ABSTRACT

Social determinants have always been an important element of the oral health. It has been seen that social aspects like the organizations and relations influence the health of population. A new domain named social capital has come up into limelight which refers to “features of social organization, such as trust, norms and networks that can improve the efficacy of society by facilitating coordinated actions”. The bonds between individuals, both in intimate relationships and in voluntary associations have been claimed to have health promoting effects. Oral health can never be segregated from general health as they are bidirectional in their relationship. Therefore determinants of general health and its promotion are interlinked with that of oral health. So, this review tries to figure out the effects of social capital on various aspects of oral health.

INTRODUCTION

Epidemiologists have long been interested in the ways in which social organization and disorganization influence the health of populations. A recent manifestation is the concept of social capital [1].

Social capital is defined as a variety of different entities having two characteristics in common: they all consist of some aspect of social structure, and they facilitate certain actions of individuals who are within the structure [2]. Social capital refers to “features of social organization, such as trust, norms and networks that can improve the efficacy of society by facilitating coordinated actions” [3].

The bonds between individuals, both in intimate relationships and in voluntary associations make it possible for individuals and groups to achieve a variety of goals. Such bonds have also been claimed to have health promoting effects [1].

Thus Social relationship with embedded resources can be expected to be beneficial and occasionally harmful to both individuals and collective members of these networks.

Social network is seen as the structural component of social capital [4], and, in turn, can be divided into two types - horizontal networks: these improve society by bringing equivalent status and power, thus maintaining equal social capital in the society through ties with family, friends, neighbours and colleagues. Vertical networks: these include hierarchical relationships with people in power in the society, such as religious organizations and political parties[5]. Such ties may lead to unequal social capital[6]; however, it is argued that such vertical dimension of social capital, which he called “linking social capital”, is important to increase involvement in the local community [7].

Social capital can further be classified into bonding social capital and bridging social capital. Bonding social capital refers to strong relationships between individuals who know each other and are socially similar, such as between family members and friends. Bridging social capital comprises less strong relations that are formed between people who are different in their socio-demographic characteristics such as education or ethnic group [8].

SOCIAL CAPITAL MEASUREMENT

Social capital can be assessed on two levels: individual level and community level. There are several indicators used for this purpose, the most commonly used, especially in health research, is membership in voluntary organizations and general social trust[9]. These two measures are included in addition to measures of engagement of public affairs, measures of community voluntarism, and measures of informal sociability [10]. However, it is suggested that the best way to assess social capital is by using a social networks approach so that the effect of both quality and quantity of social relations can be assessed. It is believed that social relations play an important role in determining individual and community public health [11].

There is no standard scale to measure social capital; researchers have used the different concepts of social capital to measure it. For example, a scale was developed to measure neighbourhood social capital; in this scale five dimensions were assessed: social trust, social control, which is the degree to which neighbours would intervene to protect children from harmful behaviours, empowerment, neighbourhood security, and finally political efficacy [12].

Others measured vertical and horizontal social capital by assessing memberships in various types of organizations, unions and clubs[13]. In one of the study, different indicators were used to capture the various dimensions of social capital; these measures include voluntarism, norms of reciprocity, social support, social networks, household size and participation in a sport team [14].

SOCIAL CAPITAL AND HEALTH

Recently, there has been increased interest in the importance of social capital and its influence on the health behaviours and practices of individuals. Evidence has shown that social capital is positively related to health status. Studies have shown positive influence of high social capital on mental health [15], lower levels of mortality rates [16], and self-rated health [17]. Several studies from Canada looked at the link between social capital and health. Several studies were conducted in Saskatchewan, British Columbia and Hamilton, Ontario, to find a positive effect of different forms of social capital on self-rated health and mortality rates [18-21]. Canadian study analyzed data from the 1996-2000 National Population Health Survey (NPHS) to determine the effect of various social measures on the general health of the Canadian population. This study concluded that social capital can affect changes in health. Moreover, results suggested that marital status, contact with family, and attendance at religious services all affect health positively [14].

Social networking may help new immigrants in navigating the health care system and therefore it can affect the rate of health service utilization. Analysing data from the National Population Health Survey, Canadian Census and Canadian Medical Directory, Deri found that utilization of the health care system is affected by social networking; those who are living in a neighbourhood with many people speaking the same language have higher rates of health care use. It was concluded that health care utilization is increased by increasing the number of physicians speaking the same language.
as the immigrants in the area [22]. However, we cannot expect the same for dental care utilization because health care is universal and in this case the economic factor is not of concern for the new immigrants.

SOCIAL CAPITAL AND ORAL HEALTH

Research on oral health and social capital is not as extensive as in the case of general health; only a few studies have investigated the possible influence of social capital on oral or dental health. In Brazil, the effect of community empowerment on the dental caries status of 14- and 15-year-old students was investigated and found a negative association between community empowerment and high DMFT rates [23]. The same researchers found in another study [12] that in Brazilian communities with high social capital there was less prevalence of traumatic dental injuries among adolescents. Community social context was found to have a beneficial effect on dental caries experience among three-year-old children in Japan. In this study, social cohesion, measured by the number of community centres per 100,000 residents, was significantly associated with the dmft Index [1].

Social capital could affect dental care utilization among immigrants. While studying the effect of four different types of social support, namely informational support, influence of family and friends, material aid and emotional aid, on dental care utilization among Latino women and their children in the USA, the results showed that instrumental aid, which represents the dental care information provided to mothers in hospitals for example, has no effect on dental care utilization, while the support from families and friends, such as helping in booking dental appointments and accompanying mothers to these appointments, has a significant association with visiting a dentist. The findings of this study suggest the influence of family on dental services use; currently, public health interventions concentrate on information dissemination which has, according to this study, little effect on parents dental behaviour [24]. This aspect of social support was also seen among elder Chinese immigrants in the USA [25]; frequent contacts with friends were significantly associated with increased dental visits. Another study done in United States on Mother-perceived social capital and children’s oral health and use of dental care showed that children of mother with lower social capital index are more likely to miss preventive dental visits than were children of mothers with the highest social capital [26]. Also, Turrell et al found in multilevel studies, the contextual effect of neighbourhood on tooth loss and self-rated oral health. Living in affluent neighbourhood found to benefit an individual’s oral health [27,28].

CONCLUSION

To gain a better understanding of oral health there is a need to peep into district factors, such as social capital which can be an important tool in the implementation of more effective public health policies.

REFERENCES


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