# A STUDY ON SOCIO-ECONOMIC STATUS AND SOCIAL CAPITAL OF RURAL COMMUNITY MEMBERS IN SOUTH-WEST NIGERIA

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## ABSTRACT

The relationship which exists between social capital and socio-economic status of dwellers in rural Nigeria has been poorly researched. This study aims to determine the level of social capital and social support available to rural community dwellers in relation to their health needs and to explore the relationship which exists between social capital and socio-economic status of respondents.

Stratified random sampling technique was used to select 1280 respondents from 4 rural communities in South-West Nigeria (Ejigbo LGA). Data was obtained using an interviewer administered questionnaire in local dialect (Yoruba). Socio-economic status was determined using the Kuppuswamy's method of Social Classification. Chi square was used to test associations between social capital and socio-economic status and level of significant association set at $p<0.05$.

Male and female respondents were 51.0% and 49.0% respectively within the age range of 15 and 90 years. Majority of the rural dwellers in Ejigbo community belong to the lower socio-economic status.

This study clearly revealed that rural dwellers have strong social support as well as large social capital to fall back on in times of crisis. Majority of the rural dwellers had family members, close relatives, friends, religious leaders and social group to fall back to when faced with health challenges/problems.

Though rural dwellers in Ejigbo community (South-West Nigeria) may have a strong social support and large social capital, it is not a reflection of socio-economic status of the community members.

## KEYWORDS

Rural dwellers, Community members, Social capital, Social support, Sociologists, Rural community.

## INTRODUCTION

*BACKGROUND OF STUDY:*

Social capital is the expected collective or economic benefits derived from the preferential treatment and cooperation between individuals and groups. The Main thrust of social capital is that social networks have value though access to social capital is still not universal and automatic. It is believed by sociologists that social contacts affect the productivity of individuals and groups.

Social Capital in communities may mediate the relationship between income inequality and health status (Kawachi et al., 1997). Social capital is a concept that captures both a buffer function of the social environment on health, as well as potential effects arising from social inequality and exclusion (Uphoff et. al., 2013). The relevance of social capital in low income settings is tied to its enablement of collective actions that support day to day living especially for socially disadvantaged persons such as the poor, women or ethnic minorities (Fox and Gershan 2000; Aye et al, 2002).

Social capital is significant because it affects rural people's capacity to organize for development. According to Uphoff 1986, social capital helps groups to perform the following key development tasks effectively and efficiently: Plan and evaluate – make decisions; Mobilize resources and manage them; Communicate with each other and coordinate their activities and Resolve conflicts. These four tasks must be done in order to sustain individual and community well-being. (Cited by the World Bank, 2011)

Though it has been established that social capital is of value, the relationship which exist between the socio-economic status of rural communities and the social capital of community members has been poorly studied, hence the need for this study.

## STUDY OBJECTIVES

The broad objective of this study is to determine the relationship between Socio-economic status of community members and their social capital.

*THE SPECIFIC OBJECTIVES OF THIS STUDY ARE:*

1. Determine the level of social capital and social support available to community members

2. Determine the socio-economic status of rural community members
3. Explore the relationship between the socio-economic status of community members and their social capital

*RESEARCH QUESTIONS*

1. What level of social capital and social support is available to community members?
2. What is the socio-economic status of community members
3. What relationship exists between the socio-economic level of rural community members and their level of social capital**?**

## METHODOLOGY

*SURVEY DESIGN:* A cross sectional study which utilized validated interviewer-administered questionnaire.

*LOCATION:* This survey took place in 4 randomly selected communities with high volume of population density and in close proximity to healthcare service centre.

*SAMPLING TECHNIQUE:* Stratified random sampling technique was used to select the 4 communities. A list of all the communities near the health facility was drawn out of which communities with high volume was selected from amongst the list. The 4 with the highest population was then selected for this study.

*INCLUSION CRITERIA/POPULATION OF INTEREST:* ***C***ommunity members above 18 years and resident in selected community who are willing to be interviewed were all included in this study.

*EXCLUSION CRITERIA:* Respondents below 18 years of age and others who are unwilling to participate in the study were excluded and were not interviewed.

*INSTRUMENT:* Interviewer administered questionnaire with structured and unstructured questions with various sections relating to socio-economic status and social capital/social support was used to obtain data for the purpose of analysis and drawing conclusions.

*DATA COLLECTION PROCEDURES:* The questionnaire was reviewed first with the interviewer, followed by mapping of the community and systematic random sampling of areas where respondents were located. The data was obtained from respondents by interviewer-administered questionnaire by trained field-research assistants.

*METHOD OF DATA ANALYSIS:* Socio-economic status was scaled from the cumulative computations of scores assigned to level of education, income/Earnings and occupation using the Kuppuswamy's method of Social Classification. Socio-economic status was scaled from the cumulative computations of scores assigned to level of education, Income/Earnings and occupation. Kuppuswamy's method of Social Classification of an Individual was employed in determining the Socio-economic status (SES) of individual respondents. Educational level was classified into 8 different classes which include: None, Primary, Junior Secondary, Senior Secondary, Post Secondary, Diploma/NCE, Graduate/HND/NYSC, Post graduate. The Occupations were grouped into 7 categories namely Unemployed, Un-skilled worker, semi skilled worker, skilled worker, clerical/shop owners/trader/farm owner, semi profession/junior civil servant, professional/senior civil servant. Income/earnings per month of the individual were classified in naira as below 10,000; 10,001 – 20,000; 20,001 – 40,000; 40,001 – 60,000; 60,001 – 100,000; above 100,000. Each category was given a score each. The total score for SES computation was equal to 20 points. Then, SES was classified into 5 classes namely: Lower SES (scores of 1-4), Upper lower SES (scores of 5-8), Lower middle SES (scores of 9-12), Upper Middle SES (scores of 13-16) and upper SES (17-20)(Edet-Utan, 2014).

Chi square was used to test associations between social capital and socio-economic status and level of significant association set at $p<0.05$.

*ETHICAL CONSIDERATIONS:* This survey shall be of no known harm to the respondents. Only willing persons shall be interviewed with no undue coercion or duress. Consent will be obtained before interviewing respondents and they will be treated with dignity and respect. Confidentiality of all information obtained would be assured and maintained throughout.

## RESULTS

A total of 1280 respondents were interviewed with completed questionnaire with 51.0% and 49.0% males and females respectively within the age range of 15 and 90 years. The table below shows the responses of rural community dwellers to specific questions posed in the study with regards to their perceived social support as well as social capital available to them.

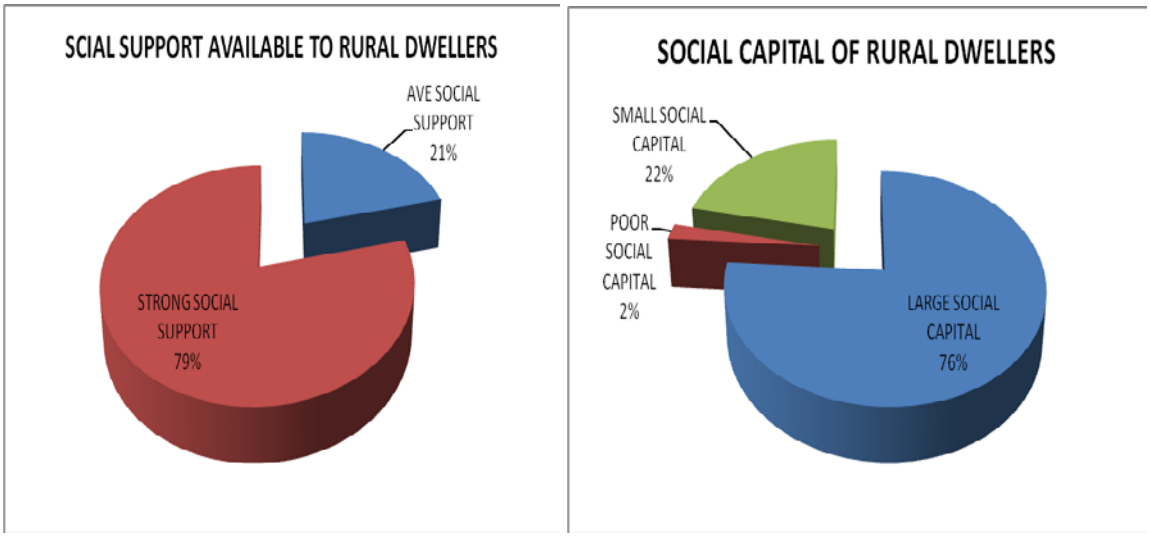
**Table 1. Perceived Social support/capital of respondents**

| 1 | **Perceived Social Support**<br><br>**Responses to statements on Social Support** | **Response categories** | | **Significant difference** |
|---|---|---|---|---|
| | | **Disagree** | **Agree** | |
| A | I have relatives that would at moment's notice provide me financial assistance to deal with health costs. | 568 (44.4%) | 712 (55.7%) | P<0.05* |
| B | My relatives are not always willing to give me financial help when I ask for it. | 637 (49.8%) | 643 (50.2%) | p>0.05 |
| C | When I run into difficulties with issues of life; | | | |
| | (a) Religious leaders find useful solutions that are helpful. | 581 (45.4%) | 689 (54.7%) | P<0.05* |
| | (b) Trade groups do not help me at all, | 772 (60.3%) | 508 (39.7%) | p>0.05 |
| | (c) There's no social support groups to turn to | 643 (50.3%) | 637 (49.8%) | P<0.05* |
| D | Social group in the community. | 418 (32.7%) | 861 (67.3%) | P<0.05* |
| E | Hospitals and clinics are for the rich alone. | 1093 (85.5%) | 187 (14.6%) | P<0.05* |
| 2 | **Perceived Social Capital** | | | |
| A | I have close friends I can share intimate information about myself. | 249 (19.5%) | 1031 (80.5%) | P<0.05* |
| B | I am very close to community leaders that I can trust to provide me assistance when I need it. | 809 (63.2%) | 471 (36.8%) | P<0.05* |
| C | My very close friends come from other parts of the country. | 755 (59.0%) | 525 (41.0%) | P<0.05* |
| D | I trust healthcare providers with intimate matters about my life. | 209 (16.3%) | 1071 (83.8%) | P<0.05* |
| E | I am not at all worried that I have no body to bear my burdens when it occurs. | 641 (50.1%) | 639 (49.9%) | p>0.05 |

*Observed difference is statistically significant at p<0.05

Table above showed that respondents agreed to the fact that they receive a strong social support from immediate family members, friends, religious leaders, community leaders. Responses were assessed on a likert scale: Strongly Agree, Agree, Disagree and Strongly disagree. However for ease of analysis of significant difference between responses, responses have been collapsed into Agree and disagree. Respondents (55.7%; p<0.05) agreed that they have relatives that would at moment's notice provide them financial assistance to deal with health costs. Difference in responses to the question regarding willingness of relatives to give them financial help when they ask for it was not statistically different. Many (54.7%; p<0.05) agreed that religious leaders find useful solutions that are helpful when they run into difficulties with issues of life. Although, many (60.3%; p<0.05) disagree that trade union do not help them, there is no statistically significant difference in their responses regarding availability of social support groups which they can turn to for help. Even though specific examples were not elicited from respondents, majority (67.3%; p<0.05) agreed that there are social groups in the community. Most respondents (80.5%; p<0.05) confirmed that they have close friends with whom they share intimate information about themselves. Many (63.3%; p<0.05) of the respondents reported that they are not very close to community leaders that they can trust to provide assistance in times of crisis.

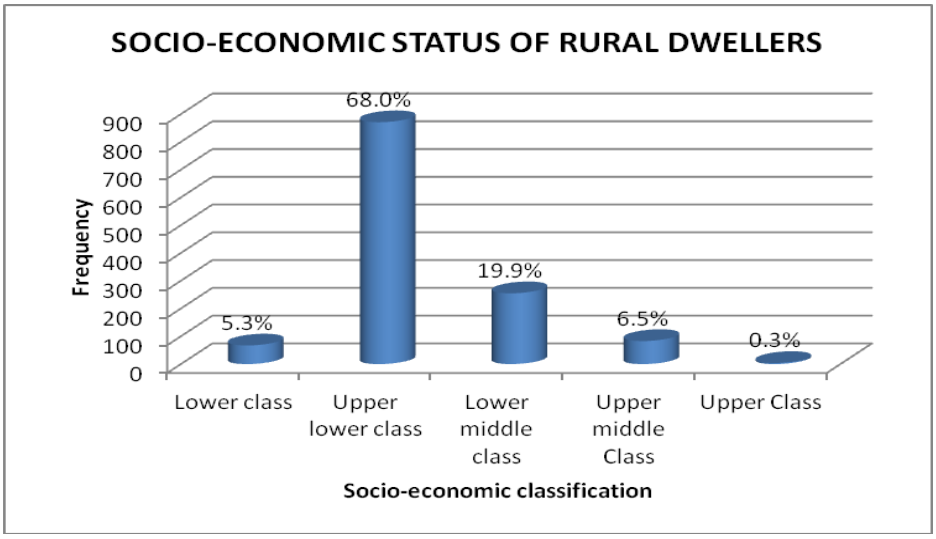
**Perceived social capital and social support available to rural community dwellers (Chart 1a and b)**




Responses of rural dwellers with regards to perceived social support and capital were scaled and latter transformed into weak (0 – 15), average (16 – 31) and strong (32 – 48) social capital using SPSS version 21 on the highest scale of 48.

Summarily, many (79.0%) respondents agreed that strong social supports are available to them in their community. Also, 76.0% reported to large perceived social capital.

**Chart 2: Socio-economic status of rural community members**




The findings of this study build on an earlier study (Edet-Utan, 2014). Chart above showed that majority of rural dwellers (respondents) belonged to the lower socio-economic status. Further analysis reveals that these group of people mostly belonged to the upper lower class (68.0%). Only 0.3% of this population belong to the upper socio-economic class. The relationship between the socio-economic status of community members and their social capital

Findings from this study after subjecting the null hypothesis to a chi square statistic test showed that no association exist between socio-economic status of rural dwellers and the amount of social support available to them ($X^2$ = 5.43; p = 0.86; df = 8; n=1280). Also no significant association was found between socio-economic status of rural dwellers and their social capital using the chi square test ($X^2$ = 18.02; p = 0.26; df = ; n=1280). Cluster bar charts below further explain this non-existent relationship between socio-economic status of rural dwellers and the amount of social support and capital available to them.

**Chart 3: Socio-economic status and social support of rural dwellers**

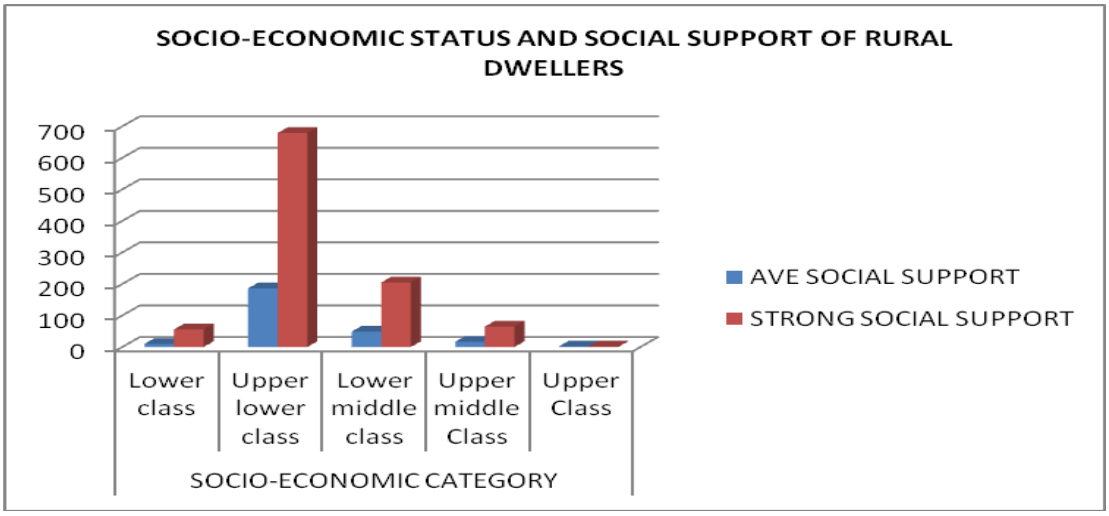
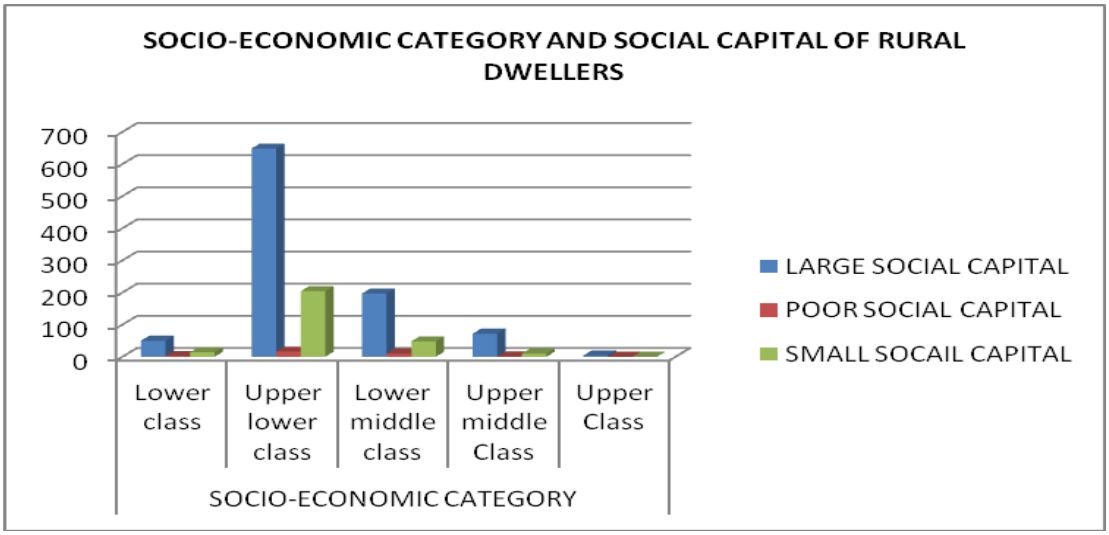



**Chart 4: Socio-economic categories and social capital of rural dwellers**




## DISCUSSION

Majority of the rural dwellers in Ejigbo community belong to the lower socio-economic status. This study clearly revealed that rural dwellers have strong social support as well as large social capital to fall back on in times of crisis. Majority of the rural dwellers had family members, close relatives, friends, religious leaders and social group to fall back to when faced with health challenges/problems. Many sociologists have concluded that large social capital and strong social support is characteristic of rural dwellers, though they may be poor. This study however

supports the fact that rural communities depend on social capital to manage risk (this is including health risks).

Findings from this study also reflect that social capital does not have any significant relationship with socio-economic status of rural communities. Arguably, it would have been expected that large social capital and stronger social support would lead to increased socio-economic status of community members. According to Fran Baum's submission, while social capital should not be seen as a panacea for socio-economic hardship, social capital (networks, trust and co-operation) are also not substitutes for housing, jobs, incomes and education even though they might play a role in helping people gain access to these things (Fran Baum, 1999).

## SECTION TWO: LEVEL OF SOCIAL SUPPORT AND CAPITAL

This section seeks to ascertain how much your relatives, friends and colleagues in the community provide tangible support and information about issues that challenge your quality of life and enable you to cope well during adversities.

**SD = Strongly Disagree, D = Disagree, A = Agree and SA = Strongly Agree**.

| **1** | **Perceived Social Support** | **Response categories** | | | |
|---|---|---|---|---|---|
| | | **SD** | **D** | **A** | **SA** |
| A | I have relatives that would at moment's notice provide me financial assistance to deal with health costs. | | | | |
| B | My relatives are not always willing to give me financial help when I ask for it. | | | | |
| C | When I run into difficulties with issues of life; | | | | |
| | (a) Religious leaders find useful solutions that are helpful. | | | | |
| | (b) Trade groups do not help me at all, | | | | |
| | (c) There no support social groups to turn to. | | | | |
| D | Social group in the community. | | | | |
| E | Hospitals and clinics are for the rich alone. | | | | |
| **2** | **Perceived Social Capital** | | | | |
| A | I have close friends I can share intimate information about myself. | | | | |
| B | I am very close to community leaders that I can trust to provide me assistance when I need it. | | | | |
| C | My very close friends come from other parts of the country. | | | | |
| D | I trust healthcare providers with intimate matters about my life. | | | | |
| E | I am not at all worried that I have no body to bear my burdens when it occurs. | | | | |

## CONCLUSION

Many rural community dwellers in Ejigbo, Nigeria, belong to the low socio-economic status. Though rural dwellers in Ejigbo community (South-West Nigeria) may have a strong social support and large social capital, it is not a reflection of socio-economic status of the community members.

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