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Social capital and access to primary health care in developing countries: Evidence from Sub-Saharan Africa[☆]

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Abstract

We test for a causal role of social capital, as measured by self-reported trust, in determining access to basic health facilities in Sub-Saharan Africa. To skirt the reverse-causality problems between social capital and basic health, we rely on instrumental-variable (IV) estimates. A one standard-deviation increase in trust is predicted to lead to a 0.22 standard-deviation fall in doctor absenteeism, a 0.31 standard-deviation fall in waiting time and a 0.30 standard-deviation fall in bribes. As a robustness check, we also use a different database regarding a different health issue, access to clean water. We find that a one standard-deviation rise in trust leads to a 0.33 standard-deviation rise in access to clean water. The variety of public goods considered provides insights about the possible channels through which social capital is converted into health improvements.

Keywords: **Social Capital, Health, Africa, Causality.**

JEL Classification: I1; D7; H4.

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