

Can social capital contribute to the improvement of oral health?

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I ncreasing evidence suggests that a broad range of social determinants, not only biological risk factors and individual lifestyle, influence the general health of people. Recent studies¹⁻³ have revealed that social determinants, among the latter of which is social capital, have an important influence on health. Émile Durkheim, in late nineteenth century, was the first researcher to suggest links between individual health and social cohesion in his study of suicide. Studies reveal that people in society with higher levels of social capital live longer, have lower premature mortality rates, are less violent and have lower levels of self-perception of poor health.⁴⁻⁶

Social capital is defined as a variety of different entities having two characteristics in common: they all consist of some aspect of social structure, and they facilitate certain actions of individuals who are within the structure.⁷ Social capital refers to “features of social organization, such as trust, norms and networks that can improve the efficacy of society by facilitating coordinated actions”.⁸ We could argue that because people are embedded and socialized in networks, network members’ resources either empower or constrain people’s choice of health-related behavior options. Social relationship with embedded resources can be expected to be beneficial (and occasionally harmful) to both individuals and collective members of these networks.

Previous studies have demonstrated an association between neighborhood social capital and oral health.^{9,10} A Brazilian study found that higher levels of community empowerment, one domain of social capital, was associated with lowered risk of dental injuries,⁹ as well as dental caries,¹⁰ while another study¹¹ in Japanese children showed protective contextual effects of social cohesion on dental caries. These results represent actions taken by neighbors to improve their neighborhood. Those actions require communities to have and realize collective, as opposed to individual goals. Another example is a study¹² conducted in Japanese adolescents that demonstrated that higher levels of neighborhood trust and vertical social capital in school were associated with better oral health. Higher levels of social support, social trust, civic participation and also interpersonal associations are factors that influenced the best self-rated health as demonstrated in another Brazilian study.² This suggests that some elements of social capital can play an important role in protecting the health of children, adolescents and adults living in a context of a country where inequalities have been a reality. Therefore, Dentistry should be directed to distal factors, such as social capital, to gain a better understanding of oral health being linked to social determinants, as well as recognizing that social capital can be an important tool in the implementation of more effective public health policies.

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