

## **Social participation and health in a community rich in stock of social capital**

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In Finland, members of the Swedish-speaking minority, many of whom live in the province of Ostrobothnia, intermingle with the Finnish-speaking majority. Although the two language communities are quite similar to each other in most societal respects, including socioeconomic status, education and use of health services, significant disparities have been reported in the morbidity, disability and mortality between the Swedish-speaking minority and the Finnish-speaking majority. Since the population genetic, ecological and socioeconomic circumstances are equal, Swedish speakers' longer active life is difficult to explain by conventional health-related risk factors. A great deal of health inequality (between the language groups) seems to derive from uneven distribution of social capital, i.e. the Swedish-speaking community holds a higher amount of social capital that is associated with their well-being and health. Factor analysis revealed four patterns of social capital measures, i.e. voluntary associational activity, friendship network, religious involvement and hobby club activity, of which associational activity, friendship network and religious involvement were significantly associated with good self-rated health. Also, trustful friendship network, hobby club activity and religious involvement as well as avoidance of intoxication-prone drinking behavior were significantly more frequent among the individuals of the Swedish-speaking community. We suggest that health promotion should seek ways of working which would encourage social participation.