



Review

The Concept and Application of Social Capital in Health, Education and Employment: A Scoping Review

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Abstract: The term social capital has been conceptualized and applied in different fields with different controversial connotations and impacts. Due to the variation in the conceptualization and operationalization of the subject, understanding the application of social capital in education, health, and employment remains incomplete. Thus, the purpose of this study is to provide a thorough review of the concept and application of social capital in health, education, and employment using the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) guidelines. Findings from the review reveal that the conceptualization of social capital is multidimensional in each context, with common underlining constructs such as social networks, connections, and a sense of community engagement in all three areas of health, education, and employment. Few reviews in the context of health and education extend social capital conceptualization to include trust, reciprocity, the interlinking of physical structure and social structure, and social cohesion. Furthermore, the conclusive consensus is that social capital leads to positive impacts on health outcomes, though negative outcomes may also be expected through behavioural contagion. The review found a bidirectional relationship between social capital and education. The findings for employment outcomes vary from country to country depending on the methodology used and the strength of social capital, with most studies finding a positive relationship with employment. Additionally, operationalizing social capital may benefit from both quantitative and qualitative methods, therefore, further studies using qualitative approaches to social capital may be especially helpful to understand what social capital means to people. It is also worth noting that the application of social capital is mainly within the context of developed countries; hence, further studies in the context of developing countries on the different types and impacts of social capital are recommended.

Keywords: social capital; definition; concept; application; health; education; employment



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1. Introduction

The concept and application of social capital have received a great deal of attention across different arrays of disciplines over the last two decades. Numerous definitions of social capital have been proposed in the literature in different contexts and disciplines touching on key manifestations of the subject; however, there seems to be no consensus on the meaning of social capital (Bhandari and Yasunobu 2009; Fukuyama 2001; Kobayashi et al. 2013; Magson et al. 2014; Lochner et al. 1999; Kawachi 2006; Villalonga-Olives and Kawachi 2015). In other words, the functions of social capital are often used to describe its meaning. These functions differ from author to author due to varying backgrounds, although most definitions have two fundamental elements. They are (a) features of social systems and (b) individuals whose activities are enabled by those structures (Coleman 1988). Cohen and Prusak (2001) and Nwogu and Mmeka (2015) refer to social capital as a “dynamic and even organic phenomenon”. In addition, their approach stresses the role and function of social capital rather than social capital itself. They emphasise (1) how social capital functions inside organisations, (2) how investments in social capital

are created, and (3) the return that these companies and people get on these investments. In this framework, they offer the working definition of social capital as “the stock of active connections among people; the trust, mutual understanding, and shared values and behaviours that bind the members of human networks and communities” (Cohen and Prusak 2001).

Social capital is defined in two ways in the latest edition of the Dictionary of Epidemiology: (1) The assets accessible to members of social groupings, such as trust, rules, and the application of punishments. The social group may be a company, a nonprofit organisation, or a close-knit residential neighbourhood, such as Union (Anakpo et al. 2023). This approach distinguishes itself by conceptualising social capital as a collective trait. (2) The inherent resources, such as social support, information conduits, and social credentials, inside an individual’s social network. Social capital may be subdivided and operationalized along a variety of subdimensions. Furthermore, it is possible to distinguish between cognitive social capital and structural social capital. Cognitive social capital relates to individuals’ views of the extent of interpersonal trust and collective norms of reciprocity. In contrast, structural social capital refers to the externally visible acts and behaviours of network players, such as civic involvement patterns (Villalonga-Olives and Kawachi 2015).

At the individual or collective level, cognitive and structural forms of social capital may be conceived of and examined in their respective ways. A key distinction to be made here is between bonding and bridging types of social capital. Connections between members of a network who are similar to one another in terms of socioeconomic class, race, ethnicity, and other characteristics are considered examples of bonding social capital. On the other hand, “bridging social capital” refers to the relationships that are made between persons who are different from one another (or heterogeneous) with respect to socioeconomic and other characteristics with multifaceted applications and benefits (Harpham et al. 2002; Moore and Kawachi 2017; Whitley and McKenzie 2005).

According to Putnam (2000), quoted by Magson et al. (2014), the benefits of the resource are far-reaching and have the potential to make us “smarter, healthier, safer, richer, and better able to govern a just and stable democracy”. The value of social capital is thought to reside in a person’s social networks as well as the reciprocities and feelings of trust that result from them, enabling access to both one’s own resources as well as those with whom one is connected (Field 2008). This access may have an impact on wellbeing, including education, health, and employment, which have received a great deal of attention over the last decade. It has often been proposed that social capital influences health. Yet, because of the discrepancies in the conceptualization and application of social capital (Rodgers et al. 2019), there is limited understanding of its relationship with measures of health. The social context in which the individual is embedded is an important predictor of individual health, education, and employment (Helliwell and Putnam 2007). While there have been different definitions and some disagreement regarding the mechanisms linking social capital with education, employment, and health (Szreter and Woolcock 2004), research has consistently identified positive associations between social capital and wellbeing (Helliwell 2007; Helliwell and Putnam 2007). Due to variation in the conceptualization and operationalization of social capital, understanding the application of social capital in education, health, and employment remains incomplete.

The term social capital has been conceptualised and applied in different fields with different meanings and impacts. However, to the best of our knowledge, there is no review that provides the scope of these studies in relation to health, education, and employment, which have received a great deal of attention in the last two decades. This is arguably because a significant part of one’s life and development is intrinsically linked to education, employment, and health, where social interactions and connectedness are inevitable. In these contexts, a deeper examination of intergroup and intragroup dynamics is important, as this could prove beneficial for social capital. For instance, bonding social capital may be advantageous for members of an in-group (regardless of their social status), but it may be exclusive and have negative effects on the status of the out-group, particularly when the out-group’s social position is less valuable. Only individuals who do not perceive social

devaluation and discrimination through social exchanges that transcend various social categories and groups may benefit from bridging social capital. Similarly, a person may mistrust their broader community or neighbourhood but have a high level of trust in their in-group, thereby complicating our understanding of cognitive social capital. Relative deprivation can contribute to the formation and maintenance of social inequalities and can marginalise certain actors. This can have an effect on intergroup dynamics and help explain why social networks exist for some but not for others. Hence, it seems reasonable to conduct a scoping review of the conceptualization and application of social capital. This paper provides a scoping review of the concepts and application (operationalization) of social capital in education, health, and employment.

2. Method

In this section, we discuss the study selection strategy, study design, eligibility highlighting inclusive and exclusive criteria, quality of assessment, and synthesis.

2.1. Study Selection Strategy

The study implemented a scoping review procedure using the Preferred Reporting Items for Reviews and Meta-Analyses (PRISMA) guidelines to ensure reproducibility and transparency of our findings. The selection of literature is informed by the key research objective, the concept and applications of social capital in health, education, and employment. To do this, a comprehensive literature search was conducted on electronic databases including Google Scholar and EBSCOhost, MEDLINE Cochrane Library, and African Index Medicus. Primary concepts such as “definition of social capital”, “the concept of social capital”, “application of social capital”, “benefit of social capital”, “social capital in health”, “social capital in education”, “social capital in employment”, “benefits of social capital in health”, “benefits of social capital in education”, “benefits of social capital in employment”, “application of social capital in health”, “application of social capital in education”, and “application of social capital in employment” were used for the search. The topic and text word searches were carried out individually in each database before being joined using the Boolean operators “OR” and “AND”. Before conducting full-text reviews, two researchers assessed the titles and abstracts of the search results to determine eligibility. Any disagreements were resolved by reaching an agreement between the two researchers. When a survey was cited in an article, the author looked for the original documents or official report to confirm the content. Publications required to report on the concept and application of social capital in health, education, and employment were to be considered.

2.2. Study Design Eligible; Inclusion and Exclusion Criteria

The study design has inclusion and exclusion criteria. Studies were required to include the concept and application of social capital in health, education, and employment to be eligible. For the purposes of this review, only research written in the English language that satisfied the inclusion criteria was taken into consideration. Other criteria for inclusion were peer-reviewed scientific publications published in peer-reviewed journals, survey and policy studies on the concept and application of social capital in health, education, and employment. The following types of publications were not considered for inclusion in the study: (1) unpublished manuscripts (preprints); (2) articles that did not seek to measure, identify, or examine the concept and application of social capital in health, education, and employment; and (3) publications in languages other than English.

2.3. Quality of Assessment

In this study, we performed a quality assessment of the studies as stipulated in the PRISMA-P statement in relation to the screening process. The protocol of the screening process involved looking into the research aim of each study and determining if it answered the research objective of this study. Secondly, the quality assessment also focused on the concept and application of social capital in health, education, and employment. Further-

more, to facilitate a rapid review and address limitations posed by the observational nature of surveys, study quality was assessed by the context of the study, study characteristics, methodology used, and findings. Lastly, the sample sizes of these studies were decreased due to the fact that some of the studies did not pass the quality evaluation method. In accordance with the inclusion and exclusion criteria, two reviewers collaborated in order to make an independent determination on the suitability of the titles and abstracts. These three reviewers determined whether or not there was any bias in the extracted data; differences in interpretation were settled by discussion. The entire texts of all 575 articles were evaluated based on the same set of standards. A quality score out of ten was assigned using the Critical Appraisal Skills Programme (CASP 2019).

2.4. Synthesis

This study employed a range of techniques to form the synthesis of the evidence, based on the recommendation of Popay et al. (2006). We synthesised the findings narratively, provided thematic classification according to the objectives of the review, tabulated the summarised results, and examined relationships with discussions. The study used only data from the findings and results section to maintain consistency with primary-order outcomes and avoid duplication of the authors' interpretations. The remaining 23 papers out of the 575 studies that were initially identified were reviewed by the reviewers, who each made unique notes on the major and significant topics. Inductive categorization was used throughout the screening process; therefore, there were no disagreements.

3. Results

In this scoping review, out of a total of 575 studies initially identified, a sample of 36 studies was used (after rigorous screening and quality assessment) and the geographical precinct of these studies was not restricted to a particular area; there were studies from Sweden, Japan, UK, China, Sweden, Canada, USA, Iran, Australia, Netherlands, and South Africa. The search and selection criteria included peer reviewed publications which were identified using the search criteria terms as described above. First, 575 potentially relevant studies were identified, and 75 titles and abstracts were excluded. Out of the 500 papers that were retrieved, 380 papers remained after removing duplicates and 23 papers were left after thorough assessment using the inclusion and exclusion criteria. The chart illustrates the inclusion and exclusion process and the resulting studies used. This process is fully illustrated in Figure 1 in the PRISMA flow diagram.

3.1. Study Characteristics

3.1.1. Location

The empirical studies on the concept and applications of social capital in health, education, and employment literature cover different locations and countries, such as Sweden (Eriksson 2011; Harpham et al. 2002; Ferlander 2007), Japan (Murayama et al. 2012), the UK (Campbell et al. 1999), China (Yip et al. 2007), Canada (Lomas 1998; Hawe and Shiell 2000), South Africa (Ramlagan et al. 2013; Lau 2014), and general coverage (Ehsan et al. 2019) on health. Studies on social capital in education were done in the context of the USA (Helliwell and Putnam 2007; Palmer and Maramba 2015), Iran (Imandoust 2011), India (Dika and Singh 2002), and the Netherlands (Brouwer et al. 2016). On employment, few studies were done in the UK (Cheung and Phillimore 2014), Switzerland (Bonoli and Turttschi 2015; Behtoui 2016), Australia (Wendy et al. 2004), Ireland (Brady 2015), and the UK (Brook 2005).

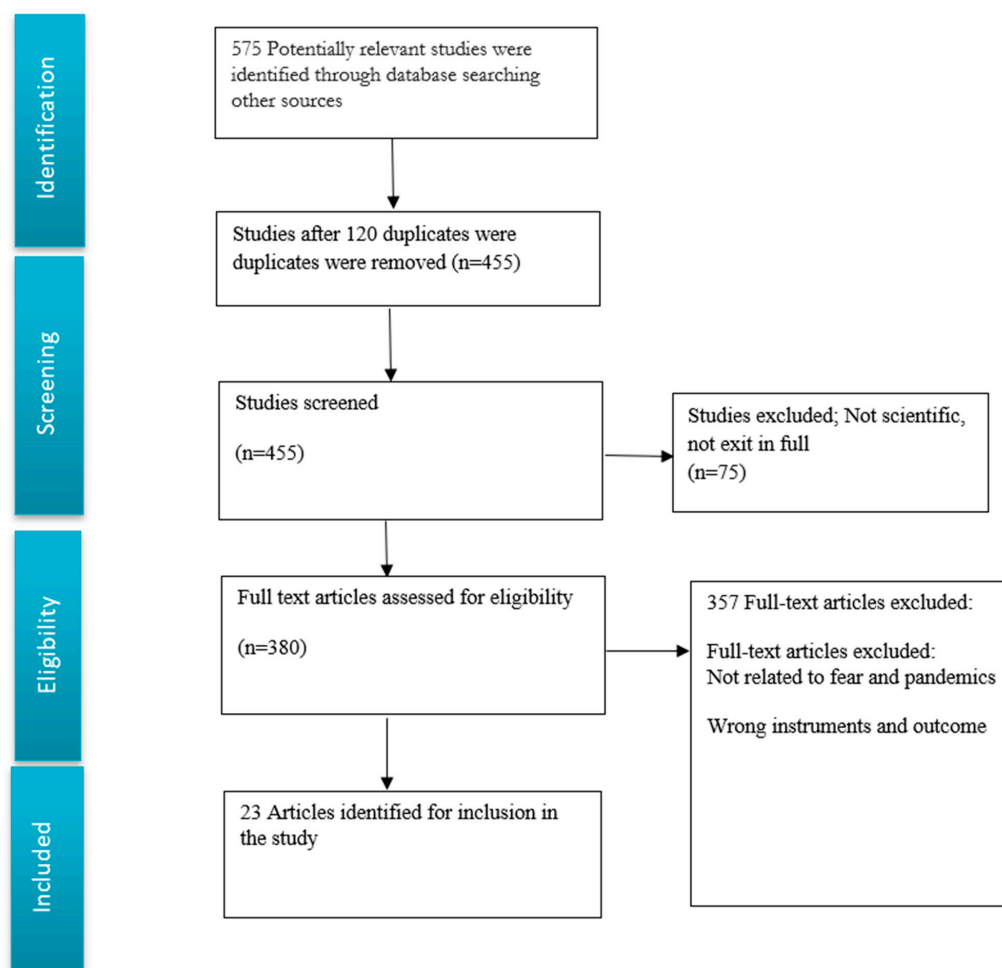


Figure 1. PRISMA flow diagram of study search and selection.

3.1.2. Aims of the Studies and Areas

The review is based on carefully selected studies that focus on the objective of the study. In relation to health, this review includes studies that aim at understanding the effect of Social Capital on health promotion (Eriksson 2011), Social Capital and Health (Ehsan et al. 2019; Murayama et al. 2012; Campbell et al. 1999), effect of social capital enhance health and well-being (Yip et al. 2007), measures of social capital on health (Harpham et al. 2002), different forms of social capital and its importance on health (Ferlander 2007), social capital and health implications for public health and epidemiology (Lomas 1998), social capital and health among older Adults (Ramlagan et al. 2013), relationship between social capital and self-rated health (Lau 2014). The aims of studies in the education context focus on the benefits of social capital in education (Helliwell and Putnam 2007), the relationship between education and social capital (Imandoust 2011), the application of social capital and education (Dika and Singh 2002), the impact of social capital on the access, adjustment, and successor of Southeast Asian American College students (Palmer and Maramba 2015), the impact of social capital on self-efficacy and study amongst first-year students (Brouwer et al. 2016), and the impact of social capital on the education of immigrant students (Salinas 2013). Furthermore, studies in the employment context focus on refugees, social capital, and labour market integration (Cheung and Phillimore 2014), the effect of social capital inequality on labour market re-entry among unemployed people, the application of social capital at work (Wendy et al. 2004), and the influence of social capital on labour Market participation (Brook 2005).

3.1.3. Nature of Study and Design

The existing studies used different study designs and methodologies: multi-level logistic linear model (Yip et al. 2007), cross-sectional study Multilevel logistic, mixed method (Lau 2014), and systematic analysis (Murayama et al. 2012; Campbell et al. 1999; Harpham et al. 2002; Lomas 1998) on social capital and health Studies in the context of education used various research techniques such as quantitative research (Helliwell and Putnam 2007; Palmer and Maramba 2015), systematic analysis (Imandoust 2011; Dika and Singh 2002), and bivariate correlation. Other studies for the review used multinomial logit models (Cheung and Phillimore 2014), OLS (Bonoli and Turttschi 2015), Weighted least squares (Behtoui 2016), qualitative (Wendy et al. 2004), probit models (Brady 2015), and systematic (Brook 2005) to investigate the relationship between social capital and employment.

3.2. Findings

Table 1 provides a summary of studies on the concept and application of social capital in health, education, and employment.

3.2.1. Social Capital and Health

Social capital in the literature in the context of health was conceptualised or operationalized in terms of a number of characteristics such as community networks, networking, civic engagement, civic identity, reciprocity, and trust (Campbell et al. 1999). Others used indicators along approaches such as the cohesion approach (indicators for family cohesion, collective efficacy, informal control, social interaction, and sense of belonging); cognitive indicators such as trust, social cohesion, perceived social support, and sense of community; and the network approach (indicators for family support: emotional support, instrumental support, family conflict; family network: network structure, quality of family ties) (Ehsan et al. 2019; Yip et al. 2007; Murayama et al. 2012). Lomas (1998) and Hawe and Shiell (2000) operationalized social capital in terms of structural (connectedness), cognitive (reciprocity, sharing, and trust), interlinking of physical structure and social structure, and social cohesion.

The relationship between social capital and health has been explored in literature by a number of authors, such as (Ehsan et al. 2019; Eriksson 2011; Harpham et al. 2002; Hawe and Shiell 2000; Murayama et al. 2012; Ogden et al. 2014; Ramlagan et al. 2013; Yip et al. 2007). The in-depth analysis of the nexus in literature goes as far as understanding whether societies with high social capital have better health status. In their multilevel analysis on the impact of social capital on health, Yip et al. (2007) found that there is a positive relationship between social capital and all three measures of health. The study further found that trust affects health and wellbeing through pathways of social network and support. This finding was reinforced in a separate study (Murayama et al. 2012), which identified that social capital has a positive impact on health regardless of study design or type of health outcome. Similarly, Lau (2014) identified individualised trust, individualised community service membership, and neighbourhood personalised trust as beneficial to self-rated health. Furthermore, Harpham et al. (2002) documented that the use of surveys that were not originally designed to measure social capital provides conflicting results. The study also concluded that social capital and social support influenced health, reported stress, and health behaviour differently depending on how they were measured. The study identifies the need for tailor-made surveys that include reliability and validity in their measures. Ramlagan et al. (2013) reported that cognitive physical activity and self-rated health dropped as age progressed. While those with a higher educational level have high cognitive functioning and good health, However, physical inactivity remained low despite the educational level. while the older reported low social capital in terms of sociability and social action, while they have social capital in trust and solidarity.

Table 1. Review characteristics; social capital and health outcome.

Authors	Study	Countries Covered	Estimation Method(s)	Conceptualization/Operationalization of Social Capital	Summary of Findings on Social Capital Applications/Use
(Campbell et al. 1999)	Social capital and health	UK	Systematic analysis	Social capital was conceptualized or operationalized in terms of a number of characteristics such as community networks, networking, civic engagement, civic identity, reciprocity, trust.	This paper conceptualized social capital as interactions between people through systems that enhance and support that interaction. The study identified that a bulk of studies investigate the macro socioeconomic factors and a gap in analysis of the community level relationships and networks. This has involved a move away from persuading individuals to change their behaviour through the provision of information about health risks, towards an interest in creating community contexts that are most likely to enable health-promoting behaviours to occur.
(Ehsan et al. 2019)	Social capital and health	General coverage	Systematic analysis	Indicators were used along with approaches such as the Cohesion approach (indicators for family cohesion: collective efficacy, informal control, social interaction, sense of belonging). Cognitive indicators such as trust, social cohesion, perceived social support, sense of community. Network approach (indicators for family support: emotional support, instrumental support, family conflict; family network: network structure, quality of family ties).	The study found that there is a good amount of evidence to indicate that social capital is associated with better health, though one review found a negative relationship (behavioural contagion). They added that the interactions between the multi-dimensionality of social capital, dynamics between actors, time, contexts, and underlying psychological mechanisms are useful to consider in the relationship between social capital and health
(Eriksson 2011)	Social Capital and health implications for health promotion	Sweden	Systematic analysis	Social capital was conceptualized as social networks, norms, solidarity, and reciprocity.	Social capital as an individual characteristic adds to new knowledge on how social capital intervention programs can be designed to meet target groups. The classification of social capital into bonding, bridging, and linking can be useful for mapping social capital in terms of which ones are available and which ones are health enhancing and damaging. In health promotion programs, it is important for social capital to be characterized as a community phenomenon.

Table 1. Cont.

Authors	Study	Countries Covered	Estimation Method(s)	Conceptualization/Operationalization of Social Capital	Summary of Findings on Social Capital Applications/Use
(Harpham et al. 2002)	Measuring social capital and health		Systematic analysis	Structural (connectedness), cognitive (reciprocity, sharing, and trust).	The studies found that the use of surveys that are not originally designed to measure social capital provide conflicting results. The study also concluded that social capital and social support influenced health, and reported stress and health behaviour differently depending on how they are measured. The study identified the need for tailor-made surveys that include reliability and validity in their measures.
(Hawe and Shiell 2000)	Social capital and health promotion	Canada	Systematic analysis	Microlevel conceptualization (community ties) and macro level (state–society connection).	The study concluded that income inequality leads to poor health outcomes and a disfranchised social capital. The study identified that communities with high levels of inequality have poor health outcomes. They suggest that, although the relational properties of social capital are important (e.g., trust, networks), the political aspects of social capital are perhaps under-recognized.
(Lau 2014)	Investigating the relationship between social capital and self-rated health in South Africa	South Africa	Mixed methods	Personalized trust, generalized trust, reciprocity, and associational activity. Group participation.	The study identified that individualized trust, individualized community service membership and neighbourhood personalized trust as beneficial to self-rated health
(Lomas 1998)	Social capital and health: implications for public health and epidemiology	Canada	Systematic analysis	Social system comprising interlink of physical structure, social structure, and social cohesion.	The study emphasized the need for the retooling of social capital measurement to ensure relevance to the health sector.
(Murayama et al. 2012)	Social Capital and Health: A Review of Prospective Multilevel Studies	Japan	Systematic analysis—13 articles	Social trust and civic participation at individual level and area level (family cohesion). Social cohesiveness and trust at state level. Cognitive and structural components of workplace social capital (sense of cohesion, mutual acceptance, trust for the supervisor).	The study identified that social capital has a positive impact on health regardless of study design, setting follow-up periods for type of health outcome. Prospective studies were conducted in Western countries whilst cross-country studies were undertaken in Asian countries.

Table 1. Cont.

Authors	Study	Countries Covered	Estimation Method(s)	Conceptualization/Operationalization of Social Capital	Summary of Findings on Social Capital Applications/Use
(Ferlander 2007)	Importance of different forms of social capital for health	Sweden	Systematic analysis	Social capital indicators were of two categories: (1) Horizontal ties (social networks), voluntary associations, family, relatives, friends, and colleagues; (2) Vertical ties (work hierarchies and criminal networks, clan relations, network ties between citizens and street gangs, civil servants.	More research needs to be conducted into the different forms of social capital and their effects on health. A special focus should be placed on the health impacts of cross-cutting—or bridging and linking—forms of social capital.
(Ramlagan et al. 2013)	Social capital and health among older Adults in South Africa	South Africa	Cross sectional study Multilevel logistic	Social capital was assessed with six components: being married or cohabiting, social action, sociability, trust and solidarity, safety, and civic engagement.	The study reported that, in South Africa, cognitive physical activity and self-rated health dropped as age progresses. Those with higher educational level have high cognitive functioning and good health. However, for the physically inactive, this remained low despite educational level. Older people reported low social capital in terms of sociability and social action whilst they have social capital in trust and solidarity.
(Yip et al. 2007)	Does social capital enhance health and well-being? Evidence from rural China	Rural China	Multi-level logistic linear model	Social capital was measured using the “structural/cognitive form (structural dimension encompasses behavioural manifestations of social capital, namely participation in formal associations). The “cognitive” dimension subsumes attitudinal manifestations, such as trust in others and reciprocity between individuals.	The study found that there is a positive relationship between social capital and all the three measures of health. The study further found that trust affects health and wellbeing through pathways of social network and support.

Hawe and Shiell (2000) also reported that income inequality leads to poor health outcomes and disfranchised social capital. The study identified that communities with high levels of inequality have poor health outcomes. They suggest that, although the relational properties of social capital are important (e.g., Trust, networks), the political aspects of social capital are perhaps under-recognised. In their systematic review (Ehsan et al. 2019), they found that there is a good amount of evidence to indicate that social capital is associated with better health, though one review found a negative relationship.

3.2.2. Social Capital and Education

In the context of education, indicators of social capital were categorised as follows: family capital (family connection and cohesion), faculty capital (academic and mentorship support), and peer capital (support from friends and colleagues) (Brouwer et al. 2016; Dika and Singh 2002). Additionally, Helliwell and Putnam (2007), Imandoust (2011), Palmer and Maramba (2015), and Salinas (2013) measured social capital in terms of trust and social engagement, connections within and between social networks, caring agents, support services, organisations facilitated, and family ties.

Social capital and education have also received some attention in the extant literature (Ramlagan et al. 2013; Hawe and Shiell 2000; Murayama et al. 2012). In their qualitative analysis of the impact of social capital on access, adjustment, and successor Southeast Asian American College students (Palmer and Maramba 2015), Palmer and Maramba identified that for academic success, the students were more dependent on the network support services of the organisations than they were on their caring agents. The study explained the cause of the phenomenon to be the lack of experience in higher education of the caring agents, thus causing them to be a poor source of returns. Imandoust (2011) also reported that social capital is a lubricating factor between education and economic development and recognises that distance learning has an impact on the development of social capital and that there is a need for the development of mechanisms that enhance social capital in distance learning. Furthermore, Dika and Singh (2002) conducted a study that traced the conceptualization of positivity between education and social capital and concluded that nearly all studies under consideration focus on the conceptualization of social capital as norms rather than access to institutional resources. This is because of the poor theoretical outline of Coleman's concepts. Furthermore, in his qualitative analysis of the impact of social capital on the education of immigrant students (Salinas 2013), he reported that social capital was beneficial for student performance in and out of the classroom through intersecting themes and patterns, which included feminism and compadrazgo. Additionally, Brouwer et al. (2016) find that the returns from casual capital are less than those from peer capital, while faculty capital provides the highest returns of social capital towards educational success and advice. The study also finds a positive relationship between variables of social capital and students' self-efficacy. Conversely, Helliwell and Putnam (2007) found that relative education has an impact on trust and social enjoyment. The study suggests that education increases social trust. The study argues that engagement widens the level of education; however, the US empirical study does not conform to this proposition.

3.2.3. Social Capital and Employment

Social capital in the health literature is operationalised as individuals' resources which are accessible through social networks (social capital) (Behtoui 2016), value of individual's network, which in turn depends on the number of relations a person has and on their position in the social structure (Bonoli and Turttschi 2015), social networks (Brady 2015), Networks of contacts or information (Brook 2005), social network identified as friends, relatives, and national or ethnic community, religious groups and other groups and organizations (Cheung and Phillimore 2014), relationship and network with individual, groups, and organization (Bonding, bridging and linking) (Wendy et al. 2004).

Relationships between social capital and employment have also been investigated in the literature (Bonoli and Turttschi 2015; Behtoui 2016; Cheung and Phillimore 2014;

Wendy et al. 2004; Brady 2015; Brook 2005). According to a study by Bonoli and Turttschi (2015) on Inequality in social capital and labour market re-entry among unemployed people, immigrants have more work-related social capital when measured in the number of workmates, which translates to an earlier exit from unemployment than Swiss people; however, in Switzerland, it has failed to translate into a better-quality job. This finding was confirmed in a separate study by Behtoui (2016), who found that the use of social networks is a source of finding work in Sweden, but it does not offer an advantage in competition for better jobs. Furthermore, Brook (2005) documented that social capital can provide positive networks of contacts or information, assisting in successful job searches for people seeking employment and also helping those in employment in terms of progression within the workplace. The author also reports that social capital can be a negative characteristic and may disadvantage some groups within society in general or individuals within an organisation. Additionally, Wendy et al. (2004) concluded that there is a positive relationship between social capital and labour in Australia and that individuals with informally emphasised social capital are more likely to be employees and get full-time employment than other groups. Cheung and Phillimore (2014), however, explained that the breadth of networks of refugees is highly dependent on the language barriers and the time period in the country. The results also show that the existence of networks does not make a significant contribution to integration into employment. The study recognises that social capital has no significant benefit in the UK, but rather pre-immigration qualifications, time in the UK, and pre-employment quality have a significant impact.

4. Discussion

4.1. Conceptualization of Social Capital in Health Education and Employment

Literature reveals that social capital is a multidimensional construct that is more than the sum of its parts, and most of the reviews use a theoretical lens to conceptualise social capital and synthesise the evidence. Each analysis recognised the challenges inherent in tackling a diverse notion like social capital (see Tables 1–3). Every conceptual dimension under the social capital umbrella was measured in each context of health, education, and employment using several indicators ranging from social connection through trust and ties with and between social groups and institutions. Social capital in the literature in the context of health was conceptualised or operationalized in terms of a number of characteristics such as community networks, networking, civic engagement, civic identity, reciprocity, trust, social cohesion, interaction sense of community, and network support (Campbell et al. 1999; Ehsan et al. 2019; Yip et al. 2007). The concept was closely similar within the context of education, where indicators of social capital in the existing literature included family connection and cohesion, support systems within family units and social entities, trust, and social engagement (Brouwer et al. 2016; Dika and Singh 2002). This conceptual was also highlighted in the health literature, where social capital is operationalised as individuals' resources which are accessible through social networks (social capital) (Behtoui 2016), value of individual's network, which in turn depends on the number of relations a person has and on their position in the social structure (Bonoli and Turttschi 2015), social networks (Brady 2015), Networks of contacts or information (Brook 2005), social network identified as friends, relatives, and national or ethnic community, religious groups and other groups and organisations (Cheung and Phillimore 2014), relationship and network with individual, groups, and organisation (Bonding, bridging and linking) (Wendy et al. 2004). Thus, the conceptualization of social capital is multidimensional in each context, with common underlining constructs such as social networks, connections, and a sense of community engagement in all three areas of health, education, and employment. Few reviews in the context of health and education extend social capital conceptualization to include trust, reciprocity, interlink of physical structure and social structure, and social cohesion.

Table 2. Review characteristics; social capital and education outcome.

Author	Study	Countries Covered	Estimation Method(s)	Conceptualization/Operationalization of Social Capital	Summary of Findings on Social Capital Applications/Use
(Brouwer et al. 2016)	Impact of social capital on self-efficacy and study amongst first year students	Netherlands	Bivariate correlation analysis	Indicators of social capital were categorized as follows: family capital (family connection), faculty capital (academic and mentorship support), peer capital (support from friends and colleagues).	The study found that the returns from casual capital are less than those from peer capital, whilst faculty capital provides the highest returns of social capital towards educational success and advice. The study also found a positive relationship between variables of social capital and students' self-efficacy.
(Dika and Singh 2002)	Application of social capital and education		Systematic analysis	Family (family cohesion, support), community (society, religious involvement) and social support system.	The study traced the conceptualization of the idea of positivity between education and social capital. Nearly all these studies focus on the conceptualization of social capital as norms rather than access to institutional resources. This is because of the poor theoretical outline in Coleman's concepts.
(Helliwell and Putnam 2007)	Education and social capital	USA	Quantitative research	Trust and social engagement.	They found that relative education has an impact on trust and social enjoyment. The study suggests that education increases social trust. The study argues that engagement widens the level of education; however, the US empirical study does not conform to this proposition.
(Imandoust 2011)	Relationship between education and social capital	Iran	Systematic analysis	Connections within and between social networks.	The study identified social capital as a lubricating factor between education and economic development and recognizes that distance learning has an impact on the development of social capital and there is a need for the development of mechanisms that enhance social capital in distance learning.

Table 2. Cont.

Author	Study	Countries Covered	Estimation Method(s)	Conceptualization/Operationalization of Social Capital	Summary of Findings on Social Capital Applications/Use
(Palmer and Maramba 2015)	Impact of social capital on the access, adjustment and successor Southeast Asian American College students	USA	Qualitative approach Epistemological approach anchored on constructivist	Social capital includes caring agents, support services, organizations facilitated.	The study identified that, for academic success, the students were more heavily dependent on the network support services of the organizations than on their caring agents. The study explained the cause of the phenomenon to be the lack of experience in higher education of the caring agents, thus causing them to be a poor source of returns.
(Salinas 2013)	Impact of social capital on the education of immigrant students	USA	Qualitative research approach	Family ties and family culture.	The findings illustrate how social capital was beneficial for student performance in and out of the classroom through intersecting themes and patterns, which included feminism and compadrazgo. Culturally based recommendations for school leaders and community organizations are presented.

Table 3. Review Characteristics: Social Capital and Employment.

Authors	Study	Countries Covered	Years Covered	Estimation Method(s)	Conceptualization/Operationalization of Social Capital	Summary of Findings on Social Capital Applications/Use
(Behtoui 2016)	Beyond social ties: the impact of social capital on labour market outcome for young Swedish people	Swiss	2015	Weighted least squares	Social capital as individuals' resources which are accessible through social networks (social capital).	The results indicate that the use of social networks is a source of finding work in Sweden; however, it does not offer an advantage in competition for better jobs.
(Bonoli and Turttschi 2015)	Inequality in social capital and labour market re-entry among unemployed people	Swiss	2015	OLS	Value of someone's network, which in turn depends on the number of relations someone has and on their position in the social structure.	The study found that immigrants have more work-related social capital when measured in number of workmates, which translates to earlier exit from unemployment than Swiss people; however, in the Swiss it has failed to translate into a better quality job.

Table 3. Cont.

Authors	Study	Countries Covered	Years Covered	Estimation Method(s)	Conceptualization/Operationalization of Social Capital	Summary of Findings on Social Capital Applications/Use
(Brady 2015)	Network social capital and labour market	Ireland	2015	Probit models	Social networks (how frequently contacts are made with friends, relatives, and a range of organisations).	The study found that a person's weak ties contribute more to their employment whereas their strong ties, for example to family, have a weak impact on employment.
(Brook 2005)	Labour Market participation: the influence of social capital	UK	2015	Systematic analysis	Networks of contacts or information.	Social capital can provide positive networks of contacts or information, assisting in successful job searches for people seeking employment, and also helps those in employment in terms of progression within the workplace. The study also reports that social capital can be a negative characteristic and may disadvantage some groups within society in general or individuals within an organization.
(Cheung and Phillimore 2014)	Refugees, social capital and labour market integration	UK	2014	Multinomial logit models	Social capital was measured as social networks identified as (1) friends, (2) relatives, and (3) national or ethnic community, religious groups, and other groups and organizations.	The results indicated that the breadth of networks of refugees is highly dependent on the language barriers and the time period in the UK. The results also show that the existence of a network does not make a significant contribution towards integration into employment. The study recognizes that mere social capital has no significant benefit in the UK, but rather pre-immigration qualifications, time in the UK, and pre-employment quality have a significant impact.
(Wendy et al. 2004)	Social capital at work	Australia	2002	Qualitative	Social capital was conceptualized as relationships and networks with individuals, groups, and organizations (bonding, bridging and linking).	There is a positive relationship between social capital and labour in Australia. The informally emphasized social capital individuals are more likely to be employees and to achieve full-time employment than other groups.

4.2. Application of Social Capital in Health, Education, and Employment

The review process provides an overview of existing empirical literature on the concept and application of social capital and its relationship with health, education, and labour outcomes. Initially, the study provides the historical background of social capital literature and the evolution of the term in terms of definition and measurement. The study illustrates how the differences in definitions of social capital (Putnam 2000; James Coleman 1990) lead to differences in the measurement of social capital. The existence of individual networks and structural social networks has been identified (Jay and Andersen 2018).

First, the study proceeds to examine the relationship between social capital and health outcomes in an analysis of diverse literature by Campbell et al. (1999); Harpham et al. (2002); Hawe and Shiell (2000), as well as Oguttu and Ncayiyana (2020). The in-depth analysis of the nexus in literature goes as far as understanding whether societies with high social capital have better health status. Harpham et al. (2002) state that the measurement of social capital in health literature is mainly done through social support. The general consensus amongst the authors is that high levels of social capital led to positive health outcomes. Ramlagan et al. (2013) argue that social support acts as mental health therapy that aids in stress relief, stress-related disease, and depression in society. Moreover, societal support helps improve the health status of society by assisting those engaged in rehabilitation and withdrawal from addictions, thereby creating a healthier society. In their reviews, Ehsan et al. (2019) found that although most studies identified a positive relationship between social capital and health, one review study found a negative relationship (behavioural contagion). They recommended that interactions between the multi-dimensionality of social capital, dynamics between actors, time, contexts, and underlying psychological mechanisms are useful to consider in the relationship between social capital and health, focusing on what, who, where, when, why, and how framework. Ferlander (2007) argues that social capital improves a society through social influences. Social influences are equally important and closely related to social support, the difference being that social influences set societal norms and ways of living. Positive societal influences such as little to no smoking and the practise of exercise activities are likely to influence a healthy society.

Rydström et al. (2017) also identify the relationship between social capital and health through social participation in community programmes, which provides new opportunities and gives members of society a sense of belonging. Social participation in learning and developing new skills strongly influences health as it provides participants with cognitive-activating activities. Yip et al. (2007) recognise that the existence of social capital can lead to a healthy society through members having access to material resources and services that have a direct bearing on health, such as jobs and health services. Other authors, such as Hawe and Shiell (2000); Lomas (1998), found out that there is a relationship between social capital, health, and income inequalities. Hawe and Shiell (2000) are of the view that societies with high levels of inequality have poor social cohesion, which impacts the health of the society, whereas Lomas (2000) recognised that egalitarian societies that have high levels of equality have higher levels of societal cohesion than unequal societies. Lomas (1998) further notes that those egalitarian societies have stronger community life and have fewer factors that contribute to the corrosion of societal bonds. Moreover, societies with high levels of inequality have high crime rates and violence, which undermine the likelihood of densely overlaying horizontal social networks. The psychological burden produced by inequality leads to poor health status and wellbeing in society. Harpham et al. (2002) argue that social capital in health can be measured using per capita membership in voluntary groups, interpersonal trust, and perceived norms of reciprocity. They use a questionnaire that recognises group and individual definitions of social capital. The questionnaire's eight elements, which factor into the structural construct of social capital, include participation in local community and neighbourhood connections, family and friends' connections, and work connections. The other four factors of social capital that recognise the cognitive construct of social capital include trust and safety, tolerance of diversity, and the value of

life. The study by [Yip et al. \(2007\)](#) used a single variable of social capital, which is the structural social capital measured in membership in an organisation, while its cognitive measure is based on the index of trust, reciprocity, and mutual help.

A few studies identified within the South African context include: [Amaral et al. \(2013\)](#); [Oguttu and Ncayiyana \(2020\)](#); [Ramlagan et al. \(2013\)](#). The analysis of the measures of social capital in South Africa by [Amaral et al. \(2013\)](#) found that limiting the measurement of social capital to the two dimensions of trust and network, as reported in theory by Putman, is a very narrow measure of social capital. It further states: To define social capital from the South African perspective, we start by looking at the local cultural ideology of Ubuntu. He views Ubuntu as analogous to social capital; it is defined as the conceptual idea of expressing community life, collective responsibility, and the idea of sharing. While the study identified that South Africa's social capital measurement requires a wider range of variables, those are linked to neighborhoodness and kin-based social capital. The study notes that in South Africa, trust is a situational concept where interpersonal trust is low and trust and networks between neighbours are high.

Additionally, [Ramlagan et al. \(2013\)](#) analysed the relationship between social capital and health among the elderly using social action, sociability, civic engagement, psychological resources, trust, and solidarity as measures of social capital. The study found that self-reported good health was associated with younger age, secondary education, and higher social capital, whereas the elderly was found to have lower physical inactivity, lower social capital, lower social action, a lack of safety, lower civic engagement, and poor psychological resources. While the study by [Oguttu and Ncayiyana \(2020\)](#) looked into social capital and self-rated health, it identified that social capital is beneficial to self-rated health. The study employed individualised personal trust, individual community service group membership, and neighbourhood personal trust as measures of social capital. Furthermore, they found that reciprocity, associational activity, and other types of group membership are not significantly associated with self-rated health.

Concerning social capital and education, [Palmer and Maramba \(2015\)](#) state that education makes people more socially engaged than those who are not more educated, thereby having a larger portfolio of social capital in both quality and quantity. [Helliwell and Putnam \(2007\)](#) found that education increases social trust and community engagement; therefore, it widens the range of social capital that an individual has. According to [Imandoust \(2011\)](#), social capital is a lubricating factor between education and economic development. He recognises that distance learning has an impact on the development of social capital and that there is a need for the development of mechanisms that enhance social capital in distance learning. He states that a low level of social capital from faculty capital and support services in institutions leads to poor performance outcomes in a distance learning setup. [Behtoui \(2016\)](#) found that “given the students within-family and school-based social capital, their parental social networks with valuable resources (more social capital) and being friends with those who hold positive attitudes towards education all have a positive and significant impact on pupils’ educational expectations”.

The academic success of the student depends heavily on the support services and organisations, not on their caring agents. The study notes that the poor performance of the social capital returns from the caring agents is linked to low levels of educational qualifications, rendering them unable to contribute towards the academic success of their children ([Palmer and Maramba 2015](#)). [Brouwer et al. \(2016\)](#) agree with [Palmer and Maramba \(2015\)](#) that the returns from casual capital are less than those from peer capital, whereas faculty capital provides the highest returns of social capital towards educational success and advice. The study finds a positive relationship between variables of social capital and students’ self-efficacy.

Concerning the impact of social capital on employment, [Behtoui \(2016\)](#) views social capital as an important aspect of the labour market as it has the power to influence outcomes in the labour market and informal hiring behaviour. [Brook \(2005\)](#) says that labour can be described in terms of human capital, which includes skills, education, and, to an

extent, personal capital. The factors of Human capital are of equal importance as social capital to workers as they enable information, access, and integration in the workplace. [Behtoui \(2016\)](#) states that social capital has an influence within and outside the workplace. The connection between an individual and their neighbourhood creates a social network and a social influence, which results in diverse personal outcomes that influence the health, education, employment, and employability of an individual ([Brady 2015](#)). Given that social capital is a concept based on the interaction between individuals in an organisation or at a personal level, social capital becomes an asset for those who are looking for work in the labour market ([Bonoli and Turtschi 2015](#)). Social capital can have negative returns when it acts as a barrier to career progression and job retention in the market. The use of social capital as an asset is identified as a disadvantaging factor for other participants. In an imperfect market, employers may gain information about the best candidates to employ through social ties, thus reducing the costs incurred in searching for suitable candidates ([Cheung and Phillimore 2014](#)). They further argue that cost-effective employers regard referrals from their employees as a more valuable and reliable source of information since employee referrals are intertwined with maintaining their own reputation. The studies that look into the relationship between social capital and employment outcomes include [Brady \(2015\)](#), who explained how participation in weak ties is more relevant to employment than participation in strong ties in Ireland. He described these strong ties as family ties; however, these effects vary across age and location.

[Brady \(2015\)](#) further states that when specifying models of social capital and labour, it is important to note that the relationship between social participation and employment is endogenous. [Bonoli and Turtschi \(2015\)](#) analysed the quantity and quality of social capital and identified that foreign nationals in Switzerland have a larger quantity of contacts with former colleagues compared to Swiss nationals. They explained that this phenomenon is a sign of poor job retention but can also signal an early exit from unemployment. Among the Swiss, this social capital has failed to translate into better job prospects because it is overridden by powerful forces such as inequality in skills and discrimination. [Cheung and Phillimore \(2014\)](#) studied foreign nationals' integration into the labour market and concluded that time of stay and language have a bearing on the social capital of foreign nationals. The study concluded that as much as social networks enhance employment, social networks alone are not enough to enhance the employability of foreign nationals; pre-immigration qualifications and occupation play a significant role ([Cheung and Phillimore 2014](#)). When dealing with social capital and labour, [Jay and Andersen \(2018\)](#) state that social capital can be identified through its three facets, which are bonding, bridging, and linking. They interpret bonding as the interaction between similar types of people, such as friends, family, and close friends. Bonding is a measure of social capital for workers that are working within working teams, while bridging measures the ties that are less tight and include causal friends, colleagues, and associates ([Jay and Andersen 2018](#)). [Wendy et al. \(2004\)](#) explain bridging as the social capital between individuals in different working teams or a bond between teams. [Amaral et al. \(2013\)](#) describe linking as the measure of social capital between teams and their leaders, whereas [Wendy et al. \(2004\)](#) describe linking as the organisational and institutional connections that assist in accruing support from people in authority. [Cheung and Phillimore \(2014\)](#) provide three different measures of social capital in the labour market: informal tests, generalised relationships, and institutional relationships. A comparison of these measures to those of [Bonoli and Turtschi \(2015\)](#) reveals a broader range of variables that they proxy in one measure. Measuring the social capital of immigrant workers ([Bonoli and Turtschi 2015](#)) used social networks measured using three channels: contacts with friends, relatives, organisations, churches, and groups of nationalities and ethnicities.

5. Limitations of the Study

This study is not without limitations. First, despite the fact that we completed a thorough search of the published literature, we did not manually search any journals or other sources of grey literature. However, given the scope of our search and study focus, we did not believe that any pertinent information would be missed from our searches. Additionally, we did not conduct a meta-analysis; nonetheless, we were able to report on the significant findings of the individual investigations as well as the overall evidence using criteria that are generally recognised as being reliable. In addition, given that the objectives of some reviews were comparable to those of other reviews, it is probable that the same individual studies were included in more than one review.

6. Conclusions

The existing research has provided some evidence on the conceptualization and application of social capital in the contexts of health, education, and employment. Findings from the review reveal that the conceptualization of social capital is multidimensional in each context, with common underlining constructs such as social networks, connections, and a sense of community engagement. Few reviews in the context of health and education extend social capital conceptualization to include trust, reciprocity, the interlinking of physical structure and social structure, or social cohesion. Furthermore, the findings show a conclusive consensus that social capital leads to positive health outcomes irrespective of country or study methodology used, despite the differences in the estimation method and the type of research used in the study, though negative outcomes may also be expected through behavioural contagion. The review found a positive, bidirectional relationship between social capital and education. Furthermore, findings on the relationship between social capital and labour market outcomes reveal that the results depend on the country, the strength of social ties, the study's methodology, and the structure of the labour market in the country, with most studies finding a positive relationship with employment. Additionally, operationalizing social capital may benefit from both quantitative and qualitative methods, therefore, it is recommended that further studies using qualitative approaches to social capital (which are limited in the literature) may be especially helpful for understanding what social capital means to people. It is also important to note that the application of social capital in the existing literature is mainly within the context of developed countries; hence, further studies in the context of developing countries on the different types and impact dynamics of social capital are recommended.

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