Mothers' social capital and child health in Indonesia

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In the past two decades, social capital has increasingly gained attention in health research (Kawachi, Subramanian & Kim, 2008). Two research gaps exist within the literature on social capital and health. Firstly, most focuses on adult health in developed countries (for reviews, see Kawachi & Berkman, 2000). However, given that the effect of social capital is hypothesised to vary by sub-groups and contexts (Cutrona & Russell, 2000; Lochner et al., 2005; De Silva & Harpham, 2007), it is important to study the effect of social capital on child health in developing countries. Secondly, several empirical studies examining the relationship between mothers' social capital and child health do not take into account the reverse causality issue which compromises the relationship (for example Macinko & Starfield, 2001; Tuan et al., 2006; De Silva & Harpham, 2007). The characteristics that promote mothers' social capital are likely to be influenced by their children's health. Failure to take this into account will lead to bias estimate of the relationship between mother's social capital and child health.

This study examines the relation between mothers' access to social capital (via participation in community activities) and child health. Heckman (1997) sample selection model is used to address endogeneity problems from mothers' social capital and child health. Child health is measured by child height and weight-for-age (Martorell & Habicht, 1986; Fogel, 1994; Foster, 1995). Mothers' social capital is measured through their links in five key community activities: community meetings, cooperatives, voluntary labour, village upkeep, and women's associations. Data comes from the Indonesian Family Life Survey (IFLS) 2007 which consist of face-to-face interviews among the adult population in Indonesia (N_{mothers} = 3,450, N_{children} = 4,612, $N_{\text{communities}}$ = 309).

The results show that mothers' social capital is positively associated with their children's health, and that the relation between the two follows a causal relationship, with instrumental variables method providing strong evidence for the causal flow running from mothers' social capital to child health. Community social capital in the form of active community activities also improves child health. Mothers or parents living in denser social groups related to health are likely to have better access to healthcare and social support that benefit their children's health. Community social capital also matters in terms of buffering community members (including women and children) from health shocks such as those incurred by economic crisis and natural disaster (Putnam, 1995) (and the latter did occur in Indonesia during the period of the IFLS survey). The fact that mothers' social capital largely benefits children's health in developing countries suggests that enhancing this capital through enlarging community activities, specifically those that facilitate mothers' access to health programme and information, may provide a channel for reducing disparities in child health and well-being in those countries. Lastly, because child health status has been shown to be related with health and well-being in later life (Barker, 1995), this type of social capital may provide another way to reduce intergenerational socio-economic inequality.

Key words: mother's social capital, child health, instrumental variable method, Indonesia