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# Well-being and Social Policy

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# INTRODUCTION

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In recent decades, interest has increased in identifying, estimating and linking social capital to a variety of well-being variables in which the production of certain benefits or performance is key. Research has involved the confluence of several disciplines: economics, sociology, anthropology and psychology, to name a few. Although consensus on the definition of a single indicator for measuring social capital has yet to materialize, there are a number of points upon which researchers do agree: the appeal of social capital lies in the fact that said asset may shed light on the behavior of individuals; and, the fact that economic results cannot be explained solely on the basis of market forces.

In this sense, social capital comprises those aspects of social structure that facilitate certain actions between individuals. Said aspects are related to social organization, trust, norms and networks that improve the efficiency of society by facilitating coordinated actions (Coleman, 1990; Putnam, 1993).

The results of empirical studies demonstrate that this concept is fundamental to economic development. They also indicate that social capital is as productive as any other form of capital. As a result, social capital facilitates the achievement of certain ends that could not otherwise be realized (Coleman, 1990) or which could only be realized at a higher cost.

Certain studies have shown a positive relationship between social capital and economic growth. They have also pointed out that this relationship facilitates commercial transactions and private-sector provision of public goods (Knack and Keefer, 1997; Woolcock, 1998). Other research indicates that the relationship: promotes empowerment; contributes to improving the performance of institutions and the delivery of public services; facilitates access to health services; increases performance and productivity; promotes cooperation; encourages participation in civil organizations; and, finally, helps create incentives for collective action (Pargal et al, 1999; La Porta et al, 1999; Zak and Knack, 2001; Narayan and Pritchett, 1999). Additional research associates social capital with more effective democratic processes (Putnam, 1993), happier and healthier citizens (Helliwell, 2001), or a more engaged and more tolerant citizenry, as well as improved and more productive government (Uslaner, 2002).

Woolcock and Narayan (2000) argue that, in developing countries such as Mexico, social capital is expressed primarily through social relations which help individuals confront the challenges of poverty and vulnerability by creating contingency protection mechanisms to cushion sharp drops in consumption. In this sense, networks allow individuals to capitalize upon several types of available assistance; for example, the need to find a job or to receive a quick, low-cost loan. The types of networks that are used vary depending on the type of assistance required. For example, when searching for employment, an individual may first check with family, then friends and coworkers, and finally with neighbors.

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According to Bourdieu (1986), who defined social capital as “the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition”, people acquire social capital via specific actions and are able to transform it capital into tangible economic gains.

Along with positive effects, social capital is capable of generating negative consequences; i.e., discrimination, exclusion, inequality. This is because social networks among the poor are less capable of managing public or private resources than networks among higher-income groups. This translates, *inter alia*, into intergenerational inequality (López-Rodríguez and Soloaga, 2012).

Sapag and Kawachi (2007) argue that a lack of social capital is associated with decreased health, which results in increased morbidity and mortality rates across the globe. They argue that social capital can influence the behavior of members in a community by promoting the dissemination of health information. They feel social capital may also play a role in community building by facilitating the process by which individuals apply for services such as water, sanitation and healthcare. It may also provide emotional support which, in turn, promotes mental health.

Social capital has also been associated with crime and violence. This relationship can be positive or negative. While social capital may produce positive externalities which result in a reduction in crime, it can also result in activities which have a negative impact on health; i.e., drug trafficking. Conversely, an atmosphere of insecurity can inhibit the use of social capital, whereas uncertainty often decreases interaction between individuals in a community.

In the literature, social capital is often characterized as an individual or group ability to capitalize upon familial, social and institutional networks (López-Rodríguez and Soloaga, 2012). In the context of poverty, there is strong evidence that social capital impacts the ability of individuals to increase their sources of income, gain job opportunities and decrease vulnerability to adverse economic or family situations. In particular, social capital contributes to poverty reduction through agreements and cooperation among individuals in areas of general interest (ECLAC, 2003), including volunteer work during natural disasters.

The means by which social capital is generated vary. For example, it is generated through constant participation in civil society’s organizations, or through the strengthening of networks, which is achieved by monitoring norms, as well as attitudes on trust and reciprocity. The most frequently used forms involve identifying areas where synergistic dynamics that foster social capital (in addition to promoting and channeling said dynamics) via programs aimed at the general welfare of a given population.

This special issue of the journal covers several aspects of the link between social capital and well-being. Ernesto, Edgardo and Ruben indicate that social capital increases in direct correlation to age, education and income level. It also tends to be higher in smaller communities. Conversely, they assert social capital levels decrease in the absence of social security and increase in the face of segregation. Domingo, Diana, Edgar and Ricardo assert that there is a positive relationship between the use of networks and access to healthcare; another exists between membership in organizations and access to healthcare. Martín and Hector show that employment assistance initially comes from the family, then friends and co-workers, and finally neighbors. They found that people living in poverty tend to rely primarily on friends and coworkers to access the labor market.

Patricia, Isidro and Rodolfo found that changes in the perception of violence are not affected by the sources of information from people; instead, changes in the number of homicides reported in the city are determinant. They also assert that the perception of violence has resulted in decreased associative levels in Mexico. Lindon and Marcelo argue that organizations provide an environment in which members with similar characteristics may meet their physical and socio-emotional needs. An organization's strength of social capital determines a group's level of stability, as well as how power is distributed and exercised within same. Raymundo and Emilio found that social capital has a positive effect after two years of intervention. This implies that the process takes time; that is, it begins once a decrease occurs in the overall sense of insecurity, as well as a drop in conditions which are not conducive to community building. Delfino and Mary point out the role public spaces play in promoting informal social ties; ties that, in turn, increase social cohesion. They demonstrate how social cohesion often counteracts insecurity and fears of perceived crime.

Addressing risks and crises, as well as capitalizing upon opportunities, are unquestionably key components of well-being. As such, social capital may be seen as a source of dynamic cooperation, collaboration and participation. Well-being implies more than the mere presence of certain set of conditions. Among other things, it involves knowing how to initiate and maintain collective actions aimed at enhancing the common good. The success of programs that impact well-being is contingent upon the extent to which they employ the appropriate means; that is, mechanisms that strengthen responsible and mutually-beneficial ties between actors and agencies.