

Research Article

Social Capital as a Determinant of Health in Older Adults: A Narrative Review

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Abstract. Increasing life expectancy in relation to healthy aging can be a challenge for older adults and the risk of vulnerability increases. The social environment of the community is known to be one of the factors that has a major influence on the achievement of healthy aging in older adults through strengthening existing social capital. This research involved a simple literature study where articles were found by searching using the keywords "social capital", "healthy aging", "elderly", "older adults" and "active aging" in several databases such as Google Scholar, ProQuest, Wiley Online, PubMed, and ScienceDirect. The inclusion criteria included: (1) articles written in Indonesian or English; (2) published in 2011-2021; and (3) explaining the effect of social capital on older adults. Main reference articles such as those describing the social capital theories of R.D. Putnam, Simon Szreter, and Michael Woolcock were also examined. According to the results, the development of effective social capital in the community requires considerable costs and overcoming major challenges. However, the positive effect created is the emergence of new and more effective social networks that can promote a more meaningful social life, especially in older adults. Social capital is one of the most important factors in strengthening health perspectives in relation to the complexities of older adults' health. Further studies on the negative effects of aging experienced in relation to social conditions need to be carried out by researchers and health workers.

Keywords: health determinants, older adults, gerontology, social capital

1. Introduction

Increasing life expectancy and decreasing premature mortality is one of the positive achievements that has been achieved by mankind. In relation to healthy aging, this condition can be a challenge with the emergence of the risk of various diseases, conditions of disability and dependence as well as a decrease in cognitive abilities for the elderly group as they age. Several studies show that the perception of health and well-being that is owned by older adults often does not depend on health status, they actually assume that sufficient physical and cognitive functions to carry out activities of daily life independently are more than sufficient, the effect is when older adults lose this ability, they will tend to experience low self-esteem [1]. As society moves towards an aging population, we need to find new ways for individuals to be able to make the best

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Published: 7 February 2022

Publishing services provided by
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Selection and Peer-review under the responsibility of the IVCN Conference Committee.

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of the challenges they face, as various forms of adversity increase with age. Factors that can strengthen the resilience of the elderly in facing the aging process they experience include the resources they have, the social environment, as well as government policy interventions that support healthy aging conditions [2].

Healthy aging is the ability of older adults to live healthy and free from chronic diseases, be able to independently live their daily lives, have a good quality of life, be able to participate in an active social environment, not experience cognitive impairment and disability [3]. In achieving a healthy aging condition that is expected to be optimal for older adults, there are at least 2 domains that need to be considered by health workers: (1) a life-style index which includes sufficient physical activity, consumption of vegetables and fruits, regular food consumption and sufficient fluid consumption and (2) psychosocial index which includes work (formal and informal), inner circle involvement, social participation in society, activities in the family, life satisfaction and financial condition [4]. In addition, several other factors that positively affect healthy aging conditions include strong religious beliefs and better education [5].

Social capital is a public good that consists of beliefs, norms and bonds, and is a common property based on community activities and not just individual property. Social capital consists of five main characteristics, namely: (1) community, voluntary, state, and private networks (2) civic engagement, participation, and use of civic networks; (3) identity as a member of society—a sense of belonging, solidarity, and equality with other members; (4) reciprocity and norms of cooperation, sense of obligation to help others, and trust in reciprocating assistance; (5) trust in society [6]. Two basic constructions of social capital in society include social cohesion and social interaction. Social cohesion describes an individual's perception of how closely he feels connected to his neighbors, while social interaction captures the existence of informal contacts in the environment. Taken together, these constructs represent the dimensions of attitudes and behavior in the social environment of the community [7].

The social environment of the community is known to be one of the factors that has a major influence on the achievement of healthy aging in older adults, in creating a community environment that is oriented towards the healthy aging process, there are at least 3 main goals that need attention, including: (1) To enable or encourage older adults to physically active, in the sense of actively participating in activities outside the home in their respective environments, (2) enabling older adults to remain independent and living at home if they wish, and (3) minimizing signs of cognitive impairment symptoms such as dementia which includes agitation, confusion and sleep disturbances. In addition, there are also a number of other health goals that may be affected by the development

of the community environment by health workers, including: Keeping older adults safe in their homes, Minimizing respiratory diseases and allergies, Reducing the likelihood of accidents both at home and outside, and promoting social interaction as a way to prevent isolation and loneliness [8].

Older adults who have better health conditions are more likely to be more involved in formal and informal work, social and family activities, and live independently, safely and prosperously. The involvement of older adults in social activities is one of the important things considering this can also strengthen social cohesion and solidarity between generations. The 2002 World Health Organization (WHO) policy framework in detail implies policy actions related to active older adults in three areas: (1) 'Health', which is defined as physical and mental health and social well-being, follows the definition recommended by WHO; (2) 'Participation', which in turn refers to a series of activities by older adults in social, economic, cultural, spiritual and civil affairs, in addition to their participation in formal work; (3) 'Security' relates to older adults access to a safe and secure physical and social environment, beneficial income security and employment security [9].

Government officials, religious leaders, community leaders, community members and health workers become 4 important pillars in the implementation and survival of social capital owned in an area through various routine programs implemented for older adults. The existence of mutual help, mutual trust, and norms that are adhered to are sources of capital in overcoming health problems [10]. The results of the study show that the diversity of the population does not prevent the achievement of better health status, because the community is able to solve the common health problems faced by the community by utilizing social capital. With the community's ability to build networks, cooperation based on mutual trust, mutual care, mutual assistance, adherence to prevailing and mutually agreed values, norms, and pro-active actions embodied in joint action to fulfill common needs in solving various health problems. that happened. Various social groups that have been formed to overcome health problems are a tangible manifestation of social capital and a form of community participation as one of the main pillars in the realization of good governance [11].

The limited research on the benefits of social capital for older adults in Indonesia and the importance of the role of society and the norms contained in it to support the health conditions of older adults encourage the authors to conduct further discussions on the concept of social capital and its effect on healthy aging in older adults.

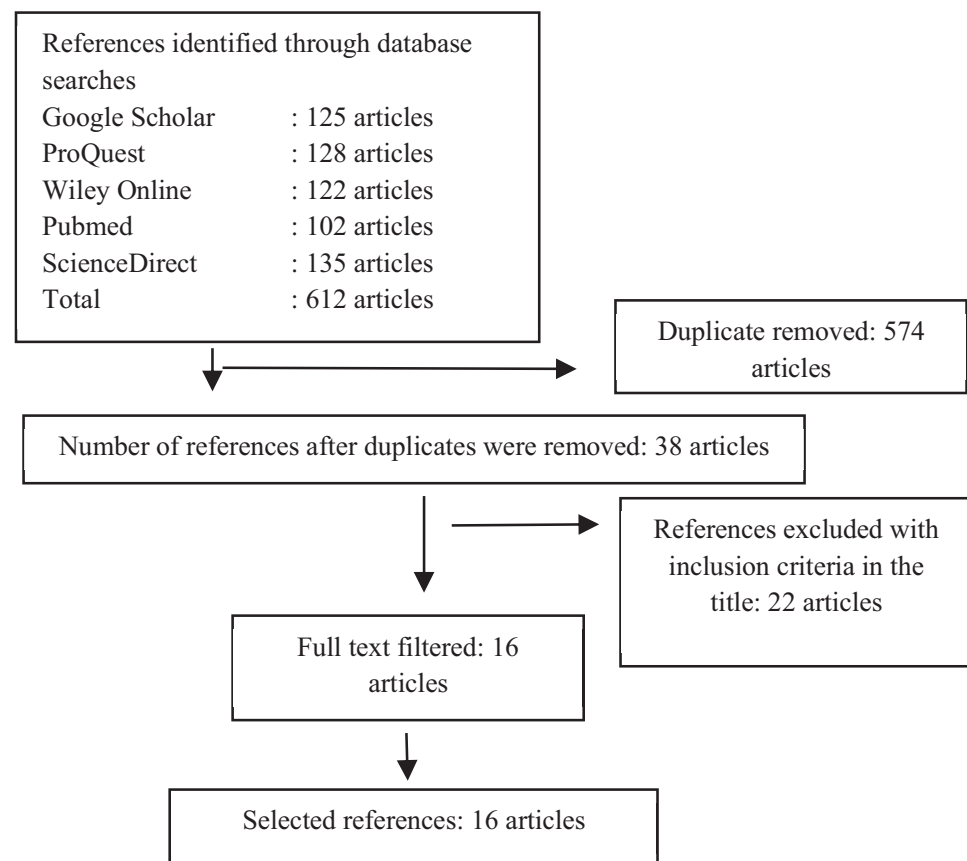


Figure 1: PRISMA flowchart for review and selection of studies in the systematic review.

2. Methods

The writing of this article uses a simple literature study with a search method using the keywords "Social Capital", "Healthy Aging", "Elderly", "Older Adults", and "Active Aging" from several databases such as Google Scholar, ProQuest, Wiley Online, Pubmed, and ScienceDirect. The inclusion criteria used include (1) Articles written in Indonesian and English, (2) Articles published in 2011-2021, (3) Articles containing the effect of social capital on older adults, and (4) Main reference articles such as social capital theory written by R.D. Putnam, Simon Szreter, and Michael Woolcock used the article under 2011. The articles selection can be seen in Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) in Figure 1.

3. Results

The strength of Social Capital consists of 5 characteristics consisting of (1) Community networks, (2) Civic engagement, (3) Local civic identity, (4) Reciprocity and norms of cooperation, and (5) Trust in the community that allows individuals to gain access to

resources such as ideas, information, money, services, assistance and have accurate expectations regarding the behavior of others based on their participation in social interactions. This occurs when individuals choose to engage in various activities in society with the aim of spending leisure time or other broader interests [12]. A higher level of social capital in the community is closely related to the lower level of discrimination experienced by older adults. The important thing to note from the effect of social capital in life in society is from the positive causality/reciprocity effect it produces, on the one hand social capital can reduce conditions of discrimination and vice versa, where this effect has great benefits for groups who are vulnerable to experiencing psychosocial problems [13].

Research conducted showed that regarding the causal effect of social capital and the health of older adults shows that social capital has a beneficial impact on health and vice versa. However, the effect of health on social capital appears to be significantly higher than the effect of social capital on health. Furthermore, the research shows that older adults who are in good health have a higher tendency to actively participate in community activities than those who are in poor health [14]. Another research conducted in Canada showed that older adults who have good health conditions are more likely to have higher incomes, participate in social activities more often, and have stronger family ties in the community than older adults who are in poor health. Therefore, social capital can be said to be a potential health mediator factor for older adults population [15].

Social capital is recognized as an important mediator of age-related health in humans, this is because high social capital in a community group can slow aging and reduce age-related risks [16]. Several factors that can cause a decline in social capital include long work schedules, asocial thinking in modern society, and the concept of development in society that reduces the level of social cohesion. These various factors ultimately have a negative effect on poorer health conditions, this is in contrast to research conducted on people who still have good social capital, they are more likely to have lower symptoms of depression, better cognitive function, and higher physical activity [17].

Older adults has a higher risk of experiencing social isolation and poorer health conditions than those who are more socially connected because the absence of social relationships is a major cause of feelings of loneliness and an increased risk of depression, these findings provide support for the establishment of activity initiatives that target older adults' mental health. Sports and physical exercise are the main forms of activity in which older adults can participate on a weekly or daily basis. Some of the

reasons why older adults are not interested in participating in social activities include [18]:

1. Lack of interest from older adults to engage in social activities.
2. Lack of time for older adults to engage in social activities.
3. Lack of information about activities.
4. There is no companion to accompany older adults to participate in social activities.
5. Some of the conditions that prevent older adults from being able to participate in social activities, some other reasons for not participating include health and medical conditions, fear of falling, commitment to care (grandchildren, aging parents), and feeling too old to participate.
6. There is a personal preference not to join social activities.
7. Feeling unable to contribute optimally in social activities.

Studies show that the broad social capital surrounding older adults, including relationships with relatives, friends, and family, has a positive and important influence on the quality of life of older adults. Furthermore, older adults have a tendency to experience social isolation from society (both in urban and rural areas) longer than younger age groups [19].

4. Discussion

Social capital is simply a belief rooted in cultural factors such as ethics and morals as a way to create and maintain positive conditions in society. A positive portrait of social capital can be described in the formulation of trust which includes social cohesion, empathy, transparency, inclusiveness, all of which will have an impact on creating new social controls. The benefits of social capital are very important for the community, including (1) providing convenience in accessing information for community members, (2) becoming a power sharing medium in the community, (3) developing solidarity, (4) enabling the mobilization of community resources, (5) enabling common achievement, and (6) form the behavior of togetherness among community members. Communities with weak social capital can be characterized by (1) the emergence of various violations of norms, leadership crises, estrangement of social relations and dehumanization, (2) weak social control, stronger group sentiment, increased material culture, (3) emergence

and increasing apathy, defiance , pragmatic, conflict and deviant behavior, and (4) weakening mutual trust, mutual suspicion, and low bureaucratic service [20].

In some countries, in relation to social capital and individual perceptions of their health, it is clear that older adults with a high level of general trust in others in their environment have better health conditions. The interesting thing is that in some communities, good informal (family) social contacts have a positive effect on the perception of good health in older adults even though the condition of the health services they receive tends to be poor, this is because older adults tend to assume that their family members are primary caregivers, especially when older adults are sick. This finding confirms that various structural and cognitive social capital resources such as social contacts and general trust are important in explaining differences in health conditions between one older adults and another [21].

Informal social contacts that have been formed in the early life of older adults seem to have an impact on mental well-being experienced in post-retirement life due to various experiences of living together, social support, mutual respect, and trust. These findings support measures to promote and maintain adequate social networks and social participation among older adults who may be at risk for decreased social interaction. Furthermore, meaningful social activities are an important part of the daily life of older adults because interpersonal relationships are maintained. Therefore, the possibility to participate in various activities should be given to older adults in the community. Decreased physical and social abilities are clear risk factors for increased exclusion from social activities as well as increased feelings of loneliness as a result. In addition, the importance of continuing social relationships for older adults must be considered in planning care for older adults [22].

Social involvement has an important role in providing support to older adults to prevent feelings of loneliness experienced and improve the quality of life of older adults in general. Ongoing support is essential in encouraging the elderly to participate in activities such as dance classes, art groups and gardening groups. The importance of religious institutions for older adults also demonstrates the value of faith-based initiatives. However, the results also indicate the need for a two-way approach to increase social engagement. In addition to initiatives that target individuals, there is a need for a joint strategy that takes a broader community perspective and ensures that good local facilities are maintained [23].

Community need to develop mechanisms and social practices in the future to minimize or reduce the social isolation experienced by older adults, especially in community with relatively low levels of social capital. In summary, the aging human population

presents three challenges: (1) biological challenges, in the form of challenges to maintain physical and mental capacities to remain at the highest levels in the later stages of life; (2) social challenges, in the form of challenges to optimize retirement age, and (3) cultural challenges, in the form of challenges to give older adults the opportunity to live the best life according to their cultural background [1].

Older adults who have formal jobs are associated with better health conditions, especially in rural areas, while older groups who do volunteer work report better health conditions, especially in urban areas. In addition, older adults with a high level of participation have a significantly higher level of health perception compared to those with a low level of participation [24]. The analysis conducted revealed that social participation contributed to an increase in the average percentage of individuals reporting good or excellent health. A higher level of social participation can improve the health status of older adults in the community [25]. This becomes important in emphasizing health policy making and other implementations in order to create a program structure for older adults in the community.

Another study suggests that integrated care for long-term preventive care in older adults should include more community-organized interventions, whereas in order to build a network of local organizations capable of providing such care, health workers and government should be actively involved. The concept developed should still be guided by the three recommendations of the final report of the WHO Commission on Social Determinants of Health, namely: (1) improving daily living conditions, (2) developing good governance to secure equitable allocation of resources, and (3) make a health equity assessment. Where in the end, the concept will help achieve universal health coverage for older adults [26].

5. Conclusions

Effective development of the potential of social capital in the community requires a large amount of money and the effects of massive changes in life in society can be a major challenge faced by policy makers. However, the positive effect created is the emergence of new and more effective social networks that can promote a more meaningful social life, especially in older adults. Social capital is one of the most important factors in strengthening biological and psychological perspectives in relation to the complexities of older adults health. Therefore, further studies on the negative effects of the aging process in relation to social conditions need to be intensified by researchers in the

field of gerontology. This is important considering that older adults often experience difficulties when dealing with rapid and sudden changes in social life.

Acknowledgement

The author would like to thank his colleagues for the support for this work.

Conflict of Interest

The authors have no conflict of interest to declare.

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