

Social capital of older adults in the urban city of Valparaíso

Abstract

Introduction: Social capital is an import asset in the context of healthy and active ageing. Bridging social capital refers to the networks that tie people from different social groups; in contrast, bonding social capital implies the existence of intimate ties, based on trust.

Objective: To measure the social capital of older adults, user of the public primary health care.

Methods: Descriptive study, implemented in a non-experimental design, carried out in the city of Valparaíso, Chile with a sample of 146 subjects.

Results: The data allows to indicate that older adults have more bonding capital than bridging capital. Moreover, it was observed that older people with higher levels of education present higher mean scores of social capital, result that is related to social status, availability of social resources and healthier ageing.

Conclusion: The knowledge of the nature and size of social networks from the perspective of bonding and bridging social capital in older people will allow comprehending the importance for the better opportunities the access to institutional resources for to have the right to healthier aging.

Keywords: older adults, social capital, primary health care

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Introduction

Background information indicates that by the year 2020, older population in Chile will be of 3.2 million the persons.¹ Authors say that because of this population increase it is important to carry out investigations that focalize not only in studies of morbidity, risk factors and disease prevalence in older adults, but specially orientated to the consideration of healthy and positive ageing because it implicates subjective well-being which is associated with a better quality of life.²

The concept of social capital is relatively new in the field of social epidemiology and health behavior, however there are studies that state its value in health research³ because the empirical evidence of the relationship between social capital and health outcomes. Social isolation has been related to health disorders, especially in older adults.⁴ It was been reported that broad social networks favor a healthier ageing process, thus reducing the incidence of stress and depressive symptoms.⁵ In regards of the above, the objective of this study was to measure social capital of older adults, user of the public primary health care.

Material and method

This investigation corresponds to descriptive study, implemented in a non-experimental design, carried out in the urban city of Valparaíso, Chile. The universe was 233 older adults' active, autonomous, between the age of 64, and 83 years, users of a primary health center in Valparaíso. An aleatory sample with a confidence of 95% and a 5% error and the final estimated sample size was 146. The technique used was the social survey. A structure survey questionnaire with close-ended questions allowed to measure a set of sociodemographic variables and the level of social capital in older adults from Chen's

Social Capital Scale^{3,6} which through 10 items measures bonding and bridging social capital. The first five items of the scale measured bonding social capital and the other five bridging social capital. The questionnaire was pretested in a different population to assess validity. Reliability was confirmed using the Cronbach's Alpha coefficient (0.870). The participation of the older adults was voluntary and informed, with a signed informed consent form. A previously trained graduate student in the home of the older adult applied the survey. Statistical analysis was performed using SPSS, v. 22. Data analysis was carried out using descriptive statistics such as distribution, central tendency (mean score) and dispersion (standard deviation). Inferential statistics procedures were used to compare results between groups (Student's t- distribution) and to correlate variables (Spearman correlation). The Scientific Ethics Committee, Nursing Faculty, Universidad Andrés Bello authorized the study, LI/CECENF/62.

Results and discussion

The main results show that the mean age of the subjects was 73±4.9years, with a 77.4% of women in the sample. 56.9% had high school education; 75.3% were catholic and 53.5% single. 17.8% stated to have no living offspring and 41.7% have at least 1 living son or daughter. In regards to territorial roots, it was observed that 52.0% had lived 57 or more years in the neighborhood and only 21.2% participated in social organizations for the elderly.

The five first items of Chen's scale measure bonding social capital and the rest measure bridging social capital. Bonding social capital refers to intimate - generally familiar - ties, based on trust, bridging social capital link people from different social - formal and informal - groups.⁷

Comparatively, the data allows to point out that older adults have more bonding than bridging social capital. The respondents perceived little power and prestige among their contacts and weak participation in social organizations, of which they feel they are not represented Table 1.

Table 1 Descriptive statistics for items of bonding social capital and bridging social capital of 146 older adults of Valparaíso, Chile

Social capital scale	Min.	Max.	Mean score	Sd
Union social capital				
Item 1: Number of friends and family members	1	5	3.093	0.9694
Item 2: Routine contact	1	4.75	3.248	0.7809
Item 3: Trust in family and friends	1	4	2.582	0.7023
Item 4: Help from family and friends	1	4.5	2.822	0.913
Item 5: Power and prestige of contacts	1	3.67	2.529	0.5776
Bridging social capital				
Item 6: Number of organizations	1	5	2.654	0.9183
Item 7: Participation	1	4	1.514	0.7449
Item 8: Representation	1	5	1.527	0.7895
Item 9: Help from organizations	1	5	2.253	0.8852
Item 10: Prestige and power of organizations	1	4	2.435	0.7824

N=46 for all variables, mean scores were calculated on a 1 to 5 score scale

The correlational analysis with scores obtained in the measurement of bonding and bridging social capital and sociodemographic variables showed that age increases, less bonding capital is observed, as shown in Table 2. Although a negative correlation between age and bridging social capital is also observed, such correlation is not statistically significant. It can be hypothesized that a reason why bonding capital decreases as age increases could be related to the progressive loss of family members due to their emancipation from their families homes. In a cultural context where the traditional nuclear family pattern is an important referent, it could be possible that older adults could

find themselves in lonely situations in terms of maintaining intimate family ties. When observing the variable number of living offspring, it is possible to relate it to a higher bridging social capital. It can be presumed that a higher number of offspring benefits older adults in terms of their connection to resources outside the family environment. The support that older adults can receive, during difficult times, is likely to come from agencies, institutions, and organizations outside the family group. This makes sense when considering the characteristics of the group of older adults in the study, which live in a context of social vulnerability and therefore, is probable that their families maintain a similar socioeconomics profile.

Another variable that presented a positive association with both bonding and bridging capital was the level of education. This is coherent with literature, because education is one of the main assets of social capital⁸ to mobilize support networks. Older adults with higher years of formal education tend to have better health outcome because, among other reasons, they are better informed and have better access to better healthcare services.⁹

Table 2 Correlation between bonding and bridging social capital and sociodemographic variables

Variables	Bonding social capital		Bridging social capital	
	R	P	R	P value
Age	-0.310**	0	-0.079	0.342
Education	0.207*	0.012	0.319**	0.000
Living offspring	0.170*	0.04	0.264**	0.001
Territorial roots	-0.115	0.17	0.263**	0.001

n=146 **Correlation is significant at the 0.01 level. * Correlation is significant at the 0.05 level

To contrast the difference between social capital scores and categorical variables an independent group t-test for difference in means was used, as shown in Table 3. In regards to religion, it is observed that Christian evangelicals present higher scores of bonding social capital than catholics and this difference is statistically significant. On the other hand, older adults also present significant differences when comparing their marital status, where married older adults have higher bridging social capital. Lastly, in regards to senior adult's clubs, it is observed that those who take part of a club show higher scores of bridging social capital, which can serve to hypothesized that these organizations could be a mechanism to contact networks that, in other circumstances, they would have no access to.

Table 3 Independent group t-test between social nominal variables and social capital

Variables	Categories	Bonding social capital				Bridging social capital			
		Mean Score	t	df	P value	Mean Score	t	Df	P value
Religion	Catholic	2.565	-2.947	143	0.004	2.1279	-1.386	143	0.168
	Evangelical	2.8431				2.288			
Marital status	Single	2.5865	-1.42	144	0.158	2.0328	-2.914	144	0.004
	Married	2.6987				2.3138			
Participation on senior adult clubs	Yes	2.6794	0.532	144	0.596	2.4971	3.656	144	0
	No	2.6278				2.0738			

Conclusión

The interaction with stable social networks is associated with a better use of available resources in society as well as better wellbeing, better health mental status and higher resilience, that is, a healthier aging.^{10–12} On the other hand, the people with low socioeconomic level have less social capital and loneliness, is associated with mental health morbidity.¹³ The knowledge of the nature and size of social networks from the perspective of bonding and bridging social capital in older people will allow comprehending the importance for the better opportunities the access to institutional resources for to have the right to healthier aging.^{13–15}

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Conflict of interest

Authors declare there is no conflict of interest in composing this manuscript.

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