

▶ Project *brief*

Thünen Institute of Rural Studies

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Social Networks and Health Inequalities (SoNeHI)

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- **Social networks can reinforce but also mitigate social and health inequalities.**
- **Support resources are unevenly distributed socially and spatially, which can exacerbate health inequalities.**
- **People at risk of poverty in rural areas may be doubly disadvantaged.**

The connection between social and health inequalities is considered to be empirically well confirmed. How this connection can be explained and what role people's personal relationship networks play in this, we have investigated in the scientific network SoNeHI (Social Networks and Health Inequalities).

Background and Objectives

Social inequalities - for example in the dimensions of education, occupation, income - have a negative impact on both the health status (morbidity, mortality) and health behavior (e.g., alcohol consumption, smoking, diet) of socially worse-off population groups. Other dimensions of social inequality, such as gender and migration background, are also associated with health inequalities.

Several factors contribute to an explanation of the relationship between social inequality and health, including people's involvement in personal relationships. Scientific concepts such as "social support," "social capital," and "social networks" are used here. Social network is understood here as the totality of a person's personal and institutional relationships, for example, with family, friends and acquaintances, but also with associations, government offices or care institutions.

Social networks can reinforce but also mitigate social inequalities, but the preconditions and conditions under which they have these effects have hardly been systematically studied. For example, it is largely unknown which concrete forms of support can be realized through family or friendship networks and how this support resource is distributed socially unequally. Similarly, the exact processes of action and mechanisms of influence of social networks have hardly been researched. Also, a one-dimensional view on the potentially positive aspects of social support and social capital neglects possible negative influences of social relationships on health (e.g., through psychologically stressful relationships).

From our perspective, it is profitable to consider social networks in research on health inequalities. On the one hand, influences of social networks on health are well documented, and on the other hand, it is known that the quantity, type, and quality of resources accessible in social relationship networks are socially unequally distributed.

The goals of SoNeHI are (1) to make sociological network research better known in the German-speaking health research community and (2) to make the network perspective fruitful for explaining health inequalities.

Approach

In order to promote research on health inequalities from a network perspective, the scientific network primarily pursues three overarching goals:

1. interdisciplinary exchange and networking of network researchers from different disciplines in health research (sociology, psychology, medical sociology and public health),
2. design of interdisciplinary and multi-method research projects, development of innovative method-integrative procedures for researching health inequalities from a network perspective,
3. further development of the German-speaking discourse on the explanation of health inequalities by applying a network perspective through conference participation and organization of workshops.

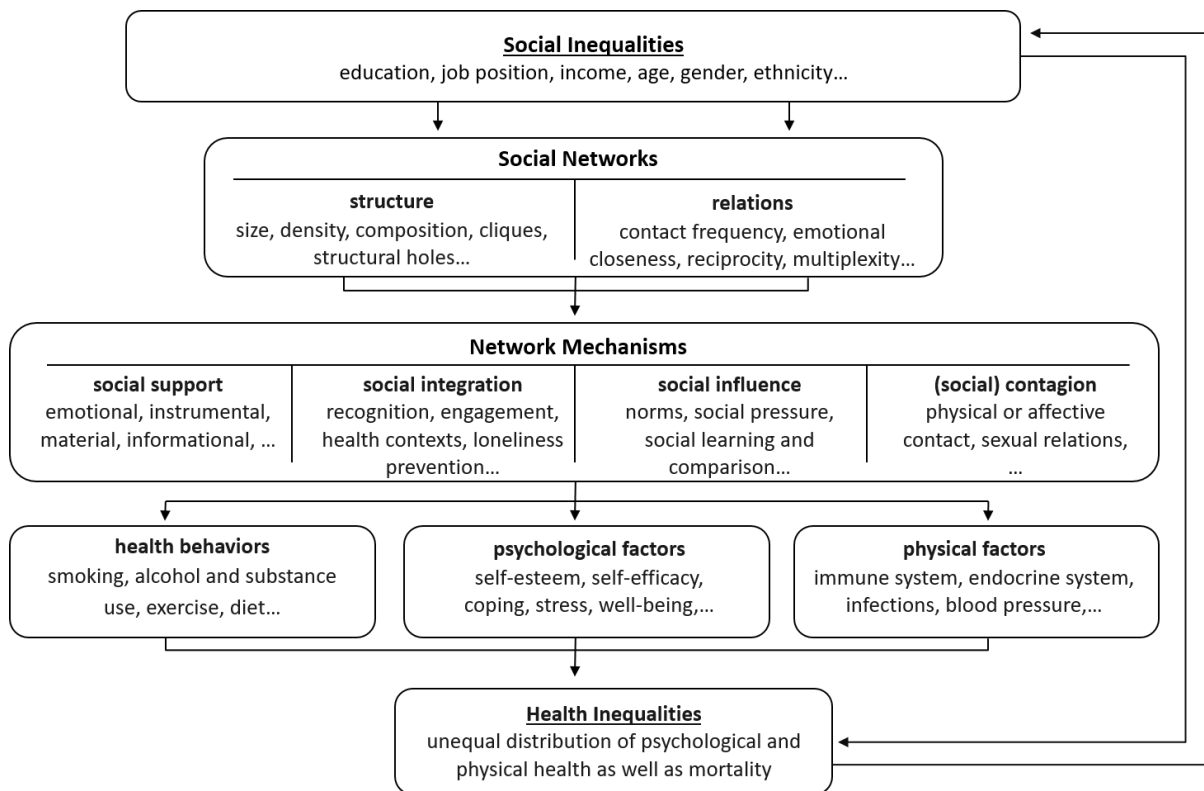


Fig. 1: Network model on health inequalities

Source: Klärner et al. (2020).

Results

Members of SoNeHI have presented results of their research at numerous national and international conferences. In workshops, theories and methods of network research have been taught, most recently in 2019 at the Joint Annual Meeting of the German Society for Medical Sociology (DGMS) and the German Society for Social Medicine and Prevention (DGSMP). SoNeHI has resulted in an edited volume that summarizes the current state of research on the role of network research in the study of health inequalities and identifies research desiderata and ideas for follow-up studies (Klärner et al. 2020).

An important result of the joint work on the anthology is the bringing together of the different approaches to social relations, social capital and social networks in health research and their visualization in a theory model (see Fig. 1).

Need for further research

The effects of spatial mobility and of differences between rural and non-rural areas on social relationship networks and their health-related effects have hardly been studied scientifically so far. Important areas include:

- **Commuting and labor migration:** Since commuters are separated from their family networks for longer periods of time, it should be asked, for example, to what extent the health risks associated with migration are influenced by online networks or how network and social status are related: For example, what resources are available to manual laborers (example: harvest workers) to see their families and what are the health implications?
- **Poverty, health and social networks in rural areas:** Institutions and service providers in the health sector are spatially and thus also socially unequally distributed. It should be asked what effects the lack or poor accessibility of these institutionalized support resources has, whether this can be cushioned by other areas of the network or replaced and supplemented by new, digitalized offers, and what consequences this has for socially worse off persons.

Further information

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