Economics and Human Biology 17 (2015) 129–142

Contents lists available at ScienceDirect

Economics and Human Biology

journal homepage: http://www.elsevier.com/locate/ehb

Structural social capital and health in Italy☆

Damiano Fiorillo [a,b], Fabio Sabatini [c,d,*]

[a] Department of Business and Economics, University of Napoli Parthenope, Italy
[b] Health, Econometrics and Data Group, University of York, United Kingdom
[c] Department of Economics and Law, Sapienza University of Rome, Italy
[d] Laboratory for Comparative Social Research, National Research University Higher School of Economics, Russian Federation

ARTICLE INFO

Article history:
Received 4 August 2014
Received in revised form 21 January 2015
Accepted 23 February 2015
Available online 5 March 2015

JEL classification:
I12
I18
Z1

Keywords:
Health
Social interactions
Social capital
Statistical matching
Italy

ABSTRACT

This paper presents the first empirical assessment of the causal relationship between social capital and health in Italy. The analysis draws on the 2000 wave of the Multipurpose Survey on Household conducted by the Italian Institute of Statistics on a representative sample of the population ($n = 46{,}868$). Our measure of social capital is the frequency of meetings with friends. Based on IV and bivariate probit estimates, we find that individuals who meet friends every day or more time times a week are approximately 11–16% more likely to report good health.

1. Introduction

The claim that social capital plays a role in determining actual and perceived health is commonly accepted in public health studies (Kawachi et al., 1997, 1999; Kim et al., 2006, 2011) and has recently attracted the attention of economists and economics journals (Brown et al., 2006; Petrou and Kupek, 2008; Scheffler and Brown, 2008; D'Hombres et al., 2010; Ljunge, 2014). Two critical issues have emerged from previous research on the topic.

First, social capital is a very multidimensional phenomenon and there is no univocal evidence on which of its dimensions is good for health. The relationship between the multiple facets of social capital and health is context-dependent and varies according to a number of individual, social, and institutional features.

Second, even if many studies identify social capital as a significant predictor of individual health, there are reasons to suspect this result to be due to a spurious correlation. It seems reasonable to assume the existence of reverse causality: unhealthy people may face obstacles to social interaction, while healthy people may be more inclined to

☆ We are deeply indebted to four anonymous reviewers whose comments allowed a substantial improvement of the paper. We thank Luigi Aldieri, Sergio Destefanis, Francesco Drago, Elena Fumagalli and Alessandra Gualtieri for precious suggestions. Needless to say, usual caveats apply.

* Corresponding author at: Facoltà di Economia, Dipartimento di Economia e diritto, via del Castro Laurenziano 9, 00161 Roma, Italy. Tel.: +39 06 49766949; fax: +39 06 49766949.
E-mail addresses: damiano.fiorillo@uniparthenope.it (D. Fiorillo), fabio.sabatini@uniroma1.it (F. Sabatini).

http://dx.doi.org/10.1016/j.ehb.2015.02.004
1570-677X/

certain relational activities such as, for example, doing sports with others.

The present paper contributes to the literature by carrying out the first assessment of the relationship between social capital and individual health in Italy. Similar research has been undertaken in North America (see for example Folland, 2007), Latin America (Ronconi et al., 2012), and Eastern Europe (D'Hombres et al., 2010) but, to the best of our knowledge, they have never been performed in Mediterranean countries.

Probit estimates show that, in addition to civil status, age, education, income and work status, individual structural social capital, as measured by the frequency of meetings with friends, is strongly and positively correlated with self-perceived health. However, since the habit of meeting friends may be endogenously determined, we follow some promising previous studies (see for example D'Hombres et al., 2010) and instrument this variable with Mass attendance and meetings with friends at the community level.

Instrumental variables regressions show that the habit of meeting friends is a strong predictor of perceived good health both with two-stages probit estimators and bivariate probit estimators.

The reminder of the paper is structured as follows. The next two sections review the literature on social capital and health. We then describe methodology and data. Section 5 describes and discusses empirical results. Concluding remarks and a brief discussion of policy implications close the paper.

2. Social capital

Over the past 20 years, the literature has extensively analysed the impact of social interactions on individual health. Various aspects of the relational sphere of individual lives have been addressed, from relationships with family and friends to membership of various kinds of association and community cohesion, often grouped together under the common label of social capital.

After Putnam's seminal work, social capital is usually referred to as "features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit." (Putnam, 1995, p. 65). In Putnam's view social capital is a shared resource that serves to facilitate collective action. In this paper we focus on the micro dimension of the concept and refer to the definitions of Bourdieu (1980) and Coleman (1988) according to whom social capital is an individual resource that agents can access through social relationship.

Bourdieu (1980) argued that actors might use social relations as means to increase their ability to advance personal interests and improve well-being. In this context, social capital is "the sum of the resources, actual or virtual, that accrue to an individual or group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition" (Bourdieu and Wacquant, 1992, p. 119, expanded from Bourdieu, 1980, p. 2).

Coleman (1988) considered social capital as a resource that, while being inherent in the structure of relations between actors, basically serves to "facilitate certain actions of actors, whether persons or corporate actors, within the structure" (p. 98). In his work, Coleman (1988,1990) basically referred to the concept as "a resource for persons": each individual holds definite endowments of social capital and aims to use them to pursue her particular interests.

These perspectives described social capital as a multidimensional concept, whose more tangible expression seems to consist of networks of human relations. Putnam (1995) argued that a research priority is to clarify the dimensions of social capital. Uphoff (1999) first drew a distinction between the cognitive and structural dimensions of the concept. Cognitive social capital derives from individuals' perceptions and mental processes resulting in norms, values and beliefs that contribute to cooperation. Structural social capital concerns agents' behaviours that are associated with various forms of social organization, such as "roles, rules, precedents and procedures as well as a wide variety of networks that contribute to cooperation" (Uphoff, 1999, p. 218). Overall, previous studies provided empirical evidence that these dimensions are both community and individual constructs (see Kawachi, 2006; Poortinga, 2006a; Islam et al., 2008; Becchetti and Pelloni, 2013). Even if there is evidence that higher community level social capital – measured as social trust – is associated with a reduced risk of poor health (Kawachi et al., 1997), it is at the micro level that previous studies have found the more robust associations between these two variables, which in several cases persist even after controlling for endogeneity with various techniques.

3. Social capital and health

The idea that social relationships matter for health is not new in the sociological debate. Social isolation has historically been found to be associated with poorer mental and physical health. Durkheim (1897) first observed that less socially integrated people were more likely to commit suicide than the most integrated. In the 1950s, sociological studies found that psychiatric disorders, morbidity, and mortality rates are significantly higher for non-married than for married people (Tillman and Hobbs, 1949; Kohn and Clausen, 1955; Holmes, 1956; Kraus and Lilienfeld, 1959). As reported in House et al. (1988), the study of social relationships and health was revitalized in the middle 1970s by the emergence of research on social support in epidemiology. In two influential papers, Cassel (1976) and Cobb (1976) suggested the existence of a causal association between social relationships and health on the basis of a comprehensive review of human and animal studies. These authors emphasized the role of social support in buffering the detrimental health effects of psychosocial distress and in alleviating the discomforts of illness. "Publications on social support increased almost geometrically from 1976 to 1981" (House et al., 1988, p. 541). This literature, however, also raised growing concerns about the endogeneity issues potentially affecting the relationship between social interactions and health.