

Maternal social capital and child wellbeing in comparative perspective

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Preface

This paper is one of a series of working papers published by the Young Lives Project, an innovative longitudinal study of childhood poverty in Ethiopia, India (Andhra Pradesh State), Peru and Vietnam. Between 2002 and 2015, some 2000 children in each country are being tracked and surveyed at 3-4 year intervals from when they are 1 until 14 years of age. Also, 1000 older children in each country are being followed from when they are aged 8 years.

Young Lives is a joint research and policy initiative co-ordinated by an academic consortium (composed of the University of Oxford, the University of Reading, the London School of Hygiene and Tropical Medicine, London South Bank University and the South African Medical Research Council) and Save the Children UK, incorporating both inter-disciplinary and North-South collaboration.

Young Lives seeks to:

- Produce long-term data on children and poverty in the four research countries
- Draw on this data to develop a nuanced and comparative understanding of childhood poverty dynamics to inform national policy agendas
- Trace associations between key macro policy trends and child outcomes and use these findings as a basis to advocate for policy choices at macro and meso levels that facilitate the reduction of childhood poverty
- Actively engage with ongoing work on poverty alleviation and reduction, involving stakeholders who may use or be impacted by the research throughout the research design, data collection and analyses, and dissemination stages
- Foster public concern about, and encourage political motivation to act on, childhood poverty issues through its advocacy and media work at both national and international levels

In its first phase, Young Lives has investigated three key story lines - the effects on child wellbeing of i) access to and use of services, ii) social capital, and iii) household livelihoods. This working paper is one of a series which consider an aspect of each of these story lines in each country. As a working paper, it represents work in progress and the authors welcome comments from readers to contribute to further development of these ideas.

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Contents

1. Background	4
1.1 Introduction	4
1.2 Current debates	4
1.2.1 Definitions of social capital	4
1.2.2 Critiques of social capital	6
1.3 Linking social capital and policy	8
1.4 Social capital and child wellbeing	11
1.4.1 Child health	12
1.4.2 Education	13
2. Methods	14
2.1 The YL approach to social capital	14
2.2 The YL measure of social capital	15
2.2.1 Validity of YL social capital measure	15
3. Results	16
3.1 Characteristics of social capital across the four YL countries	16
3.2 Highlights of country-specific analyses of social capital	19
4. Discussion	24
5. Future research	26
5.1 Longitudinal analyses	26
5.2 Future direction of YL work on social capital	26
6. References	28
Appendix I: SASCAT tool to measure social capital in YL	34

I. Executive Summary

Background

YL is one of the first international surveys to measure social capital in a standardised, comparative manner across several developing countries. This paper summarises and reviews current debates around social capital, describes the approach and methods YL uses to attempt to measure social capital and provides a comparative analysis of social capital across the four YL countries. It additionally highlights some of YL's initial, national-level analyses of social capital in relation to various aspects of child wellbeing (nutritional status, health and educational performance) and draws out some of the common themes from ongoing research. Policy implications are considered and priorities for future research are identified.

Social capital is often defined as the norms, networks and associations that facilitate co-operative action. Its analytical value has been beneficial in a wide variety of contexts, as evidenced by a growing body of literature focusing on both developing and developed countries. However, this deepening understanding of social capital has been accompanied by considerable criticism, both conceptually and in terms of added value for policy. Social capital theorists have been accused of re-packaging old concepts and gender-blindness. Critics allege that greater focus on the role of communities has diverted attention from the state's responsibility for service provision and has de-politicised the structural causes of wellbeing.

While the enthusiasm which greeted social capital's rise to the development policy agenda in the early 1990s has become somewhat muted, there is general consensus that 'the social' cannot be ignored by the development community. Debates around social capital have served to highlight the importance of civil society composition and dynamics and state/civil society modes of engagement. A review of documents by various international organisations¹ identified three main policy-relevant applications for social capital analyses:

1. designing and implementing community development projects
2. improving understanding of civil society dynamics and partner relationships
3. promoting good governance and political participation.

YL is the first study which comprehensively measures social capital in the developing world and links it to a wide range of child wellbeing outcomes. We hypothesised that social capital may be related to child wellbeing in a number of different ways. Social connection may enable mothers to KNOW more due to knowledge transfer (eg the age at which their child should be immunised), THINK differently due to attitude influences (eg attitudes towards the value of educating girl children), and DO things (eg get a sick child to a health centre more quickly or access resources important to livelihoods such as obtain work or credit, forge networks for successful micro-enterprises etc.). It can also enable mothers to FEEL different. For example, we know that high levels of emotional support are positively linked to good maternal mental health, which, in turn, is often linked to child health.

Methods

The YL study measured caregivers' social capital only. Most caregivers were the biological mothers of the 2,000 one-year-olds and the 1,000 eight-year-olds surveyed in each country. The study uses the

Short Adapted Social Capital Assessment Tool (SASCAT) which separates structural social capital – objective measures of what people ‘do’, such as membership of networks – from cognitive social capital – subjective measures of what people ‘feel’, such as notions of trust and reciprocity. SASCAT has been validated by YL in both Peru and Vietnam.ⁱⁱ

Discussion of results

A comparison of social capital across the four countries indicated some similarities. It appears that social structures may be generally weaker in urban than rural areas. However, there are also significant differences in social dynamics. The importance of formal traditional community institutions in Ethiopia, and the high levels of support that may flow from them, contrasts with Vietnam, where formal commune institutions were expected to feature highly but turned out to have surprisingly few members. With regard to correlations between social capital and wealth, Ethiopia and India consistently show the poorest to have higher levels of social capital, but this is not the case in Peru or Vietnam.

Preliminary analysis of links between maternal social capital and child wellbeing suggest that there is no association between child stunting and social capital in India, no association between child educational outcomes and social capital in Peru and a mixed pattern of relationships in Vietnam and Ethiopia where a wider array of child outcome measures was examined. However, a number of common themes can be drawn from these results.

Two country studies found a negative impact of individual group membership on different aspects of child wellbeing. In Ethiopia, caregivers’ membership in traditional religious groups was associated with reduced child enrolment in school, while in Vietnam maternal group membership was associated with child stunting among eight-year-olds. As YL data is only cross-sectional at this stage, causal explanations cannot yet be identified. Hypotheses about additional stressors related to community participation – and how they might compound burdens imposed by productive and reproductive roles – could be explored in future longitudinal analyses.

Results indicate that cognitive social capital has a positive impact on a range of child wellbeing outcomes including eight-year-old enrolment in school in Ethiopia, being in the appropriate school year for the child’s age in Peru, and better nutrition and physical health of one-year-olds and a reduced risk of mental illness among eight-year-olds in Vietnam. These positive findings suggest that country specific ways of protecting and strengthening maternal social cognitive capital need to be explored.

Future research

In order to channel analysis in a policy-relevant direction, future rounds of YL will focus on:

1. repeat analyses of the association between social capital and aspects of child wellbeing using longitudinal data to tease out causal associations and pathways
2. using qualitative methods to focus on factors associated with group membership: what types of activities contribute to better child wellbeing, which may be damaging and why
3. exploring the type and quality of linkages that citizens enjoy with local governments and to what extent these linkages have changed in quantity and quality since the advent of decentralisation.

I. Background

1.1 Introduction

Young Lives (YL) is one of the first international surveys to measure social capital in a standardised, comparative manner across several developing countries. This paper:

- summarises some of the current debates about social capital
- describes the approach and methods used to measure social capital in YL
- provides a comparative description of the characteristics and levels of social capital across the four YL countries
- presents some highlights of YL's initial, nation-specific analyses of social capital in relation to various aspects of child wellbeing (ie nutritional status, health and educational performance)
- draws out some of the common themes from this research
- considers policy implications and identifies priorities for future research.

1.2 Current debates

Social capital – often defined as the norms, networks and associations that facilitate co-operative action – has been found to be beneficial in a wide variety of contexts and is explored in an extensive body of literature analysing both developing and developed countries. Social capital has been found to be associated with higher growth in GDP (Knack and Keefer 1997) and of benefit to commercial enterprises – both large (Fukuyama 1995) and small (Fafchamps and Minten 2001). It is also a key factor in improving livelihood options and labour market dynamics, for example exiting long-term unemployment (Lévesque and White 2001). It has also been cited as an important tool in combating community violence and conflicts (Colletta and Cullen 2002). A lack of social capital has been found to reduce access to education (Coleman 1988) and health (Kawachi and Kennedy 1997; Lomas 1998). Several scholars have even argued that social capital is the most important form of capital for the poor (Woolcock 1997; Narayan and Pritchett 1999; Rakodi 2002) and that it is recognised as such by the poor themselves (Dersham and Grzirishvili 1998).

However, as will be discussed in further detail below, this deepening and complex understanding of social capital is also accompanied by considerable criticism, both conceptually and in terms of policy relevance.

1.2.1 Definitions of social capital

Given the wide-ranging body of work that has emerged in multiple disciplines spanning epidemiology to economics, development studies to anthropology, it is important to first understand what is meant by social capital. Perhaps because of its adoption by so many different disciplines, social capital has come to hold a variety of meanings from “governmental social capital” – links between state institutions – to “cultural social capital” – attitudes and beliefs (Sirven 2001). Not all aspects of social capital have the same relationships with outcomes. While a positive relationship may exist

between trust (a form of cognitive social capital) and economic growth, group membership (a form of structural social capital) may not be associated with improved economic performance. The difficulty in establishing the direction of causality has also confused the concept. There might be a circular relationship between educational achievement and social capital whereby high levels of social capital enable higher education status, while higher education status also enables greater social capital. Giddens (2004) and Szreter and Woolcock (2004) highlight the need to distinguish between social capital as an individual or communal asset. Harpham *et al.* (2002) warn of the need to clearly define the ‘community’ in which social capital resides – as it may differ according to the respondent. Portes and Landolt (1996) point to the “downside of social capital” where social networks or norms damage social development by reinforcing conservative, hierarchical or exclusionist attitudes and practices.

Szreter and Woolcock (2004) have attempted to confront many of these criticisms of social capital by presenting a three-dimensional approach rooted in history and politics. They distinguish between three kinds of social capital which, they argue, incorporate many of the different perspectives of the role of social capital. *Bonding social capital* refers to relations between people who see themselves as sharing a common identity. *Bridging social capital*, in contrast, exists between people who perceive little common identity. Finally, *linking social capital* refers to relations between people of unequal social status. These concepts help to distinguish the social capital literature from the governance literature – which focuses on interaction between state and civil society – by emphasising both vertical and horizontal interactions. As we discuss further below, Young Lives combines these insights and supports the World Bank’s definition of social capital as the norms and social relations embedded in the social structures of societies that enable people to coordinate action to achieve desired goals.

Social capital can be divided into a behavioural/activity component of what people do – how they participate in groups – and a cognitive/perceptual component of what people think – whether they trust other people. These are referred to as structural and cognitive social capital respectively (Bain and Hicks 1998). Structural social capital can refer to linkages among people who are similar to each other, such as between community members or people of the same socio-economic status (called bonding social capital), or to people who are different, such as people outside one’s community or with a different social identity (called bridging social capital). Social capital can also occur through formal institutions such as between a community and local government structures, or through people with different power relations, termed linking social capital (Szreter and Woolcock 2004). Thus while structural and cognitive social capital pertain to the nature of networks (i.e. their quality or quantity), bonding, bridging and linking social capital explain where these relationships take place. Table 1 illustrates the different dimensions of social capital, what they can be used for, and some examples of how they are measured.

Table 1: Dimensions of social capital

Definition	Function	Example questionⁱⁱⁱ
Cognitive: Trust, reciprocity, sharing and support.	Reduces levels of mistrust and anxiety. Leads to communities acting together for their best interest rather than people working against each other.	<i>In general, can the majority of people in this community be trusted?</i>
Structural Extent and structure of relationships such as size of networks, and degree of group membership.	Provides the structures through which people can create more networks, exchange favours, and engage in collective action.	<i>In the last 12 months have you been an active member in any of the following types of groups in your community?</i>
Bonding Linkages to people who are similar.	Strengthens ties between people on similar status allowing people to subsist on a daily basis.	<i>In the last 12 months, have you joined together with other community members to address a problem or common issue?</i>
Bridging Linkages to people who are different.	Gives access to resources, information and opportunities which are not available in one's own group.	<i>In the last year have people in this neighbourhood carried out any organised activities with people from another neighbourhood?</i>
Linking Links between people or institutions with different power levels.	Provides access to resources and power.	<i>In the last 12 months, have you talked with a local authority or governmental organisation about problems in the community?</i>

1.2.2 Critiques of social capital

While a more disaggregated approach to social capital has helped to address earlier criticisms of the concept's tendency to be all things to all people, social capital analyses continue to be criticised for a variety of reasons.

First, a number of analysts question the extent to which social capital has gone beyond a mere *re-packaging of older concepts*. This perspective is perhaps best summed up by Moore (2004)^{iv} who notes that:

“Social Capital’ has constituted one of the most divisionary intellectual fashions in the development business over the last decade. The term has enormous intuitive appeal. The World Bank in particular adopted it rapidly. Considerable resources were then deployed in finding a use for it, and defending that use. A decade later, it is very hard to find evidence that all this effort has improved either our analytical or practical understanding of the world. There are still radical differences in interpretations of the term, and a strong case to be made that, except for some symbolic recognition of the idea that “social relationships affect the outcome of development activities” the concept serves no socially useful purpose at all”.

Although supportive of the kinds of issues around which social capital analyses have encouraged debate, an Asian Development Bank analyst (Carroll 2001) concludes that for ADB and the wider development community the key lesson is to:

‘build on what it is already doing under other labels and frameworks, such as participation, decentralization, demand-orientation, and community development.’

Likewise, Pearce and Smith (2004: 6), discussing debates of social capital in the public health sphere, also argue that the concept is coterminous with much older ideas such as ‘community capacity’, ‘empowerment’ and ‘social support’. In the case of the group membership dimension of structural social capital, analyses draw on insights from the new social movement literature that emerged in the late 1980s/early 1990s about the twin benefits of community involvement – both practical material gains and strategic, identity-linked benefits (Molyneux 1985; Alvarez, Dagnino and Escobar, 1998). Attempting to resolve the *impasse* between epidemiological and sociological interpretations of social capital, Szretzer and Woolcock (2004) are compelled to borrow from Evans’ (1994) concept of “embedded autonomy” to explain the importance of horizontal and vertical linkages between state and civil society groups.

A second concern involves *problems of causality* and the insufficient attention paid to unpacking pathways of influence in the literature. While social capital is often heralded as a key resource for the poor and an integral part of poverty reduction (eg Narayan and Pritchett 1999), an increasing number of country-specific case studies suggest that social ties depend on broader policies that help to determine available resources. For example, Colletta and Cullen (2000: 28) emphasise the negative impact that a loss of basic services, massive changes in the economy, the destruction of physical infrastructure and population displacement had on social capital in Cambodia during the Khmer Rouge period. In the same vein, Harriss (2001: 50) points to the process-tracing work of the historian Theda Skocpol to argue that economic and political structures foster social capital rather than the other way around: in 19-20th century USA it was the institutional patterns of federalism, legislature and competitive elections that gave rise to the emergence of civic associations. Even proponents of social capital such as Szretzer and Woolcock (2004: 7) indicate that socio-economic and legal structures play a key role in fostering social capital:

‘Where...there are circumstances - sustained by legal institutions (e.g. Jim Crow law, apartheid), high economic inequality, rigid social status differentials, in which all individuals do not perceive themselves as enjoying such a rough equivalence, it is entirely unrealistic to expect spontaneous bridging social capital to form between haves and have nots, or between officials, professionals or non-governmental organizations (NGOs) and the poor communities they work with, whose compounding disadvantages place them in a position of virtual social isolation.’

A third criticism of social capital involves what Harriss (2001: 117-118) has famously dubbed its “*de-politicizing*” implications. Harris takes issue with the World Bank’s conceptualisation of social capital which, he argues, not only obscures the importance of macro-economic structural problems and class politics in poverty reduction debates, but also, through a focus on the role of communities, shifts attention away from the state’s responsibility for service provision. He emphasises the fundamental role that power relations can play in contributing to poverty by excluding some groups from access to resources, services and opportunities. Particularly in the case of highly hierarchical societies such as India, an emphasis on community approaches to poverty alleviation may serve to reinforce social divisions and reproduce poverty, rather than tackle it.

Harris also criticises the Bank's embrace of a "social capital" which excludes a focus on explicitly political associations such as political parties and trade unions and includes an underlying assumption that "suggests it is possible to have effective democracy without the inconveniences of contestational politics" (*ibid*: 117). As scholars of social movements have also gradually come to realise, "it is perfectly possible for resource-poor people to have strong social networks but deliver little" (*ibid*). In support of this view, Pearce and Smith (2003: 8) forcefully argue that:

'There has been little discussion of the possibility that focusing on what materially and politically disenfranchised communities can do for themselves may be akin to victim blaming at the community level.'

Perhaps, even more importantly, these authors argue that analysts who do not sufficiently define how social capital can explain development outcomes could encourage, at best, ineffective and, at worst, damaging, policy initiatives:

'If social capital is to be a major focus of health and social policy then it is necessary to show that levels and changes of social capital explain [for example] population mortality patterns better than other competing theories.... To take these macro-level economic policies as a given and then study only factors that may have a marginal effect on health is unscientific and leads to social policy that is at best ineffective and at worst harmful to the health of individuals, communities and populations....' (*ibid*: 4-8).

Lastly, social capital analyses have been criticised for being *gender-blind*. Although much-needed attention has been paid to the importance of moving beyond top-down development policies and including communities in the design and implementation of new initiatives, the concept of 'community' has not been adequately defined. That is, just as feminist scholars in the mid-1990s pointed out that community initiatives in Latin America and Africa to cushion the impact of structural adjustment programmes relied on women's unpaid labour (eg Parapart and Staudt 1989), women remain similarly invisible in discussions about community solutions to poverty reduction. As Molyneux (2002: 179) eloquently argued:

'Social capital approaches might have the potential to render visible the importance of the reproductive or survival economy, but this activity should not be taken for granted and instrumentalised in ways that might be detrimental to the poor. Policies work best when, through redistributive and capacity-building measures, they strengthen the capabilities of agents to enter into voluntary and mutually beneficial association, sustainable over time, rather than simply being short term and parasitic on the ties of solidarity that may exist.'

We may also add that because of a tendency to romanticise notions of the 'community', social capital tends to overlook such social dividers as disability, ethnicity and caste.

1.3 Linking social capital and policy

As discussed above, the rise of social capital on the development policy agenda in the late 1990s was met with great enthusiasm. The World Bank heralded it as the "missing link" in development (Putnam, Grootaert and van Bastelaer 2002). However, as development practitioners and academics have sought to unpack its conceptual implications and apply it to specific case studies, the response among the development community has become much more measured – either "bounded optimism"^v (*ibid*: 349) or outright rejection (eg Harriss 2001; Pearce and Smith 2003). The general consensus seems to be

that, while ‘the social’ cannot be ignored by the development community, and that debates around social capital have helped affirm the need to understand civil society composition, dynamics and state/civil society modes of engagement, the concept has provided only limited novel insights about potential policy interventions. Indeed, the social capital literature documents a wide range of areas in which social capital has been undermined by government, private sector and even civil society, with few examples of successful attempts to foster or strengthen social capital (Fukuyama 1995; Gugerty and Kremer 2000).^{vi} Some authors argue they can be interpreted as donor/state intrusion and “that policies designed simply (simple-mindedly) to strengthen social capital are likely to have some ugly broader effects” Adler and Kwon 1999: 14: 348).

These notes of caution notwithstanding, reports, working papers and policy briefings by the World Bank, DFID, the Asian Development Bank, OECD and the United Kingdom Social Exclusion Unit^{vii} have identified three main policy-relevant applications for social capital analyses:

- designing and implementing community development projects
- improving understanding of civil society dynamics and partner relationships
- promoting good governance and political participation.

1. Improving project design and implementation

One of the useful contributions of the social capital debate has been to underscore the importance of understanding the socio-cultural environment in which development agencies implement projects, be they focused on poverty reduction, sustainable livelihoods, resource management or service delivery (eg Krishna and Uphoff 2002; Knack 2002; Pargal *et al.* 2002). Effective project outcomes are often dependent on a thorough appreciation of the major social / political cleavages in a particular community, especially the socio-cultural barriers that hinder local people’s access to, and use of, services or their effective involvement in the management of common resources. In order to meaningfully integrate ‘social capital’ as a central element (rather than as an *ad hoc* afterthought) of project design and implementation, development agencies have identified the following knowledge gaps:

- country or sub-regional situational analysis, ie a mapping of key social network (formal/ informal) and institutional arrangements / balance of power in particular societies
- the types of groups that may promote / perpetuate negative forms of social capital – hierarchical, conservative – and contribute to ineffective programmes
- which members of communities are most likely to bear the burden of exclusive ties of this nature
- ways in which social capital can be created and/or what steps should be taken to minimise damaging social capital or encouraging negative forms.

While some lessons are generalisable across country and regional contexts (such as the value of capacity building and leadership training, and the facilitation of empowering participatory practices), one of the key points emerging in the policy literature is that one-size-fits-all models and approaches are doomed to be less effective. More investment needs to be made at all stages in the policy cycle in developing and integrating in-depth country knowledge (DFID 1999; Harriss 2001; Puttnam, Grootaert and van Bastelaer 2002). A growing body of research on the importance of involving children in policy

formulation and evaluation suggests that this will be particularly important in any initiatives to sustainably tackle childhood poverty (eg McGuigan 2003).

2. Improving understanding of civil society dynamics

Development agencies have highlighted the types of sociological knowledge that would improve their overall development work and relationships with partners. They have recognised a need to better map out the types of civil society groupings and intra- and inter-organisational structures that would facilitate community cohesion and positive collective action.

There is increasing focus in the development community on involving civil society and NGOs as partners in order to address the under-development of civil society in many developing countries. Donors have rightly pointed out the importance of identifying the civil society organisations best able to promote community cohesion and positive collective action (de Haan 1999). Agencies have stressed the importance of relying on local knowledge and network structures, and not assuming any fixed definitions of community groups. There is likely to be considerable variation, for example, between the nature and role of women's community associations within and across countries. There is considerable interest in understanding the types of civic association structures which lend themselves to effective linkages between local communities and national governments. Bebbington and Carroll (2002: xiv), for example, focus on the bridging role that federated or umbrella organisations have played in poverty reduction policy initiatives in the Andes.

'One model that could be attractive to ADB consists of federations of grassroots groups, which represent meso-level systems, still close and accountable to the base but capable of providing economies of scale and linkages not available to community-level groups.'

Of particular note here is the important role that outside pressures/resources from international non-governmental organisation (INGOs), donors, local NGOs and government agencies play in strengthening umbrella structures of this type (Bebbington and Carroll: 235).

On a cautionary note, there is a growing body of literature that suggests that INGO involvement may undermine local accountability and increase the financial and programmatic power of non-representative INGOs. Over time this may lead to a weakening of local linkages and cause INGOs to distance themselves from the grassroots' interests they originally sought to represent. Hickey (2002) in research on Cameroon, for example, criticises the technocratic emphasis of INGO community development initiatives in Africa and their failure to engage with the political dimensions of citizenship. He notes:

"...lack of guarantee concerning whether the outcomes of such encounters [between transnational NGOs and local community groups] will underpin processes of empowerment and social justice as opposed to the generally factional politics of ethnic citizenship, which tend to be easily co-opted by local elites and/or the state (Geschiere and Nyamnjoh, 2000). For local social movements, a closer engagement with the transnational NGOs [non-governmental development organisations] may thus reduce the extent to which they engage with political struggles against exclusion and exploitation and also limit their participatory character." (Hickey, 2002: 853)

Combatting the ‘uncivil’ dimensions of civil society – such as ethnic factionalism or caste discrimination – is of great importance for policy practitioners and should not be overlooked in any consideration of how to employ social capital analysis in poverty alleviation initiatives.

Policy practitioners are also interested in understanding the reasons or motivations for group involvement, perceived or tangible benefits and pathways that contribute to such gains. For example, do people belong to groups in order “to make a positive contribution to their livelihoods, or to resist injustice or the adverse effects of power relationships?” (DFID 1999: 2). This question is of particular relevance in understanding potential links between maternal social capital and child wellbeing. As we argue further below, while participation in women’s self-help groups in the Indian state of Andhra Pradesh is associated with positive school enrolment and reduced child labour – as membership is conditional on school attendance – we did not find similar positive associations with child nutritional outcomes. This suggests that membership alone is not enough and that we need to explore the aims, capacities and values of different community groups. DFID (1999) further argues that it is important to understand participation in multiple groups as citizens are often involved in more than one community organisation. Benefits from participation may therefore be the result of involvement in multiple groups and/or being positioned at different levels in different organisations whereby membership in the same group may result in varied outcomes for different members (ibid).

3. Governance and participation

Given a growing concern with governance and so-called ‘failed states’, policy practitioners are also interested in the insights that social capital scholars may provide to identify mechanisms to promote good governance and political participation (eg DFID 2001). Analysts have examined how community solidarity addresses patterns of violence and entrenched conflict and offered models to understand the pathways through which grassroots democracy could lead to improved formal political governance. Programmes designed to rebuild social cohesion in post-conflict Rwanda or to tackle inner-city violence in Colombia suggest that innovative programmes designed to foster the (re)development of social ties in conflict-torn or violence-ridden communities can play an important role in reconciliation (Colletta and Cullen 2002; Harpham *et al.* 2004). Equally importantly, analysts are optimistic that initiatives to foster grassroots community organisations are likely to have a spill-over impact on participation in electoral politics and demands for better regional and national governance (Galab S. and Reddy P. 2006).^{viii}

Development or facilitation of access to information channels and links with political or economic power-brokers and institutions is an important intervention tool. Particular attention should also be paid to the introduction of participatory budget processes and monitoring initiatives that are being introduced in a growing number of developing country contexts in order to improve political and economic transparency and to improve the relevance of local level politics for ordinary citizens. It is here that linkages between local community participation and policy-makers could translate into improved quality of services for children, for example through involvement in village education committees or mothers’ committees to monitor health service delivery in Andhra Pradesh (Galab *et al.*, 2006)^{ix}

1.4 Social capital and child wellbeing

Young Lives is the first study to aim to comprehensively measure social capital in the developing world and link it to a range of child wellbeing outcomes. While previous research has demonstrated positive associations between adult social capital and various adult indicators of wellbeing (eg Pollack 2004, Young 2004, McKenzie 2002), the association between social capital and child wellbeing has rarely been examined. In its first phase Young Lives focused on linkages between maternal social capital and child education and health (physical and psychological).

1.4.1 Child health

An electronic search of the Embase biomedical and pharmacological database (www.embase.com) revealed only nine studies examining the association between social capital and child physical and/or mental health. Only one of them is related to developing countries. Six of the studies explore child mental health, four of which show a significant association between high cognitive social capital and better child mental health (Dumont 2002; Curtis *et al.* 2004, Caughy *et al.* 2003; Van der Linden *et al.* 2003). Two show no association (Runyan *et al.* 1998; Drukker *et al.* 2003a). Interestingly, two of the studies show a significant interaction between socio-economic status and cognitive social capital in the prediction of mental health status. For example, Van der Linden *et al.* (2003) showed that in the Netherlands mentally ill children living in communities with high cognitive social capital were more likely to have access to mental health services than mentally ill children living in communities with low cognitive social capital. In addition, Caughy *et al.* (2003) demonstrated that knowing one's neighbours was positively associated with better child mental health in impoverished African-American communities in Baltimore, USA, but negatively associated in better-off neighbourhoods.

The results in relation to child physical health are also varied, with four studies showing no association between social capital and child physical health or nutritional status (Drukker *et al.* 2003a; Drukker *et al.* 2003b; Carter and Maluccio 2003; Curtis *et al.* 2004), and one showing a positive association between state level social capital and indicators of child wellbeing, including reduced infant mortality in the USA (Puttnam 2001). The only study of a developing country found no association between household membership of groups and child stunting in South Africa (Carter and Maluccio 2003).^x In contrast to the rather sparse and mixed literature on child health, from which few conclusions can be drawn, many studies have demonstrated an association between social capital measured at both the individual and community level, and adult physical health in the developed world (Kawachi *et al.* 1999; McCulloch 2000; Lochner *et al.* 2003; Boreham *et al.* 2003), indicating that a more detailed examination of the association between social capital and child health is needed.

We hypothesised that social capital may be related to child wellbeing in a number of different ways. Social connection may enable mothers to KNOW more due to knowledge transfer (eg the age at which their child should be immunised), THINK differently due to attitude influences (eg attitudes towards the value of educating girl children), and DO things (eg visit a health centre earlier in the case of child illness). It can also enable mothers to FEEL differently for high levels of emotional support through social connections are positively linked to good maternal psycho-social wellbeing, and in turn, to good child health. Kawachi and Berkman (2001) considered two possible explanatory models. One is a 'buffering model' in which social capital protects or reduces the effects of harmful phenomena

(eg negative life events), and the other is the ‘main effect model’ whereby high social capital results in exposure to positive norms and positively affects wellbeing.

1.4.2 Child education

A number of studies have explored the association between social capital and educational outcomes (eg Teachman *et al* 1996; Israel *et al* 2001; Horvat *et al* 2003), however, the majority of these studies use family structure and voting rates, indicators not commonly considered to be aspects of social capital. By contrast in Young Lives we hypothesised that social capital at the household and/or community levels might impact on intermediate variables such as parental decisions to invest in a child’s education, the amount of resources for investment and the relative value parents attach to education for both girls and boys. In terms of structural social capital, we hypothesised that membership of community groups that reinforce traditional conservative values (for example, some religious or kinship networks) might serve as a barrier to children’s secular education. By contrast, involvement in more change-oriented groups might lead to greater endorsement of modern education.

2. Methods

2.1 The YL approach to social capital

The YL conceptual framework defines various measures of child wellbeing, including educational access and achievement, cognitive development, physical and mental health, nutritional status, and self-perceptions of wellbeing. Intervening variables include household livelihood choices and asset base, use of services, the physical and social environment. In terms of the social environment, we hypothesised that a mother's social environment (including participation, active citizenship, social support, social inclusion and community trust) might be independently linked to child wellbeing. These aspects of the social environment can be represented by social capital (which is also one of the five assets in the livelihoods framework – together with physical, financial, human and natural capital).

The first round of YL measured caregivers' social capital only. Most caregivers were the biological mothers of the 2,000 one-year-olds and the 1,000 eight-year-old index children surveyed in each country. In most cases, male partners' social capital was not measured. The social capital of the eight-year-olds was explored on a pilot basis only. The limited measurement of social capital was because we restricted ourselves to a ninety-minute interview with the caregiver. Our hypothesis was that a caregiver's social capital will have the most impact on the child's wellbeing when a child is young.

The approach to social capital in Young Lives avoids focusing on either trust, norms or community interactions, but instead considers both, an approach recommended by recent analyses of social capital (eg Dasgupta and Serageldin 2000). We recognise the importance of separating structural social capital – objective measures of what people 'do', such as membership of networks – from cognitive social capital – subjective measures of what people 'feel' – such as notions of trust and reciprocity (Harpham *et al.* 2002). It is important to separate these dimensions of social capital because they may not be correlated. An additional reason for separating structural from cognitive social capital in YL is that the outcome indicators of child wellbeing used in YL may have different patterns of relationships with different components of social capital. For example, child physical health might be more related to structural social capital – connections which enable a sick child to obtain health service treatment – while child mental health might be more related to a caregiver's cognitive social capital – a low sense of trust and belonging might produce stresses which affect a child's mental health,

A weakness of some social capital research is the lack of clarity about what social entity is being examined – in other words, failure to define the community. All social capital measures in YL refer to the 'community' as defined by local administrative boundaries. However, validity testing of the YL social capital measures showed that there was sometimes confusion about this definition (see De Silva *et al* 2004).

Current research views social capital as both the property of individuals (the direct impact of an individual participating in a network) and as an ecological characteristic (the indirect impact of networks irrespective of participation in those networks). Individual social capital is measured by asking an individual about their own participation in networks (structural) and about the quality of those networks, for example, whether they are trusting (cognitive). Community/ecological social capital

is measured by asking a representative sample of the community the questions above and aggregating the answers to give each community member the same score of social capital. For the first round of data analysis in Young Lives, social capital is mostly treated as a characteristic of individuals and not as an ecological variable. Further analysis will be able to treat social capital as an ecological characteristic which would allow us to explore community level social influences on child wellbeing.

2.2 The YL social capital measure

An accessible means of quantitatively measuring social capital has been provided by the World Bank (Krishna and Shrader 2000). Their instrument is intended for use in surveys where social capital is just one element of a broader study. The Adapted Social Capital Assessment Tool (A-SCAT) (Harpham *et al.* 2002) – and the SASCAT modification developed by YL – can also be used to measure community social capital by administering it to a representative sample of a community and aggregating their responses. Appendix 1 describes the SASCAT methodology.

2.2.1 Validity of the YL social capital measure

Van Deth (2003) urges researchers to always assess the validity of each measure of social capital in different settings. A literature search found only eleven studies attempting some validation of social capital tools, despite the fact that there are well over 150 studies cited in Medline (the main database for health articles) which examine the association between social capital and health (Kawachi *et al.* 2004). Additionally, there are many hundreds exploring the relationship between social capital and non-health related outcomes (Halpern forthcoming cited in Putnam 2004).

A range of standard methods, including factor analysis, was used to evaluate the construct validity of SASCAT in Peru and Vietnam (De Silva *et al.* 2004). Qualitative interviews to address the cognitive meanings of the social capital questions with 20 respondents from Peru and 24 respondents from Vietnam were conducted to explore what each question actually measures. Standard techniques show SASCAT to be a valid tool reflecting known constructs and displaying postulated links with other variables. However, results from the cognitive interviews present a more mixed picture with some questions being appropriately interpreted by respondents. Some responses displayed differences between what the researchers intended the questions to measure and what they actually achieved.

For example, there were problems with the definition of community in Peru, with respondents referring to different geographical areas depending on the question being asked. This problem did not arise in Vietnam where the commune is a known geographical entity. Problems were also encountered in both countries with the use of generic types of community groups which were not necessarily relevant to the local context. Perhaps the most problematic question related to generalised trust in others. Peruvian and Vietnamese respondents were unable or unwilling to comment about people they did not know personally and therefore did not comment on people who did not live in their immediate vicinity. Varying interpretations of the questions highlighted the complex and layered nature of many of the concepts that were being measured. An understanding of these different layers of meaning is necessary for a deeper and more accurate interpretation of quantitative data.

3. Results

3.1 Characteristics of social capital across the four YL countries

Table 2 shows the levels of different dimensions of social capital by country. On all dimensions of social capital, there were significant differences between the countries (all p values were less than 0.01 in chi square tests).

Structural social capital (group membership) tends to be low or medium in all countries except Ethiopia where it is much higher with 14 per cent of respondents having active membership of three or more groups. This begs the question about the type of groups women actively participate in. Table 3 shows that funeral, credit, religious, women's and community groups are the predominant forms in Ethiopia. Perhaps, as a consequence of high membership, Ethiopia has the highest levels of social support although it also has a high number of women with no support whatsoever (31 per cent). Vietnam stands out as having very few respondents with no support (three per cent).

Cognitive social capital is very high in all countries except Peru where nearly half the women have only low or medium levels. This may be due to fact that the Peruvian sample included many recently-arrived immigrants who may not have had time to develop trusting relations. Active citizenship is highest in Ethiopia and lowest in Peru, possibly because of the domineering role of many Peruvian community leaders who allow little scope for active citizenship on the part of those they represent.

Table 2: Dimensions of social capital of caregivers of one-year-old children by country

	%			
	Ethiopia n=1999	India n=2011	Peru n=2028	Vietnam n=2000
Structural social capital *				
None (member of no group)	26	71	78	74
Medium (member of 1-2 groups)	59	29	21	24
High (member of 3 or more groups)	15	0	1	2
Social support *				
None	29	20	30	4
Medium (1-4 sources)	48	78	67	84
High (5 or more sources)	23	3	2	13
Cognitive social capital *				
None	1	0	6	0
Medium (1-2 aspects)+	11	5	39	9
High (3-4 aspects)	89	95	55	91
Active citizenship				
None	56	69	81	70
Some (joined together and/or consulted)	45	31	20	30

* P=>0.05

+ aspects of cognitive social capital were: feeling of belonging, trusting, social harmony and fairness (see appendix 1 for questions)

Table 3: Active membership of different types of groups in the community by country

	%			
	Ethiopia n=1999	India n=2011	Peru n=2028	Vietnam n=2000
Work-related *	3	2	0.4	7
Community association *	12	3	9	5
Women's group*	19	24	8	16
Political group *	2	2	3	1
Religious group *	37	0.5	6	1
Credit/funeral group *	59	0	0.2	6
Sports group *	1	0	2	0.4

* P=>0.05

Interestingly, but perhaps not surprisingly, the most common form of group membership across YL countries, with the exception of Ethiopia,^{xi} involved membership of women's organisations. This suggests that women's groups are an important part of the social infrastructure and confirms that it makes good sense for governments, donors and NGOs to work with or through them. Women's organisations have become an important and effective focus of development initiatives in many parts of the world, especially South Asia and Latin America (eg Kabeer, 2003; Craske and Molyneux 2001). Our findings suggest that they should be accorded more attention in Ethiopia and Vietnam. Given that our empirical results suggest that higher levels of group membership are not always positive for child wellbeing (e.g. due to competing time pressures), more research is clearly needed to establish what type of groups might have negative impacts. It is critical to heed feminist concerns that the burden of community development should not fall solely on women (eg Moser 1992).

Table 4: Dimensions of social capital of caregivers of one-year-old children by place of residence

	%							
	Ethiopia		India		Peru		Vietnam	
	Urban n=700	Rural n=1299	Urban n=505	Rural n=1506	Urban n=1357	Rural n=690	Urban n=400	Rural n=1600
Structural social capital								
None	35*	21	85*	67	80*	75	72	75
Medium	51	64	15	33	19	24	26	23
High	14	15	0	0	1	1	2	2
Social support								
None	37*	25	29*	17	26*	39	1*	4
Medium	45	50	71	80	72	58	78	86
High	18	26	0	3	2	2	21	10
Cognitive social capital								
None	2*	0	0*	0	8*	3	1	0
Medium	14	9	7	4	43	31	11	9
High	85	91	93	96	50	66	89	91
Active citizenship								
None	57	55	76*	67	84*	74	62*	72
Some	43	45	24	33	16	27	39	28

* P=>0.05

Table 4 shows the levels of the different dimensions of social capital by country, disaggregated by rural/urban area of residence. One may hypothesise that social capital is higher in rural areas where traditional social networks remain and where social reciprocity might still prevail. Urbanisation and concomitant anomie might sever social ties or require high levels of time/money to create social relations. The YL data show that there is a significant difference in levels of structural social capital between urban and rural areas in all countries except Vietnam. Where significant differences exist, the percentage of respondents with no group membership is always higher in urban areas.

There is a significant difference between urban and rural areas regarding social support in all four countries. However, the patterns differ. In Ethiopia and India, support is higher in rural areas, but in Peru and Vietnam, support is higher in urban areas.

Regarding cognitive social capital, there are significant rural-urban differences in Ethiopia and Peru (in both cases, rural mothers have higher levels than urban mothers) but no differences in India and Vietnam. Significant rural-urban differences in active citizenship exist in India, Peru and Vietnam with only the latter having higher levels of active citizenship in urban areas.

Are there differences in social capital by wealth group? Table 5 shows that the poorest groups often have more social capital than better-off groups. Regarding structural social capital, the Ethiopian and Indian poorer groups have higher levels, but in Vietnam it is the better-off who have the highest levels of structural social capital. In Peru, there is no statistically significant difference between the poverty groups. Social support differs significantly by poverty group in all four countries, with higher levels among the poor in Ethiopia and India, but higher levels among the better-off in Peru and Vietnam. This reflects the same pattern as the distribution of social capital by urban and rural area of residence. Both cognitive social capital and active citizenship do not differ by poverty group in India or Vietnam, and in Ethiopia and Peru, poorer groups have statistically significant higher levels.

Table 5: Dimensions of social capital of caregivers of one-year old children by wealth group

	%															
	Ethiopia			India				Peru				Vietnam				
	P n=	VP n=	LP n=	P n=	VP n=	LP n=	BO n=	P n=	VP n=	LP n=	BO n=	P n=	VP n=	LP n=	BO n=	
Structural Social Capital																
None	22*	35	34	70*	66	79	88	76	77	82	69	85*	73	70	63	
Medium	63	51	55	30	34	21	12	23	21	17	31	15	25	26	34	
High	16	14	11	1	0.3	0	0	1	2	1	0	0	2	4	3	
Social Support																
None	25*	39	43	18*	18	27	29	38*	30	21	25	5*	4	3	1	
Medium	49	44	51	81	79	71	69	59	68	77	75	87	86	83	74	
High	26	17	7	2	4	2	1	3	2	2	0	8	11	13	26	
Cognitive Social Capital																
None	0.4*	2	1	0.1	0.1	0	0	3*	6	10	0	0	0.4	0.3	1	
Medium	9	16	12	4	5	8	3	31	41	46	47	9	9	9	6	
High	91	83	88	96	95	92	97	66	53	44	53	91	90	91	93	
Active citizenship																
None	53*	62	59	68	68	73	73	73*	81	89	81	70	70	71	63	
Some	47	38	41	32	32	27	27	27	19	11	19	30	30	29	37	

P=>0.05

P = poorest, VP = very poor, LP = less poor, BO = better off

Note: Ethiopia has no caregivers in the 'better-off' category. For definitions of wealth groups see www.younglives.org.uk, preliminary reports.

3.2 Highlights of country-specific analyses of social capital

Box 1. India

Rationale

The YL Indian team focused on the link between two issues that have particular relevance in the state of Andhra Pradesh (AP): women's group participation and chronic infant malnutrition (stunting) (Galab *et al*, forthcoming). Women's groups in AP have historically played a key role in delivery of family planning and preschool education and are the most important type of community group among YL respondents. A quarter of mothers of one-year-old children reported active membership of a community-based women's group in the preceding year. Less than three per cent of mothers participated in another type of group. Chronic child malnutrition is still a major challenge in AP with a prevalence of 28 per cent among YL one-year-olds. There is no significant difference by sex of the child, but rural and urban differentials are great (30 per cent versus 18 per cent respectively) as are poverty differentials.

Hypothesis

Given the important role of women's groups in the improvement of other types of health and educational outcomes, it was hypothesised that high levels of structural social capital (in this case women's group membership) might be advantageous for a child's nutrition because it might lead to: better child nutritional practices (additional months breastfed, later weaning, access to food supplementation programmes); safer motherhood strategies (use of antenatal care, safe place of delivery) and better maternal psycho-social wellbeing. However, the model was not able to consider two other potentially important factors – food availability and intake. YL does not measure these due to the complex and time-consuming nature of the methods required to do so.

Results

No association was found between membership of women's groups and child stunting. However, the pattern of social capital had interesting characteristics. Mothers living in rural areas were significantly more likely to participate in women's groups (29 per cent) than urban mothers (eight per cent). Mothers from better-off households have the lowest participation rate. Similarly, disadvantaged castes have the highest participation rates. The higher participation rates among the poorest may be associated with the fact that government community development programmes are specifically targeted at such groups.

These differentials were also seen in *citizenship*. Nearly a third of mothers reported some form of citizenship behaviour in the previous year. While nearly a third of mothers reported that they had joined with others to address a common issue, just over half of these individuals (17 per cent) took the issue further and brought it to the attention of the local authority. These tended to be better-off, urban and higher caste mothers who, arguably, have higher levels of purpose and empowerment and more linkages.

Informal social support is highly prevalent in rural areas, indicating the close-knit structure of community life. In urban areas, informal support was significantly less. Young Lives urban sites are slums with migrants from different parts of the state, and it is therefore likely that weaker

social connections exist between residents, thus limiting scope for informal support. Urban areas also provide various services and choices of formal institutions which supplant informal support networks. Equally interesting is that informal support is lower among the wealthier households. With increased economic resources it is possible that households have access to other forms of support, resulting in minimal reliance on informal sources of support.

Rural mothers are more likely to receive *formal support* than their urban counterparts. This may be due to the fact that people have more personal knowledge of, and interaction with, community leaders in a village setting than in a larger urban slum. They may also have greater access to, and availability of, formal sources of support due to the operation in rural Andhra Pradesh of a considerable number of rural development programmes. It is interesting to note that middle wealth households are most likely to access formal support. This substantiates an often-repeated problem of inefficient targeting and 'leakage' of benefits in rural development programmes. Lack of information, time, energy and money may deter or exclude the poorest from accessing official sources of support.

Box 2. Vietnam

Rationale

It is important to examine social capital in Vietnam because of specific trends:

- Vietnam's rapid economic growth (annual rise in GDP of seven per cent is often accompanied by weakening of social ties.
- Social ties can be severed in a context of growing inequalities (there has been a gradual increase in Vietnam's Gini coefficient – a measure of the gap between rich and poor quintiles – since 1993).
- Because urbanisation (a million people a year are migrating to Vietnam's cities) can change social connection.
- Coverage of some social safety nets is low, as the Hunger Eradication and Poverty Reduction programme reaches only about 13 per cent of the poor. Informal safety nets (social support) are therefore important.
- There is scope for increasing social relationships through the emerging civil society and the growth of non-state, voluntary, not-for-profit civic organisations. This may provide diversified opportunities for the development of informal safety nets and greater voice in political decision-making.

Hypothesis

High levels of social capital will be associated with better child health outcomes for the reasons outlined in section 1.4.1.

Results

Structural social capital was surprisingly low: 73 per cent of mothers of one-year-olds do not participate in any group. Older mothers participate more, but even among this group only 31 per cent belong to the Women's Union. Citizenship is low at 37 per cent and while support from formal networks was low at 35 per cent, support from informal networks (family, friends, neighbours) was very high at 95 per cent. Cognitive social capital was very high, although significantly lower for younger mothers.

High levels of social support and cognitive social capital show most consistent associations with good child health being correlated with better nutritional and physical health outcomes (eg recent, acute and longer-term life threatening illness) among one-year-olds, but not consistently among eight-year-olds. Associations between mothers' social capital and child health are much stronger for mothers of one-year-olds compared to mothers of eight-year-olds (because infants have greater contact with their mothers and may thus be more influenced by her social world). However, high levels of maternal cognitive social capital were associated with better psycho-social wellbeing of eight-year-olds. In contrast to the Indian analysis that found no association, active participation in formal groups was associated with an increased risk of stunting among eight-year-olds in Vietnam. This result must be interpreted with caution. Is the mother participating because her child is ill or is the child suffering because of the burden of activities of the mother? Analysis of longitudinal data from round two, combined with future qualitative studies, may be able to shed some light on this issue.

Box 3. Peru

Rationale

Although enrolment in primary schools in Peru is very high, more than half of all schoolchildren are one or more grades below the expected level for their age. Peruvian schoolchildren score well below the levels expected for their age and below the average levels of similar countries. As research in the USA has suggested positive associations between social capital and educational achievement (Cueto *et al* 2005), and as community organisations which might increase social capital significantly expanded in 1990s Peru, YL decided to test this association.

Hypothesis

Higher levels of social capital among caregivers of eight-year-old children will be associated with better results in terms of school grade – whether or not the child is in the grade corresponding to her/his age, referred to as ‘on age’ below – and also with achievement in mathematics and language. The potential mechanisms to explain any association are explained in Harpham’s (2002) theoretical model, whereby social capital inside and outside the family would have an impact on intermediate variables such as the amount of resources to invest in the child, parental decisions to invest in the child and the value parents give to education.

Results

Educational outcomes in reading, writing and arithmetic were poor and many children were behind the grade for their age. There is a clear negative association between educational achievement and poverty. Overall, rural students are poorer, and thus more prone to low achievement and falling behind their expected grade. There is no difference in educational outcomes between boys and girls. Thus, the problem at this age is low quality of educational provision and high inequality of poverty status for both boys and girls.

The results do not support the hypothesis that there is a positive association between social capital and child educational results, except for the association between cognitive social capital and being on age – but only at the community level. This means that in communities where there is a higher average level of social capital (eg trust) children on age are more likely to be in school. This is not the case, however, with achievements.

In the context of high socio-economic inequalities and inefficient usage of budgetary resources, our findings indirectly suggest that a focus on social capital in the absence of concerted efforts to address inequalities between urban and rural children, and Spanish-speaking and ethnic minority children, is likely to be of limited value.

Box 4. Ethiopia

While YL Ethiopia did not undertake any analysis to examine whether social capital had an independent effect on any child wellbeing outcomes, social capital was employed as a variable in other analyses and the following characteristics were noted.

While high levels of caregivers' cognitive social capital is associated with eight-year-old children attending school, in contrast, structural social capital has a negative and significant influence on child enrolment. Citizenship and social support did not have a significant effect on child enrolment. In order to fully understand the underlying mechanisms of this finding, further research will need to be undertaken. However, our initial supposition would be that the local organisations with the highest membership among caregivers, such as funeral societies and religious groups, are more likely to reinforce conservative social ties, beliefs and values that may undermine school enrolment. In other words, the assumption that structural social capital facilitates information exchange for a *positive* effect on members' children has not been supported by our data. However, rather than concluding that group membership will not be able to play a positive future role in facilitating school enrolment, it could be argued that the groups lack the necessary information and awareness about educational services. The policy implication therefore would be to take advantage of the relatively large membership of community organisations to facilitate information sharing. Initiatives could be promoted to make information accessible to local groups and organisations through community radio, civil society organisations such as NGOs, and through government consultations, along with the commitment, support and direct involvement of local institutions. However, rather than overlook the power dynamics that sustain traditional views at the community level, it will be important to carry out complementary qualitative analyses in order to better understand the group norms and power relationships and the ways in which these may translate into differential child outcomes. This type of information would then allow us to make informed, realistic, and context-relevant policy recommendations.

In terms of nutrition, high social support was associated with better weight-for-height (wasting) among one-year-olds, and membership of religious organisations was associated with a lower risk of wasting of one-year-olds. We found that religious organisations were negatively associated with school enrolment and suggested that modern secular education might be seen as a threat to traditional beliefs and values. We reasoned that feelings of solidarity within such groups might, however, help households take care of more immediate survival needs such as food availability and nutrition.

4. Discussion

The concept of social capital remains strongly contested by academics and policy practitioners alike. Although there are increasing numbers of studies that indicate that high levels of social capital are independently associated with a variety of positive outcomes, a growing body of opinion argues that the association between social capital and child wellbeing is less robust and of less relative importance than proponents of social capital first imagined. As far as we know, no other studies have examined whether maternal social capital is associated with child wellbeing in developing countries.

The YL measure of social capital was sufficiently sensitive to highlight significant differences and similarities in social dynamics between the four countries. For example, the importance of formal traditional community institutions in Ethiopia and the high levels of support that may flow from them contrasts with Vietnam where, although formal commune institutions were expected to feature highly, membership was surprisingly low. In addition to these differences, some similarities emerged. For instance, although the pattern is not entirely consistent, it appears that social structures are weaker in urban than rural areas.

Preliminary analysis of links between maternal social capital and child wellbeing suggests that there is no association between child stunting and social capital in India, no association between child educational outcomes and social capital in Peru, and a mixed pattern of associations in Vietnam and Ethiopia where a wider array of child outcome measures was examined. However, these results highlight a number of common themes.

In a number of countries, individual group membership had a negative impact on different aspects of child wellbeing. In Ethiopia, caregiver membership of traditional religious groups was associated with reduced child enrolment in school, while in Vietnam, maternal group membership was associated with child stunting among eight-year-olds. Preliminary results from India indicate that maternal membership of community groups (individual social capital) is associated with poor maternal mental health which, in turn, may be related to poor child outcomes, including nutritional status (De Silva, forthcoming). As YL is currently only cross-sectional, causal explanations for this observation cannot be identified. However, hypotheses about additional stressors caused by community participation, in addition to burdens linked to productive and reproductive roles, could be tested in longitudinal analyses.

The mechanisms behind these potentially negative effects of structural social capital need to be explored in more detail in future rounds of YL. Further exploration is also needed of the particular contexts in which group membership has negative impacts. For example, Mitchell and La Gory (2002) found a negative impact of group participation on adult mental health in an impoverished community in the USA and concluded that the additional burden of participating in a group was detrimental to the mental health of an individual who was already struggling to cope. This is a plausible explanation among the impoverished YL sample and merits further investigation. However, a negative impact of group membership on child nutrition was not universal: membership of religious organisations was associated with a reduced risk of stunting among one-year-olds in Ethiopia.

In contrast to structural social capital, results indicate that cognitive social capital has a positive impact on a range of child wellbeing outcomes. In Ethiopia, high maternal cognitive social capital was one of

the strongest predictors of eight-year-old school enrolment, while in Peru high levels of community cognitive social capital were associated with being in the appropriate school year for the child's age. Cognitive social capital was also positively associated with a range of health outcomes. In Ethiopia social support from families and neighbours was associated with a reduced risk of stunting, while in Vietnam, high levels of social support and cognitive social capital were associated with better nutrition and physical health outcomes among one-year-olds and a reduced risk of mental illness among eight-year-olds. In addition, preliminary analysis of YL data suggests that in all four countries high levels of maternal cognitive social capital are associated with significantly better maternal mental health (De Silva, forthcoming). The causal direction of this link cannot be ascertained until YL has longitudinal data, but it may well be that interventions to improve maternal mental health may also raise levels of cognitive social capital.

These positive findings suggest that country-specific ways of protecting and strengthening maternal social cognitive capital need to be explored. The broad areas identified for public policy to strengthen social capital tend to focus on structural social capital (ie what people do). It is more difficult to identify direct ways of 'intervening' in cognitive social capital (ie what people feel). Indeed, it can be argued that one follows the other: people's feelings about their community depend on activities within the community. In terms of policy for strengthening cognitive social capital, it may be more fruitful to consider intervening more 'upstream' ie at the level of determinants of cognitive social capital, for example, strengthening community activities which may lead to a sense of belonging.

5. Future research

5.1 Longitudinal analyses

The essence of YL is longitudinal analysis of all data including social capital. For example, does migration (particularly rural to urban migration – ie urbanisation) lead to a change in the caregiver's social capital over time and does this have knock-on effects on child wellbeing? It will be important to re-measure social capital while maximising understanding on the part of respondents (for example, clarifying questions according to results from the validation exercises and appropriately piloting new questions in each country – see De Silva *et al.* 2004). Future analyses, complemented by in-depth qualitative research, will be able to consider the causal relationship between maternal social capital and child wellbeing outcomes in all four countries.

5.2 Future YL work on social capital

In order that future work is policy-relevant, YL will heed the call in development policy literature for a more detailed qualitative mapping of the formal and informal groups and networks that constitute civil society. In our four research countries we will focus on:

5.2.1. *Child wellbeing*

As discussed above, the range of child wellbeing outcomes analysed in the first YL survey focused on linkages between maternal social capital and child education and health (physical and psychological). However, in Round 2 the analysis could usefully be expanded to include other dimensions of child wellbeing, including child protection, social skills and community participation. We could hypothesise, for example, that a greater sense of social connection and higher levels of civic participation could have a positive impact on children's protection from harm and exploitation as well as their own social integration and sense of belonging. These issues would, of course, best be complemented by qualitative research with children.

So as to untangle issues of causality, the cross-sectional analyses outlined in the results section will also need to be repeated in future rounds. For example, does caregiver group membership contribute to higher child educational outcomes because the mother is more exposed to information about the importance of school attendance or do mothers that encourage their children's educational participation tend to be more socially active? Until these causal associations are identified, policy recommendations regarding social capital and child wellbeing will remain speculative.

5.2.2. *Group membership*

Because there are some positive associations between maternal group membership and child wellbeing it would be useful to understand why some women become involved and others do not – to what extent is it a matter of time constraints, socio-cultural barriers or merely personal interest? What does group membership entail – for example, what types of activities are contributing to better child mental health outcomes? Conversely, given that we have noticed an association between some types of group membership and negative implications for child welfare, it will also be worth exploring what accounts for these outcomes – are mothers over-taxed by their participation? Is group membership perpetuating

hierarchical, status quo-oriented values? Under what conditions does this translate into negative outcomes for child wellbeing?

In light of the important role in poverty reduction of informal groups and kinship networks in South Africa (Carter and Mallucio, 2003), it would also be useful to carry out a situational analysis of both formal and informal groups in YL sentinel sites. We could find that when informal networks are considered, levels of social capital are higher than the focus on formal group membership would suggest.

5.2.3. Linking social capital

Another key area for future YL work will be measurement of 'active citizenship'. Given the importance of the decentralisation process in three of our four YL countries, we should also include questions on the type and quality of relationships between citizens and local governments. What are the facilitating and hindering factors? To what extent have citizen-government linkages, civic participation and voice changed in quantity and quality since the advent of decentralisation? Following the differentiation in the literature between bonding, bridging and linking social capital, future analyses should include measures of bridging and linking social capital at the household and community level (with support from governmental and non-governmental organisations and consultation with authorities providing bridging social capital). It would also be interesting to explore, particularly through qualitative research, the way in which changing political structures are (re)shaping grassroots definitions of 'community'.

5.2.4. Exploring different types of social capital

We may also seek to measure spouses' (ie mainly husbands') and children's social capital in future rounds, if resources permit. We may also measure social capital at the ecological level in order to gain a more comprehensive understanding of community social capital.

5.2.5. Impact of larger social processes on social capital

If over time we find more positive statistical associations between social capital and child wellbeing we may also want to explore the links between ebbs and flows in social capital levels and larger social processes such as regional or national conflict, economic crises, the impact of HIV/AIDs, migration and urbanisation.

5.2.6 Relative importance of social capital in terms of policy intervention strategies

Given that YL has only found limited associations between child well-being outcomes and various dimensions of maternal social capital, it may be that social capital is relatively insignificant – as analysts such as Pearce and Smith (2004) have contended. This does not signify that it is not worthy of study. Rather it may enable policy makers to make better decisions about budget allocations between initiatives aimed at strengthening community relations versus infrastructure development or basic service provision. Empirical evidence may eventually show for example that resources earmarked to tackle childhood poverty would be more usefully employed to address the latter. Even if we find that social capital is not a panacea for childhood deprivation, this would be useful knowledge for it would help us identify, and advocate for, other more traditional programme interventions.

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Appendix I: SASCAT tool

Fieldworker to say: Now I am going to ask you some questions about your community (administrative boundaries).

1. In the last 12 months have you been an active member of any of the following types of groups in your community?

Group code	Group type	Member? 1 = yes 2 = no	In the last 12 months, did you receive from the group any emotional help, economic help or assistance in helping you know or do things?
01	Work related/ trade union		
02	Community association/ co-op		
03	Women's group		
04	Political group		
05	Religious group		
06	Credit/funeral group		
07	Sports group		

2. In the last 12 months, have you received any help or support from any of the following, this can be emotional help, economic help or assistance in helping you know or do things?

		Support code 1 = yes 2 = no
01	Family	
02	Neighbours	
03	Friends who are not neighbours	
04	Community leaders	
05	Religious leader	
06	Politicians	
07	Government officials/civil service	
08	Charitable organisations/NGO	
09	Other: specify	

3. In the last 12 months, have you joined together with other community members to address a problem or common issue?
4. In the last 12 months, have you talked with a local authority or governmental organisation about problems in this community?
5. In general, can the majority of people in this community be trusted?
6. Do the majority of people in this community generally get along with each other?
7. Do you feel you are really a part of this community?
8. Do you think that the majority of people in this community would try to take advantage of you if they got the chance?

(Endnotes)

- i Examples include the World Bank, DFID and the Asian Development Bank).
- ii The Adapted Social Capital Assessment Tool (A SCAT) (Harpham *et al.* 2002) has been used in Colombia (Harpham *et al.* 2004) and sub Saharan Africa (Thomas 2003). It was subsequently modified (shortened) by the Young Lives research project.
- iii Example questions are taken from the Adapted Social Capital Assessment Tool (A-SCAT) (Harpham, T., Grant, E. and Thomas, E. (2002) 'Measuring social capital within health surveys: key issues', *Health Policy and Planning* 17(1): 106-11.
- iv www.ids.ac.uk/gdr/reviews/review-25.html
- v Leaders of the World Bank's social capital research initiative argue that "the case for investing in social capital has not been made" (Puttnam, Grootaert and van Bastelaer 2002: 349).
- vi While Policy Research Initiative Canada (2003: 59) suggests: a) the development or mobilisation of social networks, social support structures, and local associations; b) strengthening of ties among existing communities and social institutions/organisations; and c) the promotion of civic engagement (volunteering, civic participation) as important dimensions of social capital intervention, there are still too few examples of success stories of such interventions.
- vii www.socialexclusion.gov.uk
- viii Galab, S. and Reddy, P. (2006) 'Can micro initiatives strengthen links among gender, development and democracy in Andhra Pradesh?', *ICFAI Journal of Agriculture Economics*; January 2006.
- ix Galab, S. and Reddy, P. (2006) 'Can micro initiatives strengthen links among gender, development and democracy in Andhra Pradesh?', *ICFAI Journal of Agriculture Economics*; January 2006.
- x It should be noted that this study looked at the interaction between group membership and socio-economic status rather than at the specific relationship between group membership and child stunting.
- xi Although involvement in women's groups ranked third after membership of funeral societies and religious groups, almost one-fifth of Ethiopian women were nevertheless part of a women's group.

The Young Lives Partners

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Young Lives is an international longitudinal study of childhood poverty, taking place in Ethiopia, India, Peru and Vietnam, and funded by DFID. The project aims to improve our understanding of the causes and consequences of childhood poverty in the developing world by following the lives of a group of 8,000 children and their families over a 15-year period. Through the involvement of academic, government and NGO partners in the aforementioned countries, South Africa and the UK, the Young Lives project will highlight ways in which policy can be improved to more effectively tackle child poverty.

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