SOCIAL INEQUALITIES AND HEALTH: THE ROLE OF SOCIAL CAPITAL IN MENTAL WELL-BEING

Patricia A. Adebayo[1] Osamuyi Aghasomwan Bello, Ph.D[2]
[1&2]Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City, Edo State, Nigeria.
Correspondence:

Abstract
Health is a fundamental human right influenced by social, economic, and environmental factors. This paper was illuminated by the Social Determinants of Health (SDOH) Theory which explains how disparities in income, education, employment, and living conditions shape health outcomes. Inequalities in healthcare access, gender discrimination, and poverty disproportionately impact marginalized communities, perpetuating cycles of poor health. Social capital, comprising interpersonal relationships and community networks, plays a crucial role in mitigating these disparities by fostering support, trust, and shared resources. Conversely, strong social connections enhance mental health, improve well-being, and reduce health inequalities. However, structural barriers such as political exclusion, economic instability, and environmental hazards reinforce social disparities, limiting individuals' access to essential resources. Historically, inequalities have persisted despite economic progress, reflecting systemic mechanisms that favour privileged groups. This paper therefore established that public policy interventions, including social welfare programs, education, and healthcare reforms, are vital for addressing these disparities. This is so as economic instability, inflation, and unemployment further exacerbate inequalities, negatively affecting health and social mobility.

Key words: *Health inequalities, social determinants of health, social capital, economic disparities, public policy interventions.*

Introduction

Health is a fundamental concept that encompasses an individual's overall well-being. The World Health Organization (WHO, 2020) defines health as a state of complete physical, mental, and social well-being rather than merely the absence of illness or disability. WHO emphasizes health as a fundamental human right, requiring both physical and social resources for sustainability. Without good health, human life holds little meaning, as individual and societal growth are closely tied to well-being (Puras, 2022). However, numerous factors hinder access to quality healthcare services, including social, economic, genetic, environmental, cultural, and racial disparities

(World Health Organization, 2022). Socioeconomic challenges such as poverty and lack of health insurance limit access to medical care, while genetic predispositions heighten health risks, particularly in marginalized communities (Mancilla et al., 2020). Living conditions such as employment, housing, education, and community environments significantly influence health outcomes (Prilleltensky & Prilleltensky, 2021). For instance, financial insecurity due to job loss can limit access to healthcare, nutritious food, and stable housing, negatively affecting health (Prilleltensky & Prilleltensky, 2021). Overcrowded or unsafe living conditions increase susceptibility to illness, while individuals with limited education may struggle to navigate healthcare systems (Olukotun et al., 2021).

As people age, the likelihood of chronic illnesses rises, and without a strong support system, many elderly individuals experience social isolation and neglect (National Academies of Sciences et al., 2020; Wegbu, 2024). Gender inequality further affects health outcomes, as women face reproductive health challenges, while men may engage in riskier behaviors, both exacerbated by unequal healthcare access (Ara et al., 2022). People experiencing poverty, homelessness, or recent immigration face additional barriers to maintaining good health due to poor living conditions and limited healthcare access (Mona et al., 2021; Ayón et al., 2020). Fundamental resources such as clean water, sanitation, and social connections are essential for well-being, and their absence leads to severe health issues. Lifestyle factors, including diet and physical activity, also play a crucial role in long-term health. These challenges intersect and reinforce one another, perpetuating cycles of poor health that require targeted interventions for meaningful change. The role of social capital in health is increasingly recognized worldwide. Social networks, interpersonal relationships, and social structures influence access to essential information and healthcare resources. Mental health, now a global priority reflected in the United Nations' Sustainable Development Goals (SDGs), accounts for 9.4% of the global disease burden, with significant economic consequences (WHO, 2016). In 2010, mental illness in low- and middle-income countries (LMICs) had an estimated financial impact of $870 billion, with projections indicating a doubling by 2030 (Institute for Health Metrics and Evaluation, 2018).

Social capital plays a crucial role in mitigating health inequalities stemming from social isolation, low support levels, and diminished self-confidence. Strong social networks and support systems enhance well-being by fostering connection, trust, and self-esteem, driving positive change at both individual and community levels. Research has long linked social capital to improved health outcomes, particularly in mental health (Harpham, 2002, cited in Dauda & John-Akinola, 2022). It has been shown to improve maternal mental health and promote well-being among women (Dauda & John-Akinola, 2022; Thuy & Berry, 2013). Social capital consists of structural and cognitive components. Structural social capital includes observable aspects like network

connections, roles, and norms, while cognitive social capital encompasses trust, shared values, and learned social behaviors (Claridge, 2018). Ivković et al. (2014) further highlight that subjective well-being is closely linked to an individual's perception of life quality, often measured through income, health, and education which are the key determinants of overall life satisfaction.

Theoretical Framework

The theory that helped to explain this paper is the social determinants of Health Theory.

Social Determinants of Health (SDOH) Theory

The Social Determinants of Health (SDOH) Theory explains how social, economic, and environmental factors influence health outcomes. It emphasizes that health is not solely determined by biological factors but is largely shaped by the conditions in which people are born, grow, live, work, and age (World Health Organization [WHO], 2020). These determinants include income, education, employment, housing, social support, and access to healthcare, all of which interact to create health disparities between different social groups. Health inequalities arise when individuals and communities have unequal access to resources that promote well-being. For example, poverty can limit access to healthcare, nutritious food, and safe living conditions, increasing the risk of poor health outcomes. Similarly, low levels of education may affect health literacy, making it difficult for individuals to navigate healthcare systems or make informed decisions about their health. Discrimination based on gender, ethnicity, disability, or socio-economic status further exacerbates these disparities, creating structural barriers that prevent marginalized groups from achieving optimal health.

The role of social capital in mental well-being, highlights how socioeconomic disparities impact mental health outcomes in Nigeria. The country faces significant health inequalities, with widespread poverty, inadequate healthcare infrastructure, and social exclusion disproportionately affecting vulnerable populations. Understanding how factors such as income inequality, employment instability, and lack of social support contribute to mental health challenges is crucial for developing targeted interventions.

Chronological Perspective of Social Inequalities in Health

Inequalities persist globally despite economic and social changes, indicating that they are structurally embedded rather than an inevitable consequence of development (Wilkinson & Pickett, 2018). Evidence from countries that have prioritized equality demonstrates that disparities are not a necessary step in progress but rather the result of

systemic mechanisms designed to sustain the unequal distribution of resources (Piketty, 2014). In societies with strong commitments to equality, social values significantly influence political and economic decisions, leading to a fairer allocation of resources. However, in most cases, tolerance for inequality allows those with existing advantages to maintain disproportionate control over decision-making processes (Marmot, 2020). Inequalities are perpetuated through discriminatory structures operating across four key domains (Therborn, 2013). Economically, distributive inequalities restrict access to wealth, resources, and opportunities needed for full participation in society. Social inequalities emerge from hierarchical status structures that deny specific groups equal standing, reinforcing discrimination and exclusion. Environmental inequalities manifest in disparities in exposure to environmental hazards and unequal access to natural resources vital for a healthy life (UNDP, 2020). Representational inequalities within the political sphere further entrench social disparities by limiting marginalized groups' ability to voice concerns or seek redress for injustices, often due to discriminatory policies and governance structures (Sen, 1999). Despite significant investments in healthcare, health inequalities remain prevalent in countries such as Nigeria, cutting across ethnicity, sexual orientation, gender identity, and disability (World Health Organization [WHO], 2022). These disparities reflect systemic differences in access to both material and non-material resources that shape health outcomes (Puras, 2022). Scholars in health inequality argue that inequality itself signifies differences that are unjust, detrimental, and preventable (Prilleltensky & Prilleltensky, 2021).

Health inequalities represent a multifaceted problem. Firstly, they constitute a matter of social injustice, as they unfairly limit individuals' life opportunities based on their societal status (Olukotun et al., 2021). Secondly, they pose a public health challenge, preventing populations from achieving their full health potential (National Academies of Sciences et al., 2020). Additionally, social inequalities in health have economic consequences, negatively impacting employment rates, economic growth, and public spending. In welfare states such as those in Scandinavia, these disparities threaten the sustainability and political legitimacy of social support systems (Mancilla et al., 2020). Nordic nations, in particular, are experiencing a demographic shift that places additional pressure on their welfare systems (Jørgensen et al., 2014). The ageing population has increased the old-age dependency ratio, straining healthcare and long-term care services (Jørgensen et al., 2014). This growing pressure may, in turn, limit efforts to reduce health inequalities (Wegbu, 2024). However, because health inequalities are socially constructed, they are also preventable. Addressing these disparities requires targeted political interventions informed by scientific research on the causal mechanisms that link social conditions to health outcomes (Claridge, 2018).

The Evolution and Role of Social Capital

Humans are inherently social beings, having evolved with a deep-seated inclination toward cooperation and collective action. The drive to support, share, and engage in reciprocal relationships is embedded within human nature, as many essential resources and achievements cannot be attained through individual effort alone (Putnam, 2000). This innate sociability forms the foundation of social capital, which refers to the networks, relationships, and norms that facilitate mutual assistance and cooperation within societies (Bourdieu, 1986; Coleman, 1990).

The concept of social capital, though relatively modern in terminology, has deep historical roots. Since at least the 18th century, philosophers and social theorists have explored ideas related to social cooperation, trust, and reciprocity. David Hume (1740/1978), for instance, described the mutual expectations that drive human interactions:

"Here I learn to do a service to another, without bearing him any real kindness; because I foresee, that he will return my service, in expectation of another of the same kind, and in order to maintain the same correspondence of good offices with me or others".

Later, 19th- and early 20th-century thinkers such as Adam Smith, Karl Marx, Georg Simmel, Émile Durkheim, and Max Weber expanded on these ideas, linking social relationships to economic and societal structures. Their work laid the groundwork for contemporary understandings of social capital, which scholars now define as the social connections, shared values, and mutual support that individuals and groups provide to one another (Putnam, 2000).

Social capital emerges from the human ability to empathize, act generously, and foster cooperative relationships, which, in turn, contribute to the well-being of individuals and communities (Claridge, 2018). Unlike tangible assets, social capital is not easily measured; rather, it represents the social glue that fosters cooperation, collaboration, and collective action (Singapur, 2022).

Manifesting through social networks, community organizations, friendships, and shared norms, social capital cultivates a sense of belonging, trust, and shared responsibility. Its influence extends across various aspects of life, including civic engagement, economic development, social support, and problem-solving capacities. When social capital is strong, individuals are more likely to work together, share resources, and effectively address common challenges (Singapur, 2022). It also promotes social cohesion and enhances overall well-being and quality of life.

Recognizing the role of social capital in community development is essential for policymakers, community leaders, and individuals committed to social progress. By fostering social capital, communities can build supportive and resilient environments that empower individuals, encourage collaboration, and facilitate meaningful, long-term change.

Historical and Economic Perspective of Social Inequalities

Social inequality has long been shaped by the uneven distribution of opportunities and resources among different social groups. This has led to disparities in income, education, health, and gender equality, which persist despite efforts to promote inclusivity (Monk, 2022). While progress has been made, these inequalities are exacerbated by economic instability, technological advancements, and climate change (UNDESA, 2022). The economic and environmental conditions of a country often reflect the effectiveness of its government policies. Policies on taxation, investment, and trade influence GDP growth, while education and employment policies impact social mobility. Public policies shape economic and social structures by addressing inequality through regulatory and distributive measures. Distributive policies, such as social welfare programs and economic infrastructure initiatives, allocate resources to specific groups. Regulatory policies, including labor laws and environmental regulations, set rules that affect economic participation and social conditions (Decker et al., 2019). When well-designed, policies promoting education, healthcare, and social security can reduce inequalities and foster economic stability (Kanbur, 2021). In contrast, poorly implemented policies can reinforce disparities, particularly in access to education and healthcare (Dave & Vasavada, 2022).

Economic inequality has far-reaching consequences on investment, human capital, and social stability. Research indicates a negative correlation between income disparity and GDP growth, with the impact varying by economic development levels (Luan & Zhou, 2017). In Europe, rising inequality has been linked to declining GDP growth and increased economic instability (Nikolopoulos et al., 2015). Milanovic (2016) argued that sustainable economic growth should be accompanied by policies that address inequality without stifling progress. However, socialist policies, while effective in reducing inequality, have not always driven innovation or long-term economic growth. In Pakistan, for example, military spending exacerbates income disparities, while lower-skilled workers face greater unemployment and wage gaps (Raza et al., 2017).

Education is a critical factor in economic development, driving productivity, innovation, and social mobility. Equitable access to education ensures economic stability, while disparities reinforce inequality (Krueger, 2018). In the Middle East and North Africa, individuals with limited education are more likely to work in informal

sectors, increasing their vulnerability to economic instability (Adeleye et al., 2022). Reducing educational disparities can lower unemployment and promote economic equality, as seen in investments in early childhood education and social welfare programs that improve long-term economic mobility (Behrman & Hoddinott, 2001). However, excessive spending on education without balancing investments in infrastructure and healthcare may not always accelerate GDP growth (Mitchell et al., 2019).

Gender disparities in education and employment further contribute to economic inequality. Social norms and discrimination limit women's access to education, resulting in lower literacy rates and workforce participation (Seguino, 2000). In Pakistan, gender wage gaps and restricted employment opportunities hinder GDP growth, while promoting gender equality has been shown to enhance productivity and innovation (Ali, 2015). In the U.S., women face higher unemployment rates than men, even when accounting for education and experience. Career interruptions due to caregiving responsibilities and difficulties in workforce reintegration contribute to this disparity (Albanesi & Şahin, 2018). Gendered unemployment patterns also impact mental health, with greater effects on women (Strandh et al., 2013).

Economic conditions, including inflation and unemployment, also influence social inequality. Unemployment reduces financial security, limits access to healthcare, and contributes to stress-related health issues (Zarulli et al., 2021). Inflation diminishes purchasing power, increases healthcare costs, and lowers the quality of life for pensioners (Broniatowska, 2019). In Bangladesh and India, financial development has been linked to improvements in life expectancy, with trade and investment playing a role in better health outcomes (Guzel et al., 2021). In Russia, from 2005 to 2015, GDP growth correlated with increased life expectancy due to improved healthcare and living conditions, although this relationship is complex (Shkolnikov et al., 2019).

Public policy interventions must balance economic growth with efforts to reduce inequality. Policies that address educational disparities, gender imbalances, and economic instability can foster long-term social and economic stability. Targeted social welfare programs, investments in human capital, and inclusive economic policies can create more equitable opportunities, ensuring sustainable development while mitigating the adverse effects of inequality.

Conclusion and Recommendations

Health is a fundamental human right, yet disparities persist due to economic, social, and environmental inequalities. While economic development has improved living standards, structural inequalities remain deeply embedded, impacting physical and mental well-being.

Social capital plays a crucial role in mitigating these disparities by fostering trust, cooperation, and support networks that enhance resilience. Stronger social connections improve access to healthcare, mental health resources, and economic opportunities. Gender disparities in education and employment further contribute to inequality, restricting women's participation in economic growth and exacerbating health challenges. Economic factors such as inflation and unemployment also influence social inequality by limiting financial security and healthcare access.

Addressing these issues requires targeted public policies that promote equitable healthcare access, economic stability, and gender inclusivity. Investing in education, social welfare programs, and sustainable development can reduce disparities and foster long-term economic and social well-being. By prioritizing policies that address structural inequalities, societies can create healthier, more equitable environments for all.

Based on the foregoing, the following recommendations were made:

1. **Strengthen Healthcare Access** – Governments should invest in universal healthcare programs to ensure equitable access to medical services, particularly for marginalized communities, addressing financial and geographic barriers.

2. **Promote Gender Equality in Employment** – Implement policies supporting equal pay, parental leave, and workplace flexibility to enhance women's economic participation and reduce employment disparities.

3. **Invest in Education and Social Capital** – Expanding access to quality education and fostering community networks can improve health literacy, economic mobility, and overall well-being.

4. **Implement Targeted Economic Policies** – Introduce social welfare programs, progressive taxation, and job creation initiatives to reduce financial insecurity and unemployment, which significantly impact health outcomes.

5. **Address Environmental Inequalities** – Strengthen policies that regulate housing, pollution control, and access to clean water to mitigate environmental factors contributing to poor health.

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