youth who often lack the social networks to take advantage of urban opportunities [35–38]. Some argue there is a greater pull for adolescents residing in such communities toward negative peer relationships [39].

Social capital is rarely measured directly [40]. We examine two indicators of group affiliation that have been used widely as proxies for social capital [4,5,41]—family structure and school attendance—to see if they are associated with direct measures of social capital among young people—family, schools, peers, and in five diverse urban settings [42].

Conceptual Model and Hypotheses

Any relationship between people can be a source of social capital, but if the relationship occurs within an organization (e.g., a school) or an institutional context (e.g., the family), the organizational or institutional structure may affect the levels or type of social capital available. For example, people are more likely to think that adult children should move in with their parents in times of hardship if those children are married versus cohabiting, suggesting marriage increases the social capital children have with their parents [43]. In classrooms where student network ties are equitably distributed, students with behavior problems are less likely to become disengaged compared with classrooms with more inequitable social ties, suggesting that students can draw on social capital from peers to mitigate academic disengagement [44]. Even the structural dimensions of neighborhood organization and leadership affect the levels of social capital available in neighborhoods as shown by the variable impact of immigrant concentration in neighborhoods against crime [45]. A person's position within an organization or within a structure may affect the levels and types of social capital available both within and outside of the organization.

At the macro level, young people are nested in different cultural environments. At a more proximal level, we expect that young people—even those in resource poor environments—will have different levels of social capital available to them based on their characteristics and social positions. Specifically, we expect that there will be gender differences in levels of social capital because young men and young women are typically embedded in the culturally specific organizations and institutions that surround them differently.

Portes famously pointed out that social capital ought not to be considered to be an unambiguously good thing [40]. We take a preliminary look at whether it is positive by examining the associations between our indicators of social capital and self-reported health.

Methods

Data

The data for this study are derived from the second phase of the Well-Being of Adolescents in Vulnerable Environments (WAVE) study. WAVE employed respondent-driven sampling (RDS) to conduct a cross-sectional survey of 15–19 year olds in five economically disadvantaged urban sites.

The study was conducted in economically distressed neighborhoods of Baltimore, Maryland, USA; Shanghai, China; New Delhi, India; Ibadan, Nigeria; and Johannesburg, South Africa, among 15–19 year olds in March–October 2013. Inclusion criteria were youth aged 15–19 living or spending a majority of their time in the targeted geographic area within each site. In Shanghai, the sample was limited to migrant youth. Eligibility was based on self-report of residence in a prescribed geographic area. All eligible participants completed a survey using ACASI software (see Decker M., et al. in this special edition for a detailed description of the RDS methodology) [46].

This study was approved by the Johns Hopkins Bloomberg School of Public Health institutional review board after local institutional review board approval in all partner sites.

Measures

Social, economic, and demographic variables. These measures are age, gender, current school enrollment, and perceived relative wealth (categorized as: same as others, better off than others, or worse than others), family structure (two parents, one parent; other), and unstable housing.[1]

Social capital variables[2]. The Family Social Capital measure (alpha range .81–.97) comprises two scales that indicate the presence of caring adults (male and female) at home. The School Social Capital measure is a scale from 0 to 18 assessing the perceived presence of a caring teacher or adult at school[3] (alpha range .72 –.98). Peer Social Capital has two dimensions and is a scale from 0 to 18 evaluating the presence of at least one caring friend (alpha range .69–.88). Peer Network Density is a single item: *In the past two weeks how many people who you know and who know you have you seen and talked to?* The maximum varies by site from 35 to 250 in Baltimore. For analytic purposes peer network density is clustered into tertiles for comparability across sites. Neighborhood social capital also has two dimensions. Community cohesion is a scale from 0 to 9 (alphas .79–.86) and measures the participant's perceptions of the degree to which individuals are connected to one another in their neighborhood. Sense of belonging is a 0–9scale measuring the participants'

[1] Housing instability is defined as not having a regular place to stay or staying an average of three to four nights a week or less in your regular place during the past 30 days and staying overnight in more than one place in the past seven days. This is not measured for Delhi.

[2] Psychometric details available from the senior author on request.

[3] This was asked of all, but retrospectively for those not enrolled.