



# Ethnic heterogeneity, social capital and psychological distress in Sweden



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## ABSTRACT

**Introduction:** Ethnic heterogeneity has been linked to both protective and detrimental effects on mental health. Few studies have investigated the role of social capital in this relationship and none have found that it has an explanatory role. The aim of this study is to investigate the relationship between two measures of ethnic heterogeneity and psychological distress in Stockholm County, as well as the explanatory role of social capital for individuals with Swedish-background, foreign-background and those who are foreign-born.

**Methods:** This study used data collected from respondents aged 18–64 to the 2002, 2006, 2010 baseline questionnaires of the Stockholm Public Health Cohort and was linked with individual and area-level register information. Ethnic heterogeneity was the main exposure, measured by: 1) ethnic density, defined as the proportion of first and second generation immigrants with 2 foreign-born parents; and 2) ethnic diversity, using the fragmentation index. Social capital measures of individual and contextual-level social support and horizontal trust were the main explanatory factors of interest. The outcome, psychological distress, was assessed using the General Health Questionnaire-12 with a 2/3 cut-off. Prevalence ratios with 95% confidence intervals were estimated using multi-level poisson regression with robust variances.

**Results:** Age and sex adjusted analyses for the whole study population demonstrated that a 10% increase in ethnic density or diversity was associated with a 1.06 (1.05–1.07) times higher prevalence of psychological distress. In the stratified analyses, both foreign-born respondents and those with Swedish-background showed increasing prevalence of psychological distress with increasing ethnic heterogeneity. However, this trend was entirely explained by socioeconomic factors in the Swedish-background respondents and by additional adjustments for individual and contextual social support and horizontal trust for the foreign-born. Further adjustment for contextual horizontal trust showed ethnic heterogeneity to be protective for respondents Swedish-background. There was no clear trend between ethnic heterogeneity and psychological distress for respondents with foreign-background.

**Conclusion:** The association between ethnic heterogeneity and psychological distress differs by ethnic background. There was no difference in this association based on the measure of ethnic heterogeneity used, nor in the explanatory role of social capital between ethnic heterogeneity measures. Socioeconomic indicators and some elements of individual and contextual social capital are important explanatory factors of the excess risk of psychological distress with regards to ethnic heterogeneity.

## 1. Introduction

Over the past few decades, Sweden has experienced a continual flow of immigrants (Bevelander, 2004). While it has been found that the prevalence of depression or anxiety in the Swedish general population is 13% for men and 21% for women (Johansson et al., 2013), numerous studies have identified certain groups to be particularly vulnerable to psychological distress, particularly refugees and non-western immigrants

(Gilliver et al., 2014). Individual factors such as pre-migration trauma and post-migration integration factors, including socioeconomic status and social networks, have been shown to influence mental health (Phelan et al., 2010). Additionally, as new immigrants and their diaspora often end up in ethnically and economically segregated areas, contextual factors are also relevant, though they are studied to a lesser degree.

Neighbourhood ethnic heterogeneity is a contextual factor that is considered theoretically very relevant, and for which there has been

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more emphasis over time. With regards to mental health research, ethnic heterogeneity has been looked at in two ways: ethnic density, or the proportion of immigrants or ethnic minorities in an area (Budescu and Budescu, 2012); and ethnic diversity, measured by the probability of selecting two individuals of different ethnicities in an area (see e.g. Erdem et al., 2017). The former is often used as a proxy for ethnic diversity. However, the theoretical implications of the measure itself are ambiguous and thus it has been argued measures such as the latter are preferred (Budescu and Budescu, 2012). Even so, ethnic density is more commonly employed with regards to mental health. A systematic review by Shaw et al., (Shaw and Pickett, 2011) looked at studies that investigated the effects of 'overall-ethnic density', defined as the proportion of ethnic minorities in general in an area. The 11 relevant studies they reviewed found that overall ethnic density was mostly associated with protective effects against psychological distress, depression, anxiety, psychoses, or self-harm/suicide in different studies. While these findings were primarily based on US studies, European research has identified similar trends. Research from the UK and the Netherlands demonstrates that the relationship between ethnic origin, overall ethnic density and mental health is not uniform between ethnic groups (Becares and Nazroo, 2013; Termorshuizen et al., 2014), and is hypothesized to reflect varying experiences in settlement and personal history (Becares and Nazroo, 2013; Das-Munshi et al., 2010). Regarding ethnic diversity, a Dutch study found a greater risk in psychological distress with an increase in ethnic diversity for some ethnic groups (Erdem, 2017).

Ethnic heterogeneity itself is not believed to influence mental well-being. Rather, it is social structures embedded within environments characterized by ethnic heterogeneity that can be either protective or detrimental toward mental health outcomes. Social capital – or the “features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit” (Putnam, 1995) – may be one such social structure. Bonding social capital is characterized by strong ties between individuals that share a social identity whereas bridging social capital develops between individuals that differ with regards to some aspect of their social identity. Social capital can be measured at both individual and contextual levels, differentiated by the exclusivity of resources social capital affords and whether the ends achieved are for personal or collective benefit (Rostila, 2011). Individual-level social capital is acquired by individuals and can be used to pursue personal ends, whereas contextual-level social capital is composed of collective resources accessible to groups of people within a social structure that allow them to achieve common goals (Rostila, 2011). However, the social resources and norms that characterize social capital not only facilitate pursuing constructive ends. There is evidence that networks composed of more homogeneous groups may reify destructive norms, promoting conditions conducive to limited socioeconomic mobility, crime and poor health (De Silva, 2005; Rostila, 2010). As such, the collective view of social capital means that all individuals within the same social structure are equally exposed to the benefits and drawbacks associated with it.

There are various contexts through which social capital can be acquired – schools, workplaces and neighbourhoods, for example – and access to these contexts vary by immigrant generation. Neighbourhoods are the most relevant context for many adult immigrants that are newly arrived, given that it takes 7–8 years on average for a refugees to become employed in Sweden (Regeringens skrivelse, 2008). It is theorized that bonding social capital helps individuals ‘get by’ whereas bridging social capital provides means for ‘getting ahead’ (Putnam, 2000). Bonding social capital may be particularly important for new arrivals, as it is accessing one's own ethnic-networks that brings familiarity and security in a new country

(Zetter et al., 2006). Over time however, it is important for first generation immigrants to develop bridging ties, as they bring opportunities for social mobility, access to information and facilitates integration into wider society. Similarly, accessing a wider range of bridging ties for second generation immigrants depend upon their parent's ties. Second generation immigrants with one Swedish-born parent could arguably have a greater advantage than those with two foreign-born parents.

There has been some evidence that heterogeneity may erode social capital, with American studies showing a detrimental relationship (Putnam, 2007) and European studies generally being positive (Becares et al., 2011; Letki, 2008). According to Putnam's (2007) study of ethnic diversity and social capital among black, Hispanic and non-Hispanic white Americans, rather than diversity increasing in-group solidarity and out-group antagonism, individuals living in diverse areas tended to “hunker down”, withdrawing more from social life in general. Ethnic diversity was thus associated with greater distrust of neighbours, even among respondents with shared ethnicity, as well as: lower political confidence at the local level; decreased voter registration; lower likelihood to participate in community projects or volunteering; and fewer close friends and confidants. On the other hand, given the considerable overlap of economic and ethnic segregation, a number of UK-based studies have indicated that it may be neighbourhood-level socioeconomic deprivation, rather than ethnic heterogeneity, that erodes social capital (Becares et al., 2011; Letki, 2008; Sturgis et al., 2013).

While empirical evidence has shown that social capital is independently associated with both ethnic heterogeneity (Meer and Tolma, 2014; Sturgis et al., 2013; Vermeulen et al., 2011) and mental health (Ehsan and De Silva, 2015), no studies have confirmed that social capital has an explanatory role in the relationship. Furthermore, only one study has investigated this with regards to contextual social capital (Becares and Nazroo, 2013). Though research of the influence of neighbourhood characteristics on health is gaining greater interest in Sweden, there has been limited attention to ethnic heterogeneity. Given that Sweden is characterized by cities with diverse and dense ethnic populations, the impact of ethnic heterogeneity warrants investigation, as does the role that social capital might play. Generational groups have been minimally investigated with regard to ethnic heterogeneity and have shown to modify mental health outcomes. Therefore the aim of this paper is to investigate the association between ethnic heterogeneity, measured by ethnic density and diversity, on psychological distress. Furthermore, this study will determine if these relationships differ by immigrant generation as well as demonstrate whether individual and contextual social capital explains them.

## 2. Methods

### 2.1. Study population and data sources

The sample for this study was taken from the Stockholm Public Health Cohort's (SPHC) (Svensson et al., 2013) Health and Living Survey. It includes 100 questions on various health and lifestyle factors, including social capital, socioeconomic circumstances, and mental health. Beginning in 2002, questionnaires were sent to roughly 50,000 randomly-selected Stockholm County residents between the ages of 18–84. Sample selection was stratified by 39 municipalities and urban districts, generating around 1300 selected individuals per area. Additional cohorts were initiated in 2006, 2010, and 2014. Follow-up questionnaires were administered every four years. This study employs a cross-sectional design, pooling the baseline data for respondents 18–64 years-old from the 2002, 2006, and 2010 cohorts. The 2014 cohort was not included due missing register information. The response rate

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