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PROFESSIONAL PAPER

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Social Capital Role in Managing High Risk Behavior: a Narrative Review

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ABSTRACT

Background: Social capital as a social context based concept is a new component in addition to the previous factors including the biologic–environmental, the genetic and the individual behavior factors that influence health and society. Social capital refers to the information that makes people believe being interesting & being paid attention to, & respected, valued, and belonging to a network of bilateral relations. Health issue is greatly affected by the existence of social capital. High risk behaviors refer to the ones enhancing the probability of negative and devastating physical, psychological and social consequences for an individual. Negative & overwhelming results mean keeping one's distance from social norms as a result rejection and labeling (social stigma) and finally, to distance oneself from the benefits of social life in the individuals with high risk behaviors. The present study reviews social capital in the groups having high risk behaviors. **Methods:** The present study is a narrative review in which researchers conducted their computer search in public databases like Google Scholar, and more specifically in Pubmed, Magiran, SID, Springer, Science Direct, and ProQuest using the keywords: social capital, social support, risk behaviors, addicts, HIV, AIDS, and selected the articles related to the study subject from 2004 to 2014. Overall 96 articles have been searched. Researchers reviewed the summary of all articles searched, & ultimately, they applied the data from 20 full articles to compile this review paper. **Results:** Article review results led to organizing the subjects into 6 general categories: Social capital and its role in health; Social capital in groups with high risk behaviors (Including: substance abusers, AIDS patients, the homeless and multi-partner women); Social capital in different social groups; measurement tools for social capital and risk behaviors; the role of health in helping people with risky behaviors with the focus on improving social capital and social support. The findings of this study indicate that social capital was significantly lower in the substance abusers than the non-addicts. Also, social participation, social trust and networks of social relationships were significantly lower than non-drug abusers. Social capital has interactive effects on risky behaviors and delinquency. On the one hand, high levels of social capital can be involved in preventing delinquency. On the other hand, creating negative social capital in high risk groups is also considered as the damaging effects of the negative aspects of social capital in these groups. **Conclusions:** From this review extracted findings, it can be concluded that to design risky behaviors programs and preventive interventions, social capital and social support should be considered more than before. To accept an addict or HIV sufferer is effective in reducing their psychological reactions. So with effective social interaction and social support, these people can improve their risky lifestyles. As a result, these changes are associated with higher levels of satisfaction with their lives. Finally, it is recommended to design and implement counseling programs in order to educate health-promoting behaviors in high risk groups focusing on social capital and social support.

Key words: social capital, social support, high risk behaviors, addicts, HIV, AIDS, narrative review.

1. INTRODUCTION

Social capital as a social context related concept taken as a novel component has attracted national and international levels' health professionals (1). Social capital means the information through which you believe being considered as someone interesting and respected, valued & belonging to a network of mutual relations (2). It has been proved that social capital is one of the factors affecting health so that promoting physical

and mental health is related to social capital. The social aspects of health include the person's social skills, social performance and the ability to perceive themselves as part of a larger community (3). Putnam as the most noted advocate of social capital believes in pervasive influence of social capital and he considers it as the underlying ground for performing the affairs better & the connector of social capital indicators and health and deviant behaviors (4). Two types of social capital: A- linking= as

sociating (intragroup) and B-connector (extra-group) have been defined in the studies where health issues are under the effect of the linking social capital. On the one hand, health is taken as an essential component of the welfare in society & beyond medical interventions, it is associated with socioeconomic factors. So although all aspects of social capital may not affect health, the quality of communication with others (cognitive social capital) is viewed as something influencing the individuals' health (5).

In the person's life, different types of social capital at different stages get important: for example, early childhood & old age vulnerability ages, that is, when the health of body & mind plays a very significant role. The linking social capital has a very critical role. In middle age, a combination of both types of social capital are required and the connector social capital is important only in youth (6). Specifically, some of the positive functions have been considered as the individuals' improved psychological health by providing emotional and psychological support, reducing stress and decreasing life events (7, 8).

The researchers view family as one of the highly significant sources of social capital (9). So that the studies demonstrated that the social associations of mothers lower the risk of child abuse and also the health problems of mothers and children. Social capital in the family generates a support network for family members being considered effective in preventing and reducing drug abuse and violent behavior (10). In addition, religious teaching is also known as one of the most important sources of social capital (11). In most of the studies, social capital has generally been reported high in the educated people (12). A series of studies has inconsistently showed a decline in social capital as education moves towards higher levels (13). Social capital and social participation in young athletes have been reported higher than the non-athletes (14). The studies conducted to evaluate the social capital among women reported moderate level of social capital in different dimensions (extra-group, intragroup and social relationships and communication social capital) in a high percentage of women (69%) (15). The empirical study findings are based on a higher level of social capital, religiosity and the age of traditionalist women compared to their modernist counterparts (11). The mean score of social capital has been reported low in high risk behavior groups such as prisoners and offenders. It has also been demonstrated that as social capital of prisoner increases, their mental health goes up (16). Among the studies examining the relationship between social capital and high risk behaviors, social capital has been expressed as a predictor of risky behavior, especially among adolescents and young adults (17). Few studies have directly examined the relationship between social capital and risky behaviors in our medical community and this has led to a gap between the experimental and theoretical studies. There are few studies showing that social capital can have a significant mutual effect on risky behaviors associated issues (18).

On the other hand, via bonding with community, high levels of social capital can help prevent high risk behaviors of various dimensions. On the other hand, the negative aspects of social capital, especially the formation of negative social capital and communication in the groups and individuals predisposed to risky behaviors shouldn't be overlooked for this reason (19). In this research, efforts have been made to propose the existing studies & related to social capital & the range of risk behaviors.

2. METHODOLOGY

Researchers conducted computer search in public Internet databases such as Google Scholar, and in the specialized ones including: ProQuest; SCOPUS; PubMed; Ovid; ISI web of; Science direct, and domestic databases and publications such as: Magiran; SID; Medlib; IranMedex and IranDoc that finally led to the current review.

A summary of 150 articles (encompassing master & PhD dissertations, field studies & scientific research papers) have been investigated with the keywords "social capital", "high risk behaviors", "social protection", and a combination of these words with "HIV", "a multi-partner", "substance abusers" and "addicts". The studies have been screened based on the inclusion and exclusion criteria. Finally, 60 related abstracts have been included where 45 papers thoroughly associated with the subject have been employed to write this article.

3. RESULTS

The results of the literature led to the content being organized into three general categories titled: social capital in groups with high risk behaviors (including substance abusers, HIV stricken ones, and the homeless with risky sexual behaviors); the social capital assessment tools and the role of health care providers to help people with risky behaviors by focusing on improving social capital and social support.

3.1. Social capital of groups with high risk behaviors

According to the study, when the role of family human and financial capital (parents' education and family income) has got weak in high-risk behaviors and sometimes even aggravated, the components of social capital have emerged stronger and can play a preventive role (4).

Studies have suggested that parental authority figure and positive family conditions can support children against behavioral problems. Also the interfamily structural social capital is the predictor of high risk behaviors among teenage girls and the interfamily cognitive social capital is the predictor of risk behaviors among teenage boys. Over time, family social capital can even reduce the incidence of risky behaviors (18).

Risky behavior refers to the behaviors raising the probability of the negative & destructive physical, psychological, social consequences for the individual (20). Negative & devastating social consequences mean to distance from social norms as a result of rejection and labeling (social stigma) and to keep one's distance from the benefits of social life in the persons having high risk behaviors. Risky behaviors usually emerge in the adolescents with "non-material incentives accompanied with hatred and anger, and rejecting social norms" (19). In this study, the scope of alcohol and drug abuse of risky sexual behaviors has been investigated more. Besides, people with high risk behaviors and HIV sufferers have also been studied in this article.

3.1.1. Women with sexually risky behaviors & social capital

In the domestic studies, education, social support and adherence to religious beliefs are viewed as the most significant factors preventing sexually risky behaviors among the women selling sex (21). The studies conducted to compare some of the individual, family and social traits in two groups of women and girls starting sexually risky behaviors before and after the age of 18, it has been divulged that the most critical risk factors cover being sexually abused in childhood (22), runaways from home,

being compelled to prostitution, the presence of such persons among friends circle, parental substance abuse history, being in charge of others' lives (being the breadwinner), the history of prior arrests due to prostitution (23). The studies suggest that sexual pleasure is not the main cause of risky sexual behaviors for girls rather lack of caretaker or miss care taking, unemployment or false employment, the very bad economic situation of the husbands or their parents, and the good financial status of the customers provide the necessary conditions for them (24). Of course, disorganized family situation, poverty, addiction, faulty socialization, poor social connections and reduced social capital and social support are the most important sociological characteristics, and variety and thrill-seeking, lack of emotional & behavioral balance, and moral identity weakness have been mentioned as the most significant psychological characteristics of multipartner girls & women (25).

The prevalence of sexually risky behaviors among women, besides increasing the problems of STD and AIDS, reducing marriage statistics and increasing divorce rate, increases illegal abortions and giving birth to rejected children, disorder in the children's educational system, impairs the reproductive health and makes the society sick. The studies displayed that of the consequences behind sexual deviations due to prostitution are desecration, sexual abuse and humiliating women, family base getting feeble, and illegal abortion & illegitimate children, suicide, and sexually transmitted diseases. The most important harm caused by multiple sexual partners and risky sexual behaviors and sex selling is the health of women. In a society where women's sexually risky behaviors spread, the attitude to women is sexy based and this view brings about humiliation and intimidation of their human & social identity and moral dignity. The existence of women trading with their male clients on the street creates an insecure feeling for healthy women, too & that this will lead to women getting isolated in society, so the more socially isolated in society, the less psychologically healthy & the less they'll accept social functions (the role of wife or a mother as being very critical in the family's health) (26). Sexually risky behavior threatens the family physical and psychological health, & community members. Since prostitutes are often simultaneously suffering from with personality or psychiatric disorders, it is highly probable to get involved in a variety of crimes & risky behaviors such as substance abuse or alcoholic drinks. In fact, it is associated with some other sorts of social harms & corruption and will accompany lots of threats and violence for such women. One of the most important effects and consequences of women's sexually risky behaviors for men is that their attitude to marriage and family ties changes which leads to a higher rate of divorce and family breakdown (27).

3.1.2. Social capital in drug abusers

As the studies depict, one of the methods is to measure social capital is to refer to communities' crime figures, drug abuse, suicide and other risky behaviors (10). Results indicated that social capital in drug abusers is significantly lower than that of the healthy youth. Also the social participation level, social trust & social relations among drug abusers have been reported meaningfully lower than those of the non-addicts. Family-friendly ties index exhibited maximum distinguishing potential between this group of the youth and the healthy ones.

Regarding the positive effect of social participation, social trust & social relations, the studies have proposed the need to

provide appropriate conditions and facilities in order to direct the youth to participate in community activities such as the development of voluntary and non-governmental organizations & associations such as the NGOs (28).

3.1.3. Social capital & aids prevention

A serious concern of the health department is HIV transmission prevalence rise through sexual contact. Despite the efforts undertaken to prevent this disease, it is the main way for the Iranian women to get afflicted. Generally speaking, as the studies display, girls & women are two or four times more susceptible to HIV / AIDS infection than men more and over half of all new cases occur in the same groups worldwide. In addition to the biological factors as one of the risk factors in women, some other factors like norms and gender roles, social issues, indigence and gender inequality play an important role in the inappropriate expansion of HIV / AIDS in women. The studies stress that just focusing on the personal factors and ignoring social, cultural, legal & political factors influencing HIV associated behaviors result in the failure of the intervention programs. So that those HIV prevention programs paying more attention to poverty and financial need, violence and gender-based power in relations, women's empowerment and the disease of addiction are more successful.

The surveys suggest the role of social support as one of the key & important components of social capital in health issue is in HIV / AIDS associated sexual behaviors. The requirement of HIV-prevention training & informing from teenage period & acquiring correct information from the counseling centers" is classified in the data protection category; "love in marital relationship" and "understanding the specific family needs and conditions", in the emotional support category; And placed in the category of support tools such as "easy and "easy & free access to HIV diagnosis testing," "financial assistance to meet the requirements", "job creation", "free distribution of condoms", "the requirement of female contraceptive means" and "legal support and supervision" in the instrumental support category. Social support can lead to greater success in HIV prevention programs; So that those women feeling love and respect more enjoy higher capability & bravery to suggest using condom from their sexual partner (29). Adequate social support reduces the feelings of loneliness, and increases life satisfaction & is one of health predictors of (30).

As the studies demonstrated higher perceived social support is accompanied with the longevity of heart failure patients (29), the breast cancer sufferers (31) and HIV / AIDS stricken ones. Social support coming from diverse resources such as family, friends, relatives, spouse or partner, society and government can be regarded as a significant predictor of morbidity and mortality of some diseases (29). Besides, the qualitative studies review performed on the social capital & associations to manage HIV across the world discovered that membership in social groups is often associated with lower incidence of HIV, dropped stigma and improved access to services. In fact, participating in formal and informal groups will lead to an opportunity for the debate and settlement of the problems these groups are dealing with (32).

3.1.4. Social capital in the homeless

Studies have recognized social capital variables as the predictors of sexually risky behaviors, substance abuse, depression, and also the number of homelessness days in the homeless youth (33).

Because of intense emotional attachment & being emotionally lost, the homeless resign to sexually risky behaviors in order to meet their emotional need in many cases & even in case of accessing condoms, they reject using it so as to keep their partner by satisfy their sexual demands in their own attitude (29). Studies have shown that poverty increases the risk of physical and mental illnesses and favorable economic condition can provide appropriate social relationships, facilitate access to services and healthier choices (34). The health outcomes in the ethnic groups living near each other are better off than the ones with outsider governments.

In addition, emigrating from the ethnic neighborhoods can lead to the social networks getting torn apart. In fact, this force of ethnic neighborhood provides a level of protection against stresses such as stigma and racism. Besides, low levels of social capital are considered as the predictor of sexually transmitted diseases to like syphilis, gonorrhea and HIV (35). In this respect, a number of studies have dealt with how emigration acts as a channel for the transmission of sexually transmitted diseases like AIDS, & they then propose the theory of social capital as a preventive factor (36).

3.2. Social capital measurement tools

Despite the immense potential to promote health research and treatment through social capital research, there is still lack of reliable and valid tool for measuring social capital as a significant barrier. Several tools have been reported for examining social capital; however, the differences in the definitions and their application have made the use of these tools limited. In order to achieve a unified & valid questionnaire between social capital & risky behaviors, it is required to do further research & to quantify social capital concepts & the studies are still going on. Currently, based on the culture & development of the societies, there are two types of tool used. Adapted Social Capital Assessment Tool (ASCAT) is applied for less developed societies and Personal Social Capital Scale (PSCS) for high-risk behaviors and social capital (17). The measuring tool of social capital in the developing countries is the standard questionnaire designed by the World Bank and the integration of social capital findings (SC-IQ). SC-IQ includes a 27-question instrument in six domains whose Iranian version has been made vernacular by Nejat et al. in 2012.

3.3. Health care provider's role helping people with risky behaviors

The most important role of health care providers is to establish & manage behavioral counseling centers and provide diagnostic, support and free counseling services by trained & specialized personnel. Offering education to these groups of high risk behaviors can play a critical role in providing information support as the components of social capital. In the studies conducted among the nurses, there has been a positive relationship between the intergroup social capital and the subscales of cultural intelligence & the nurses' attitude to educating patients (37). Among the health & treatment system staff, a positive relationship has also been discovered between physical functioning, psychological health, social functioning, general health, vitality, liveliness & social capital (38). In fact, the treatment providers' social capital plays an important role in communicating with the patients and influencing them. On the one hand, it enhances the clients' social capital. To include these individuals as the members of peer groups, social relations networks trust norms

(interpersonal and inter institutional), participation norms and the person's membership in the groups and associations are considered as the components of social capital. In this line, one of the responsibilities of the educational institutions is to teach such individuals that the basis of teamwork is common interests (28).

4. DISCUSSION

The review derived findings have been classified into three general categories as: Social capital in the groups with high risk behaviors (such as drug addicts, AIDS patients, people with sexually risky behaviors and the homeless); assessment tools of social capital, and the role of health care team to help people with high risk behaviors focusing on improving social capital and social support. The findings of our review in consistent with the results of other international research cases imply that as self-efficacy gets better, the individuals' life quality increases. As seen in the studies, educating self-efficacy has improved the runaway girls' quality of life; it can similarly be applied in other individuals and groups with high risk behaviors, especially multiple-partner women and addicts (39).

The findings of this study support the improvement of social capital in consistent with other studies for treating drug addicts. According to the studies at the moment, health care system in our country is more individual-oriented. On this basis, the rate of participation in various social arenas decreases and social capital has not been used effectively to treat addiction. Therefore, fundamental planning and cooperation among the various organizations and organs in society & paying more attention to health & treatment social dimensions are required (40).

The present findings compatible with other studies suggest that social support should be considered in the design of programs and interventions to prevent HIV in women more than ever before. Accepting patients HIV positive influences on reducing psychological reactions, useful information obtain, appropriate social interaction, encourage the person to follow healthy life styles, conduct positive coping and higher levels of life satisfaction (41). One of the educational programs in education domain is training, promoting the high risk groups' sexual & fertility health. To acquire life skills and select healthy lifestyle can improve the quality of life (42).

Social capital is viewed as a class of those assets benefitting the individuals & their health without material and monetary exchanges, and it is also considered as part of societies' wealth. The present review findings claim that the dimensions of social capital are useful in the prevention of risky behaviors and help treat these groups. Acceptance among the groups and positive interactions based on trust can engage all members of society to undertake responsibility, interest and respect for the rights of their fellows, which prevent the risk of criminal behaviors in the individuals (19).

5. CONCLUSION

From this review paper derived findings, it can be concluded that in designing the plans and interventions to prevent risky behaviors, support and social capital have to be more focused on. Accepting the persons with high-risk behaviors (e.g., drug addict or HIV sufferer) is effective in reducing the psychological reactions. So these individuals can modify their risky lifestyle with effective social interaction and social support.

Consequently, these changes are also associated with higher levels of life satisfaction. Among the health team health care providers who can help this group of women are midwives. The health care providers including midwifery consultants in the health care team should take the initiative to win the trust of people with high risk behaviors via using communication skills in the first step, the next step, by participating in the proposal, design and consulting plans for training health-promoting behaviors among the high risk groups & focusing on the improvement of social capital and social support. A consulting midwife, as a person trained in all dimensions of family health programs and also aware of the physical and psychological health of women due to being same sex & perceiving lots of physiological matters like menstruation, pregnancy, and other issues related to women, can participate in the best way in the health team in women support plans. Providing health services for women with high-risk behavior is a social work. The patient with a clinical problem refers but if not treated in terms of the social problem, they will recover temporarily with the drugs, or maybe they affect others & transmit the disease in the society. It deserves remembering that the goal of treatment is not only to access the services, but to adopt a lifestyle promoting well-being. People would be able to modify their behavior only if they learn the alternative behaviors from the trustworthy individuals.

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