

A Theoretical Study of the Standing of Social Investment in the Health Sector

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Abstract: The researchers increase their tendencies to the social sciences as a structure of social investment to assign the social phenomena, such tendencies show the contrary data and as whole there is positive, meaningful relations between the social investment and the report of health. Therefore, the present article is to examine the social roles of investment in assigning the health. This study is to examine the assigning factors of health in the previous studies, in order to show the concept of social investment and the mechanism of effects on people's health and then we analyze the relations of elements of social investment on health. At end, we examine how the social investments influence on the health in the civil environment.

Key words: Health, social investment, social network, trust, accompaniment

INTRODUCTION

The health is influenced by a combination of social, economical, environmental, individual factors. The causes to assign the health were examined in Canada center for example, the exercises that relate to the individual health were assigned. Such studies continue and the new researches approve the social investment as one of the factors (Cholobi and Mobaraki, 2005). The concept of social investment has been recently entered to the texts at social sciences, as whole it contains the capital, sources of organs, the relations and norms that form the interactive actions in the society either in quality or quantity. Such concept is capable to analyze the different theories hence, it is a means to assign the high capability in the social investment, to define the issues and hence, it can be used as a method to solve the social problems.

Therefore, if we study the elements of concept well in the cohesive way, we can recognize and analyze the social problems in order to show the good methods to solve them (Tavasoli and Mosavi, 2005). Such concept has been accepted by all of the people in two recent decades, while there is no absolute, key definition among the critics. The theoretical approaches are designed to return the investment in the forms of social investment as the process of investment but such application can be defined for individual, in other cases it is collective. The social investment is a person's property which is defined

by social networks of accessible sources for individual. In other cause, the quality of relations are defined by norms such as trust and accompaniment, the social investment are defined collectively. Therefore, in the light of different definitions of social investment, there are the different applications. Hence, the concept of social investment in very wide either experimentally or theoretically in the recent years. The relations of it to the different political, economical levels, macro-level, applicable and the individual's success in macro-level are considered (Whitham, 2007). The present study is to provide a deep view comparing to the concept which refers to the health.

The assigning of health: It was in 1974 in "the novice approach of Canadian health", it was suggested that the general politics which refer to health should include the organs that concerns to health, the life styles, the social, physical environments (Berkman, 1995). It was in 1986, the pyramid of Otava concerns the development of health that refers to social, economical, environmental factors of health. In 1994, there was a report entitled "the methods for the health of crowd" which referred to medical and non-medical factors of health simultaneously.

In 1996, the health study of Canadian people entitled "to complete conception: Clarifying the center of crowd health" classified the assigned factors of health. Such factors assign as the main factors of health: income, the social centers, the conditions of job, the personal exercise relating to health, the services of health, the networks of

Furthermore, in 2002, the Canadian conference entitled “the social, assigning factors of health all through age”, there were nine factors includes: the equal income, the social abandonment, job, the secure job, the condition of job, the accompaniment of social economy, the primary care of children, instruction, the food security and shelter. Meanwhile, the report of world organ at health entitled “the social assigning factors of health” published in 2003, it was based on the economical, social conditions comparing to the medical concerning which is more important. Besides, it was a report in Canada which was based on the main assigning factors of health.

Therefore, economy and politics are two cases of the same power that are capable to influence on people’s philology by setting the mast dangerous behaviors, in order to access the sources to develop people’s health. The human and financial sources provide non-medical (Krieger *et al.*, 2005). The researchers use the concept of social investment in the recent decades to assign the present fluctuations (Hawe and Shiell, 2000). After aligning them, there are some regions that include more social investment (which are examined by contractual trust), they are healthier, for example Rose (2000) and Ziapour *et al.* (2016) showed that there is a specific social investment (such as other’s trust) to change the self-presentation in the meaningful way.

Furthermore, the scientists of social sciences showed that the social investment relate to low rate of suicide (Cubbin *et al.*, 2000), rush crimes (Cattell, 2001), the children abasement (Runyan *et al.*, 1998). The researchers believe that findings have social, common relations; they abandon anti-social behaviors in order to provide people’s positive experiences (Armstrong and Gurke, 1997). Besides, the researchers show that the individual relations, the social coherence, the group values, welfare, the psychological welfare are predictable (Berkman, 1995; Jelodar *et al.*, 2016).

Therefore, the evidence shows that the density of our social textures, the identity of individual relations influence on the external data in the meaningful way. The writers that reported the meaningful relation between social investment and the health of crowd have also suggested that the most common way is to assign the internal support which comes from the emotional networks are properties that develop the social supervision, it develop the generosity, the quality and the health in the life (Lynch *et al.*, 2000).

THE CONCEPT OF SOCIAL INVESTMENT

In the first view, the term of social investment has attracted the addresses because of unusual combination:

it is “social” because of sociology, the people’s relations, “investment” is perceived as the investment for future benefit. The general meaning of it is investment of social relations to gain profit in the future (Fine, 2007). Today, the term of social investment is very popular in the public media. The different uses of the term “social investment” have been considered in the theses and essays. Besides, the political researchers use the same concept to decrease the social factors in order to defend it (Villalba, 2007; Tollini, 2005; Whitham, 2007; Ziapour *et al.*, 2015a).

The first application of social investment has been approved, it belongs to Honey Fen, he uses the same concept to refer to define the social importance to empower the results of school works by usual interactions among the people every day, it can be used to develop the individual needs in the society (Farr, 2004). Jacobs refers to this concept as the social network of cohesive regions in the cities (Drewry, 2007). Homnz has written about the concept of successful innovation in the social investment. Glen Lori has also used the social investment to be against the neoclassical economist’s claims who use the politics of equal chance for black people in order to access the economical chances. He believed that children’s chances increase by social networks, they are not equal (Glanville, 2001). Mean while, Lori developed the edited version of social investment as the social interaction, the same idea provides the individual interactions to access the intellectual expenses (Drewry, 2007). Whereas, the same writers have used the term of social investment but they have not defined a concept yet (Glanville, 2001; Ziapour *et al.*, 2015b). The contemporary image of social investment has originated from Robert Patnam’s idea in the political sciences, sociology, especially in the structural theory of Piere Bordieu, James Colman’s intellectual choice. The same concept has been considered by researchers since twenty years ago, it has produced the different meanings, whereas it is capable source that refers to the social networks but the researchers have not defined are clear definition of this term (Whitham, 2007).

For World Bank the social investment includes the organs, relations, view as and values that dominate the people’s actions and reactions, they share in the economical development. But the social investment is not a simple collection of organs in the society, instead it is the cause to make the social organs coherent (Drewry, 2007). The social investment includes values, the common norms of social behaviors which reflect in the individual relations, their trust and the common sense of civil duties (Subramanian *et al.*, 2001). The concept of social investment like the most of social concepts is easy, Nan Kiwel supposes that the same concept is continuously

visible and it doesn't finish to the destiny (Piran *et al.*, 2006). In fact, the social investment includes more factors gradually such as horizontal factors, duty-centered factors, the social values, networks, councils (Fine, 2007).

The Mechanism of the relation between the social investment and health: The mechanism causes the relation between the social investment and health more cohesive among the researchers. The assignment that is unpopular today is that the social investment is a stock of financial supports and information in order to save people from stress and the psychological pressures (Wilkinson, 1996). Fans of school believe that those who are poor with continuous disease has not health insurance, such people use the social investment better. But unfortunately, such people tend to social relation minus source therefore, they may access to the social investment less (Sampson *et al.*, 1997).

Other theocracies believe that social investment leads the profits of health to the people, because those who involve in the social deeds do actively in the societies, they tend to be successful in the collective actions, to set the health services in the region or the environmental principles (Kawachi *et al.*, 1999). At end, such theoreticians believe that the social investment is additive duty (which the social supervision is one at it) that accompanies it. Those who develop the social investment by networks and the social connections feel themselves responsible to other's duties. Therefore, the crime and the behaviors that relate to the dividing factors of health such as smoking and alcoholism are less than those who are in the high level of social investment (Subramanian *et al.*, 2001).

Szreter and Woolcock (2004) examined a wide range of social investment hence, the conception of social investment and health belongs into three classes: "the approach of social support" believes that a person's help is attainable by mediating in a collection of networks and it is also sensitive to the visible health and the perceived welfare alternatively, "an unequal theory" suggests that it develops the power, the political, economical causes in an unequal levels, besides the equal respect decreases citizen's trusts or it theorizes them, such power makes the social investment pale by racial, economical variety. They introduce "the approach of political economy", they believe that an unequal increase of (external data) of health can be assigned by financial sources and information in the relative network of social relations.

Szreter and Woolcock (2004) typology have three kinds of social investment including: internal group, among the group, the balanced relations. Therefore, typology is useful to classify the social investment.

Whereas, the measurement of social investment refers to the political, economical power in broadcasting the sources in the level of reason analysis, Szreter and Woolcock (2004) approved unfair, unsymmetrical factors.

The factors of social investment and health: Most of researchers of social investment have been recognized by networks, norms, trust, civil occupation and other's trust (Schuller, 2001). The study on Canada health reported that the third factor that has been repeatedly examined is the social network. The civil occupation includes the accompaniment in organs and the different groups that emphasize on the political, social issues. The factor of social network also includes the family non-mediating, friendly network that possesses the second network which is set in the leisure time. Putnam (2001) imagines some factors for the social investment. The main collection includes the formal members and share in the non-formal networks.

Mean while, he predicts the concept of Type Friendship or doing well by social connections, they were taken as misdirect comparison of social sciences. Type Friendship is reflected by dedicating blood, paying money or doing voluntary deeds. Finally, watching TV, the rate of crime are negative factors to assign the social investment (Putnam, 2001). The study on Canada health leads to four factors including: trust, social support, civil occupation, social consistency. The trust constitutes the person's trust to each other, the subjective trust. The social support has the factors of family and close friends. The civil occupation includes membership, sharing in the civil organs, the voluntary deeds and the political accompaniment. The social coherence contains values and Collective chances and respecting the different people.

Kawachi *et al.* (1999) the positive relation between the social investment and the factors have been recognized in the center of health. The external data of health is positive in the so cities in which people doing the civil deeds or in other words, they have more social investment.

NETWORK AND HEALTH

Networks have the different aspects, they carry the formal groups such as the counsels of parents and teachers and the informal groups (Woolcock, 2001). Krishna and Uphoff believe that networks are a part of structural elements of social investment that support some of external data. Baum and Ziersch (2003) concern the social network as a connection between people and

groups. Meanwhile, the networks have been discussed by their regions. The social investment of interval group define the relation among internal group, the members of family, close friends and the members of a racial group. The social investment of internal group provides the main needs comparing to the "stick". While the social investment among the groups have weak connections and they are important for development (Putnam, 2001). The combination of two aspects at social investment are useful in many cases at external data.

The supervision of network: The changes of old family and the connections decrease the neighbor actions, the socialized trust which may influence on the social investment (Putnam, 2001). The networks of social investment may be set in the families, parents and children but if the matured fellows are not, the structure will decrease. The social connections among the parents influence on the social investment, it may be influenced by negative, physical shifting of family which is broken. Therefore, Cloman believes that social investment causes to develop health and welfare in the organ of neighbor (Ziapour *et al.*, 2013a).

For example, the intellectual connections that develop by civil actions (such as internal sports and hook clubs are the vital sources of health. In the background at social investment, there are numeral situations that show the effects of relations on the social investment. The membership in the old counsils decrees (Putnam, 2001). Woolcock (2001) defines that the relations of Welfar and Welfare has positive effect. On the people, but such relations may be also negative, like habits that forms by the contemporary people's insistence. Portes showed that the social investment can cause the positive or negative behaviors. Baum (1999) shows that the (connecting) investment close notes do not show the health factors in the exceptional figures, they are on the contrary with the members. Therefore, there is no benefit in their health. Edwards *et al.* (2001) showed that the positive social interactions relate to the physical health while there is no negative social interaction.

Norms, trust and health: Usually, norms define as the expectations that the contractors or the potential share won't disturb us. The writers who write about trust agree that trust may be danger or the social mistrust, Yamagishi and Yamagishi (1994) differentiates "the trust based on knowledge" and "the trust based on general belief", the former is the trust to a specific person who The act knows him and the later are those who The act does not know them directly, for example, the trust can be developed including those who belong to a specific

group, such as some religious groups, the different races or even the range may contain most of people. The study to know why the environments which are useful are trustable is simple: some specific trust makes people to come to their usual life. Mean while, the people's trust, groups may support groups and societies. Those who are able to trust others minus any mistake, they will be able to save themselves from those whom they did not trust them and it is healthy way (Ziapour *et al.*, 2013b; Safari *et al.*, 2016).

Accompaniment like trust is a norm which accelerates people's goals. Most of sociologists concern the importance of accompaniment to attain a cohesive society, for example. Zimel wrote an of human's contacts are based on Always plan of equal data. Goldner defines the norm of accompaniment is the duty in order to not disturb others and to help those who have helped you. Ekeh also mentioned that such accompaniment is limited the interactive model of bilateral relations. It supposes to relate to American sociologists such as Homz and Belov. Furthermore, the accompaniment can be in the mended form, Loui Strauss defined the familiar models by such form especially in the cases that are not definable. The mended accompaniment generalized reciprocity is in the groups including three persons or more in which gary actions who take advantage to anthers does not expect the other specific The act to return it, instead he may receive it by other fellow who is in the interactions. The kind of accompaniment and interaction dominates in a group, it may have some important meanings for example, Loui Strauss concluded that the groups which possess the mended interactions are more cohesive than the limited groups in the interactions (Whitham, 2007; Glanville, 2001).

In fact, the accompaniment influences on the health the social source (means the social coherence) either by existence or non-existence of social source. Vilinksoh believes that the social coherence is the social identity of public life that is dominated by people's accompaniment in the social moral and human life in the society. The people follow the wide range of social, common goals. Leanch and Caplan believe that the social investment means a cohesive form in the region of hygiene of relations which as whole is an investment of sources and networks that leads to the social cohesion, trust and tendency to accompany in the social deeds. Therefore, it suggests that the social environment possesses some trust and accompaniment which accelerate hygiene and health. It means that the social relations are based on accompaniment and support in the form of sharing, sympathizing and accepting other's needs, it produces the belief that other's needs are mine too, hence it has the deep affect on the health.

THE AFFECT OF SOCIAL INVESTMENT ON HEALTH IN THE CIVIL ENVIRONMENT

There are some differences among the textual affects and the combination of social investment and health. The textual affects or means refer to the aspects of social investment that influence on the collective hygiene indirectly. The affect at of combination of direct affects on the multilateral networks or following of the expected norms about issues such as the health of participants result from participating in such networks or following such norms. The combination of effects: The people's goals that serve the supposed, social investment may be lead to health. On the one hand, the models of friendship can show leisure and social trust and on the other, it may show how the social contacts produce anxiety, the negative aspects of society, the sense of disability and fear. There have been many researches on the effects of different cases of social support and the social relations on the health. The models of interactive familiarity which was produce in the social investment save the health in the social environment. The model of interactive familiarity produces the close relations which decrease the tensions of social environment. Bamand colleagues showed that there is some relations between the accompaniment of public space and the psychological health (or at least to physical health) in Australia.

The foregrounding, textual causes: the effects of the social investment on health produces by the effect of political organs in the civil space, the subjective features of political organs such as following the government welfare may be influenced by social relations (social investment) and such process influences on the health too. Kavachi and Berkman showed that it is less that those who randomly trust to each other in America investigate on the human's security in order to make the networks of generosity. It suggests that the individual trust mostly leads to the political agreement which guarantifies the security and the health of members. Furthermore, the social investment may influence on the services and prosperity because the societies which are socially cohesive may be more successful does not influence on unifying to attain trust in order to decrease budget on the hygiene and social services which refer to the region of health.

CONCLUSION

The social investment influences on the behaviors of health in the mass, middle and micro (little) laves by

increasing the broadcast of information relates to the hygiene and health. Therefore, the possibility of choosing the healthy behaviors or the controlled, social behaviors increase. If such networks appear, the crimes, the young people's robbery, the accessibility of warm weapons will also decrease (Lindstrom *et al.*, 2003). By considering the social, psychological factors of health, it will increase to accompany in the networks which are based on accompanying in the civil environment, therefore. It produces the social trust. The findings show that the means at trust refers to a person's perception of his health, it is necessary to say that the different kinds of trust show the different kinds of trust show the different kinds of relations to trust which are changeable to the social, cultural features in a society.

REFERENCES

- Armstrong, M.L. and B. Gurke, 1997. Gang membership and student behavior: Nursing's involvement with prevention, intervention and suppression. *J. Sch. Nurs. Off. Publ. National Assoc. Sch. Nurses*, 13: 6-12.
- Baum, F., 1999. Social capital: Is it good for your health? Issues for a public health agenda. *J. Epidemiology Community Health*, 53: 195-196.
- Baum, F.E. and A.M. Ziersch, 2003. Social capital. *J. Epidemiology Community Health*, 57: 320-323.
- Berkman, L.F., 1995. The role of social relations in health promotion. *Psychosom Med.*, 57: 245-254.
- Cattell, V., 2001. Poor people, poor places and poor health: The mediating role of social networks and social capital. *Social Sci. Med.*, 52: 1501-1516.
- Cholobi, M. and M. Mobaraki, 2005. The analysis of social investment and crime in the mass and micro levels. *J. Iran's Sociology Sixth Eareer*, 2: 3-24.
- Cubbin, C., F.B. LeClere and G.S. Smith, 2000. Socioeconomic status and injury mortality: Individual and neighbourhood determinants. *J. Epidemiology Community Health*, 54: 517-524.
- Drewry, J.A., 2007. High school drop out experiences: A social capital perspective. Ph.D Thesis, Political Department, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.
- Edwards, K.J., P.J. Hershberger, R.K. Russell and R.J. Markert, 2001. Stress, negative social exchange and health symptoms in university students. *J. Am. Coll. Health*, 50: 75-79.
- Farr, J., 2004. Social capital a conceptual history. *Political Theory*, 32: 6-33.
- Fine, B., 2007. Eleven hypotheses on the conceptual history of social capital: A response to James Farr. *Political Theory*, 35: 47-53.

- Glanville, J.L., 2001. Ties and trust: Can we rely on voluntary association to produce social capital?. Ph.D Thesis, Department of Sociology, University of North Carolina, Carolina.
- Hawe, P. and A. Shiell, 2000. Social capital and health promotion: A review. *Social Sci. Med.*, 51: 871-885.
- Jelodar, M., J. Bagherian, M.M. Malmir and A. Ziapour, 2016. Factors affecting the excitement and violence in football (A survey on spectators and fans of esteghlal and persepolis). *Social Sci.*, 1: 1582-1587.
- Kawachi, I., B.P. Kennedy, V. Gupta and S.D. Prothrow, 1999. Women's status and the health of women and men: A view from the states. *Social Sci. Med.*, 48: 21-32.
- Krieger, J.W., T.K. Takaro, L. Song and M. Weaver, 2005. The seattle-king county healthy homes project: A randomized, controlled trial of a community health worker intervention to decrease exposure to indoor asthma triggers. *Am. J. Public Health*, 95: 652-659.
- Lindstrom, M., J. Merlo and P.O. Ostergren, 2003. Social capital and sense of insecurity in the neighbourhood: A population-based multilevel analysis in Malmo Sweden. *Social Sci. Med.*, 56: 1111-1120.
- Lynch, J., P. Due, C. Muntaner and G.D. Smith, 2000. Social capital is it a good investment strategy for public health?. *J. Epidemiology Community Health*, 54: 404-408.
- Piran, P., M.T. Mosavi and M. Shiani, 2006. The conceptual and making-concept at social investment (emphasizing on Iran's condition). *Q. Social Welfare*, 23: 9-77.
- Putnam, R., 2001. *Bowling Alone: The Collapse and Revival of American Community*. Simon and Shuster, New York, ISBN: 0743203046, pp: 541.
- Rose, R., 2000. How much does social capital add to individual health?. *Social Sci. Med.*, 51: 1421-1435.
- Runyan, D.K., W.M. Hunter, R.R. Socolar, L.A. Jackson and D. English et al., 1998. Children who prosper in unfavorable environments: The relationship to social capital. *Pediatr.*, 101: 12-18.
- Safari, S., S.M. Azizi and A. Ziapour, 2016. Investigation of relationship between learning university dimensions and intrapreneurship. *Mediterr. J. Social Sci.*, 7: 27-31.
- Sampson, R.J., S.W. Raudenbush and F. Earls, 1997. Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277: 918-924.
- Schuller, T., 2001. The complementary roles of human and social capital. *Can. J. Policy Res.*, 2: 18-24.
- Subramanian, S.V., I. Kawachi and B.P. Kennedy, 2001. Does the state you live in make a difference? Multilevel analysis of self-rated health in the US. *Social Sci. Med.*, 53: 9-19.
- Szreter, S. and M. Woolcock, 2004. Health by association? Social capital, social theory and the political economy of public health. *Intl. J. Epidemiology*, 33: 650-667.
- Tavasoli, G.H. and M. Mosavi, 2005. The concept of investment in the classical and novice theories emphasizing on the theories on the social investment. *Letter Social Sci.*, 16: 1-32.
- Tollini, C., 2005. Assessing putnam's theory of social capital through the use of path analysis. Ph.D Thesis, Department of Sociology, Western Michigan University, Kalamazoo, Michigan.
- Villalba, H.R.S., 2007. Social capital, political parties and democracy. Master Thesis, Department of Sociology, University of Alberta, Edmonton, Alberta, Canada.
- Whitham, M.M., 2007. Living better together: The relationship between social capital and quality of life in small towns. Master Thesis, Department of Sociology, Iowa State University, Ames, Iowa.
- Wilkinson, R.G., 1996. *Unhealthy Societies: The Afflictions of Inequality*. Routledge, London, England.
- Woolcock, M., 2001. The place of social capital in understanding social and economic outcomes. *Can. J. Policy Res.*, 2: 11-17.
- Yamagishi, T. and M. Yamagishi, 1994. Trust and commitment in the United States and Japan. *Motivation Emotion*, 18: 129-166.
- Ziapour, A., A. Khatony and N. Kianipour, 2016. Religiosity and juvenile delinquency ingilan-e-gharb, Iran. *Social Sci.*, 11: 842-846.
- Ziapour, A., A. Khatony, N. Kianipour and F. Jafary, 2015a. Identification and analysis of labor productivity components based on achieve model (case study: Staff of Kermanshah university of medical sciences). *Global J. Health Sci.*, 7: 315-321.
- Ziapour, A., A. Khatony, F. Jafari and N. Kianipour, 2015b. Evaluation of time management behaviors and its related factors in the senior nurse managers, Kermanshah-Iran. *Global J. Health Sci.*, 7: 366-373.
- Ziapour, A., P.E. Bavand and P.N. Kiani, 2013a. The sociological study of social investment role in assigning the health. *Intl. J. Manage. Humanity Sci.*, 2: 882-888.
- Ziapour, A., P.N. Kiani and P.Z. Shahbaz, 2013b. Study of sociology of social investment and the psychological health. *J. Sci. Today's World*, 2: 1381-1390.