Social Science & Medicine
Volume 59, Issue 9, November 2004, Pages 1985-1992

The European health divide: a matter of financial or social capital?

Per Carlson

https://doi.org/10.1016/j.socscimed.2004.03.003

Abstract

The 'European east–west health divide' has been documented both for mortality and for self-rated health. The reason for this divide, however, remains to be explained. The aim of this study is, firstly, to investigate whether in 1995–97 differences in self-rated health persisted between countries in central and eastern Europe, the former Soviet Union, and western Europe. A further aim is to try to explain these differences with reference to people's financial status and social capital. This study found substantial differences in self-rated health between countries in western Europe, in central and eastern Europe, and in the former Soviet Union (where self-rated health seems to be poorest in general). There were also substantial differences between areas in terms of economic and social capital, with western Europe doing better in all the analysed circumstances. In economic terms people in the former Soviet Union seemed to be more dissatisfied than those living in central and eastern Europe. When one looks at differences in social capital between the two post-communist areas the picture is more mixed. Economic satisfaction was demonstrated to have a strong and significant effect on people's self-rated health, with a higher satisfaction reducing the odds of 'poor' health. When this factor was controlled for the area, differences in self-rated health were reduced dramatically, for both men and women. Organisational activity (men only), trust in people, and confidence in the legal system also reduced the odds of 'less than good health', but were not as important in explaining the health differences between areas. One can conclude that economic factors as well as some aspects of social capital play a role for area differences in self-rated health. Of these it would appear that economic factors are the more important.

Introduction

The 'European east–west health divide' has been documented both for mortality (see for instance Bobak & Marmot, 1996) and for self-rated health (Carlson, 1998). Citizens in central and eastern Europe have shorter lives and report poorer health. What is still to be more deeply investigated are the reasons for this. Bobak and Marmot (1996) have suggested mainly social and economic forces behind the differences in mortality.

Carlson (1998) put forward primarily economic factors, and to some degree also people's perceptions of control as explanations for the differences in self-rated health. However, these explained only a small part of the east–west difference.

When looking at changes in health in the post-communist societies during the 1990s, one can observe that countries formerly belonging to the Soviet Union, generally experienced more negative changes than other post-communist countries. In general, their mortality were also higher than in the other countries of central and eastern Europe. Where mortality trends are concerned we can see only marginal increases in many of the central European countries (e.g. the Czech Republic), but more alarming changes in, for instance, Russia (Bobak, Pikhart, Rose, Hertzman, & Marmot, 2000; Goskomstat, 2002; Men, Brennan, Bofetta, & Zaaridze, 2003). It is therefore advisable to look at these two groups of countries separately. The observed differences in trends and levels can certainly be related to social, political, economic and cultural circumstances in these societies and areas.

The aim of this study is, firstly, to investigate whether, in 1995, differences in self-rated health persisted between countries in central and eastern Europe, the former Soviet Union and western Europe. A second aim is to try to explain these differences with reference to people's financial status and social capital.

Section snippets

Social capital

Social capital has been widely discussed by social scientists. Coleman (1988) defined social capital as a resource for action, or more concretely, all those aspects of a social structure (e.g. interpersonal trust, norms of reciprocity, density of civic associations, etc.) that facilitate action. However, social capital and its suggested health consequences are not always seen in the same way. Kawachi, Kennedy, and Glass (1999) distinguish between the *contextual* effects and the *compositional*…

Income and other resources

Non-social forms of resources also clearly play an important role for people's health. Rose (2000) analysed the importance of human (e.g. education and household income) and social capital on self-reported health in Russia 1998, and found both aspects to be important, independently of each other. The economic situation naturally also plays a key role for people's health and well-being. Lack of money may result in difficulties in buying food, and accordingly increases the risk of malnutrition.…

Population under study

The World Values Survey (Inglehart, 2000) is based on a large number of national surveys conducted in 1995–1997 in more than 50 countries world-wide. All of these surveys were carried out by means of face to face interviews, with a sampling frame consisting of all adult citizens aged 18 and over. Stratified multi-stage random sampling was used in most cases. In most of the countries, and in all the European countries, the samples were full national samples. The present study is based on data…

Background variables

Age and gender are controlled for in all analyses. The average age in the total sample was 43.2 years. 47.6% of respondents were men and 52.4% women.

Marital status is categorised into two groups; married or living as married (*married*); or divorced, separated, widowed or single (*not married*). 66.7% of respondents were married and 33.3% not married.

Education is categorised into three different groups; Complete primary school or less (*low*); Complete or incomplete secondary school (vocational or…

Results

Fig. 1 shows the proportions of men and women reporting less than good health in 18 European countries (ranked by the total proportion).

The national differences are substantial. Switzerland (15%), Norway (20%) and Sweden (21%) seem to be the healthiest countries and Russia (72%), Ukraine (72%) and Moldova (68%) the unhealthiest. All of the western European countries do better in terms of health, than their post-communist European neighbours. Moreover, the three countries representing central…

Discussion

There are several reasons for treating these findings with caution. The most obvious problem is that we have dealt with subjective measures and it is well known that such measures can be closely linked to individual personality (negative affectivity) (Watson & Pennebaker, 1989). The cross-sectional design of the study is another limitation which give us reason to be very careful in our causal conclusions.

East–west differences, both in self-rated health and in mortality, have been found…

Acknowledgements

This research was funded by the grant from the Swedish Baltic Sea Foundation to the project 'Social Development and Public Health in Eastern Europe' at the University College of South Stockholm. I would like to thank Professor Denny Vågerö, Centre for Health Equity Studies, Stockholm University, and Ilkka Mäkinen, Ph.D., University College of South Stockholm, for their comments on earlier drafts.…

References (22)

A.M.A. Smith *et al.*
Self-rated healthBiological continuum or social discontinuity?
Social Science & Medicine (1994)

R. Rose
How much does social capital add to individual health? A survey study of Russians
Social Science & Medicine (2000)

B.P. Kennedy *et al.*
The role of social capital in the Russian mortality crisis

World Development (1998)

P. Carlson
Educational health differences in self-rated health during transition. Evidence from Taganrog 1993–1994
Social Science & Medicine (2000)

P. Carlson
Self-perceived health in east and west Europe. Another European health divide
Social Science & Medicine (1998)

M. Bobak *et al.*
Socioeconomic factors, material inequalities, and perceived control in self-rated healthCross-sectional data from seven post-communist countries
Social Science & Medicine (2000)

M. Åberg
Putnam's social capital theory goes eastA case study of western Ukraine and L'viv
Europe-Asia Studies (2000)

M. Bartley
Unemployment and ill-healthUnderstanding the relationship
Journal of Epidemiology and Community Health (1994)

M. Blaxter
Health and lifestyles(1990)

M. Bobak *et al.*
East–west mortality divide and its potential explanationsProposed research agenda
British Medical Journal (1996)

View more references

Cited by (81)

Special needs of internationally adopted adolescents in 4 European receiving countries: Relation to mothers' adoption satisfaction
2022, Children and Youth Services Review

Show abstract

The vicious cycle of distrust: Access, quality, and efficiency within a post-communist mental health system
2022, Social Science and Medicine

Show abstract

Improving job strain might reduce inequalities in cardiovascular disease mortality in european men

2020, Social Science and Medicine

Show abstract

What determines gender inequalities in social capital in Ukraine?

2019, SSM - Population Health

Show abstract

Regional inequalities in self-rated health in Russia: What is the role of social and economic capital?

2016, Social Science and Medicine

> *Citation Excerpt :*
>
> ...Economic satisfaction has been shown to be a powerful predictor of self-rated health in both in eastern and western parts of Europe (Carlson, 1998, 2004) as well as in Russia (Rojas and Carlson, 2006). Furthermore, research results indicate that social capital, in the form of trust, social networks and participation in civic activities, plays a role in self-rated health (Carlson, 2004, 2015; Ferlander and Mäkinen, 2009; Rose, 2000; Rojas and Carlson, 2006) and in the Russian 'mortality crisis' in general (Kennedy et al., 1998). Most of the earlier studies concentrate on cities where survey data is available, such as Moscow (Ferlander and Mäkinen, 2009) or Taganrog (Rojas and Carlson, 2006; Vågerö and Kislitsyna, 2005) or on international comparisons (Carlson, 1998, 2004; Heistaro et al., 2001; Vuorisalmi et al., 2008; Carlson, 2015), while contextual analyses in Russia are few....

Show abstract

Self-rated health and its association with all-cause mortality of older adults in Poland: The PolSenior project

2018, Archives of Gerontology and Geriatrics

Show abstract

View all citing articles on Scopus

Recommended articles (6)

Research article

Stratified *LMN*-convergence tower groups and their stratified *LMN*-uniform convergence tower structures

Fuzzy Sets and Systems, Volume 330, 2018, pp. 105-123

Show abstract

Research article

Socio-economic patterning in adulthood and depressive symptoms among a community sample of older adults in the United States

Public Health, Volume 129, Issue 5, 2015, pp. 594-596

Research article

Living Lab MACVIA Maladies chroniques

La Presse Médicale, Volume 44, Supplement 1, 2015, pp. S47-S54

Research article

Luteinizing hormone receptors are expressed in rat myenteric neurons and mediate neuronal loss

Autonomic Neuroscience, Volume 193, 2015, pp. 104-107

Show abstract

Research article

Acute lung injury following penile ischemia and reperfusion

Urology Case Reports, Volume 22, 2019, pp. 23-24

Research article

Investigating Factors that Bias the Reporting of Depression Symptomatology Among Older Australian Adults

The American Journal of Geriatric Psychiatry, Volume 23, Issue 10, 2015, pp. 1046-1055

Show abstract

View full text