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The role of health capital in health promotion

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The role of health capital in health promotion

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Abreast Bourdieu's cultural, economic, social, and symbolic capital, O'Rand introduced human and personal capital as well as institutional, communal, and moral capital. In this article, the main focus is on health. Could health be defined as capital? What does health capital consist of? In this article, the concept of health capital is defined in relation to other capital types. The aim is to review and create a theoretical framework. The fundamental idea is that cherishing health creates a basis for happy life and well-being but health promotion requires new research and approaches. The concept of health capital is positively charged: it is something that is worth acquiring and investing in. Therefore, using the concept of health capital we can increase the appreciation of health.

Keywords: capital; health; health capital; health promotion

1. Introduction

You could ask any man or woman on the street to name the most important three things in their lives and one of their choices would be health. Everyone appreciates health and wishes they would stay healthy for their whole life span. What things does health consist of then? How can one cherish it? What promotes health? Are there some factors that one could gather in order to improve health and that would 'pay dividend'?

French sociologist Bourdieu (1986, 1990) has analyzed the concept of capital and developed a theory of capital types. O'Rand (2006) has furthered Bourdieu's thinking by adding the number of capital types and perspectives. Their work challenges researchers to look for other possible capital types that have already been brought out in various disciplines.

In this article, our aim is to develop a concept of health capital that would advance health promotion. The basis of this idea grounds on our research and teaching work that have focused on health promotion, the development of health education, and confronting challenges. Cherishing health creates a basis for happy life and positive human health. Furthermore, health promotion and preventing diseases require new research and approaches (Thorlindsson 2010).

The first author of this article has written her doctoral thesis about middle school age youngsters' health resources (Hyry-Honka 2008), the second author has studied the preconditions for the development of youngsters' emotional life and balanced growth (Määttä 2010), and the third author has studied the keys to success at work (e.g. Uusiautti

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and Määttä 2010). Together, we have studied and defined – leaning on positive psychology – both good teacherhood (Määttä and Uusiautti 2011), success at work and in life (Uusiautti and Määttä 2012) as well as health promoting love for fellow humans in nursing (Paldanius and Määttä 2011).

2. The purpose of this article

Today's world sets a new spectrum of threats to people's health. Adults have to cope with the insecurity and stress, burnout and lassitude caused by rapidly changing modern working life: at the same time, for example, increasing unemployment and other societal problems pose demanding challenges for people's well-being and health. Furthermore, not only among adults but also among children and youngsters a variety of problems occurs: depression, exclusion, psycho-social problems, mental problems, and especially the increase in learning difficulties are worrying (see Bhatia and Bhatia 2007, Williams *et al.* 2007).

This tendency justifies or downright calls for a new kind of approach to health. Positive psychology presents one starting point for the kind of study on health that concentrates on human well-being and advances its occurrence (e.g. Aspinwall and Tedeschi 2010). However, the contemplation of health promotion has lacked a compiling framework (see Fitzpatrick 2000). Therefore, the aim of this article is to present such a theoretical framework. The purpose is to launch a new concept that we call health capital.

In this article, we introduce previous opinions and researches that have affected the birth and formation of the above-mentioned concept. Our approach leans on the theoretical analysis on previous research. First, we analyze the essence of health, its definition and research. Then, we will dissect the concept of capital. This review will result in the concept of health capital, the meaning and tenability of which we will evaluate in the end.

3. The definition of health and health-related research

Health has been reflected from various perspectives both in nursing science and sociology, psychology, the science of education, and other human sciences. Among other things, health covers taking care of oneself, committing oneself to treatment, and health-related choices (Kickbusch 1989). In addition, health has been considered as an expression of the individualistic way of human being, inner strength or possibility, ability to use strengths and feeling good (Bech *et al.* 2003, Hyry-Honka 2008). The concept of empowerment has been connected to health (Falk-Rafael 2001) when health has been regarded as human prowess and feeling of power. Health has also been associated with life management, well-being, and life course of a human being (e.g. Bech *et al.* 2003). The most recent viewpoints are social capital (e.g. Morrow 2004), cultural capital (e.g. Abel 2008), and health literacy (e.g. Nutbeam 2008).

In the course of time, the concept of health has developed, diversified, and expanded. Nowadays, health is seen as a positive and comprehensive factor that belongs to people's entire circle and course of life and culture and which is connected to people's resources. Health is no longer considered a static state but a changing and dynamic learning or development process by its nature. Genotype, living conditions, learned and adopted information, skills, and attitudes affect health. What kind of experiences people get in order to promote their health influences their development greatly. This kind of

comprehensive, multidimensional, dynamic, and contextual idea of health challenge research, teaching and health promotion activities (Albert and Davia 2011).

The essence of health and health promotion can also be reviewed through resources (e.g. Lindström and Eriksson 2011). According to Antonovsky (1996), resources can be divided into inner and outer resources that people use when pursuing advancing in their life in parallel with their goals. Based on Antonovsky's division, inner health resources can be defined consisting of the positive features and strengths that are inside a human being self. Whereas outer health resources consist of the health-related positive features and strengths in a human being's environment.

Health has been studied to a great extent from the point of view of preventing diseases. Thus, the interest has been on people's health-related habits and attitudes, ways of life, risk and problem behavior and how to change them. At the same time, health-related studies have concentrated on themes around one problem at a time, such as smoking (Carver *et al.* 2003), alcohol and drug abuse (Gitlow 2006), violent behavior (Cooper *et al.* 2003), eating disorders (Dalle Grave 2003), dating and sex (Määttä 2010), stress (Chiesa and Serretti 2009), and so on; while a holistic and positive approach to health has been minimal.

4. The theoretical introduction on the concept of capital

Initially, capital originates in classic economic science. In economics, capital is considered as one of the three factors of production in addition to a state and work. It can be utilized for producing other commodities, it is made by a human being and it is not used directly in a manufacturing process like raw materials. Investing means increasing capital. In order to be able to invest, it is necessary to create commodities that are not consumed immediately but used for producing other commodities (Dillard 1982). Capital needs to meet certain criteria. It is a reserve that will be used when necessary, it is subject to consumption, and it can be gathered and invested in (Hjerpe 1997).

4.1. The traditional classification of capital

Often, the contemplation of capital grounds on Bourdieu's (1986) classification of capitals. According to his original theory, cultural capital, economic capital, and social capital form the capital types. The total amount and composition of cultural, economic, and social capital are factors that an individual can use as his/her resources in a competition situation (Bourdieu 1990). Cultural capital refers to the ownership of cultural products, a certain way of life, and making choices as well as the ability to make use of and produce culture. There are three types of cultural capital: the aptitudes of mind and body aka capital incarnated as habitus; capital can be turned into objects or various cultural products such as books, pictures, or machinery; and capital institutionalized as qualifications (see Lamont and Lareau 1988). An individual's education and capital are thus connected to cultural capital providing his/her with a good societal position. Parents affect the accumulation of their children's cultural capital. Parents' attitudes toward education and their own all-rounded education and educational level have influence on the nature of the cultural capital that a child gets. Economic capital consists of an individual's financial capital, possessions, and ownership (money, things, income, and wealth). It is the most concrete one of the capital types. Other capital types can be turned into economic capital under certain conditions.

4.2. *Social and symbolic capital*

When it comes to social capital, Bourdieu is interested in the competition for social capital in social markets and how others can collect more resources related to social capital than others. According to Bourdieu (1986), social capital is the entity of those actual and potential resources that are connected to social relationships and the ability to mobilize people. Social capital can be institutionalized as a societal position that can also be turned into money (Bourdieu 1986). Social capital does not have the same kind of incarnated or concretized existence as economic or cultural capital. Social capital is immaterial capital and is connected to mutual recognition and appreciation. Social capital is likely to decrease along with aging which, for its part, affects cultural and economic capital (Marin 2001).

In Bourdieu's theory, the capitals are mainly composed of concrete things that can be gathered and that are, at least to some extent, objectively measurable. Capitals are slow and usually gathering them takes a long time. Capitals can be transmitted from one generation to another. The whole life means struggle over the control of various capitals (Bourdieu 1986, 1990).

Afterwards, Bourdieu added symbolic capital in his theory of capital types. It refers to an individual or people's ability and power to affect defining the value of other capitals (e.g. power affects the health conception of each moment). However, symbolic capital is not a capital type of its own but it is any type of capital or a qualification that changes into symbolically effective when people appreciate it. Symbolic capital is the power of determination and the value of other capitals depends on it. Furthermore, other capital types are parts of symbolic capital. For example, language tells about symbolic power. Symbolic capital relates to an individual's subjective experiences, feelings, or the value something has for an individual (Bourdieu 1986).

4.3. *Life course capitals*

In the field of societal and social sciences, the concept of capital has been linked to social equality and thus the purpose is to describe the division of social and economic resources within a society through the concept of capital. Accumulation can be uneven and cause social inequality between individuals or various population groups. O'Rand (2006) specifies the concept of capital to cover the whole life span. Life course capital refers to a group of interconnected resources that enable increasing social equality and well-being. It increases or decreases along the life course when fulfilling human needs and hopes. Accumulation can be directed to a certain extent and evened by investing in social equality and well-being, for example by developing education or social and health services. O'Rand (2006) distinguishes several different types of life course capitals. Partly, O'Rand's capital types are similar to Bourdieu's. However, O'Rand divided the capitals into individual-level and community-level capitals.

4.3.1. *Individual-level capitals*

According to O'Rand (2006), human capital, personal capital, cultural capital, social capital, and psycho-physical capital comprise the individual-level capital. Human capital consists of such individual people's knowledge, skills, and characteristics that advance creating personal, social, and economic well-being. It also covers motivation, behavior, and the ability to learn new concepts. Human capital can be affected by an individual's upbringing, education, professional proficiency, and work experience. It is manifested

through an individual's social roles and ability to handle difficult life situations and cope with stress. The core of personal capital lies in people's identity. Personal capital involves an individual's flexibility, positive emotions, self-confidence, opportunities to control his/her life, and life style. Personal capital combines people in their environment and community. Instead, cultural capital consists of language, interaction styles, and aesthetics (O'Rand 2006).

In O'Rand's (2006) thinking, social capital is the unity of direct and indirect social relationships that people can use when necessary. Social capital consists of family, friends, work and profession-related as well as communal and societal nets. As such, social capital is a group of non-economic resources with which a human being can achieve social status and well-being.

Psychophysical capital covers an individual's mental and physical health as well as mental and physical shape and durability (O'Rand 2006). Karisto and Kontinen (2004) refer to the concept of energy capital and include health, performance, vitality, and self-image in it. Some researchers consider mental and physical health as a part of human capital (e.g. Åhlberg 2005) and do not regard it as a capital type of its own like O'Rand does.

Some of the personal capital types diminish when used in the course of time (e.g. physical shape and durability in psychophysical capital), whereas some of them strengthen and increase (e.g. professional proficiency and competence in human capital). Various capital types are interconnected and they can strengthen each other (O'Rand 2006).

4.3.2. *Community-level capitals*

In O'Rand's (2006) theory, institutional capital (welfare-state-based benefits and public commodities), communal capital (local employment situation and service system), and moral capital (inter-generation solidarity, social identity, and affection) are the types of community-level capital. Therefore, the concept of capital refers to personal, communal, and societal features, operational resources and possibilities, which enable people to acquire new things, act in various environments and contexts, and execute economic and societal activities.

5. What is health capital?

Some researchers say that capital consists of the entity of resources. For example, Coleman (1988) defines social capital as a total of resources that have become concentrated within the social structure. O'Rand (2006), for his part, refers to the reserve of resources that is gathered along the course of life and covers a variety of areas of life, as life course capital does. According to the researchers, those areas of life where resources exist are economic, social, cultural–historical, human, and personal area.

Because health and health promotion lean greatly on resources, we ended up combining health resources with the concept of capital. These connecting viewpoints gave birth to the concept of health capital. This contemplation deepens and adapts capital theories and develops the conceptualization of health promotion further by contributing a new way of dissecting it.

Figure 1 illustrates the position of health capital in relation to other capital types. Health capital is the entity of health-related resources where crucial factors are inner and outer health resources. Health capital is not considered equal to other capital types (see O'Rand: psychophysical capital; Karisto and Kontinen: energy capital) nor is it included

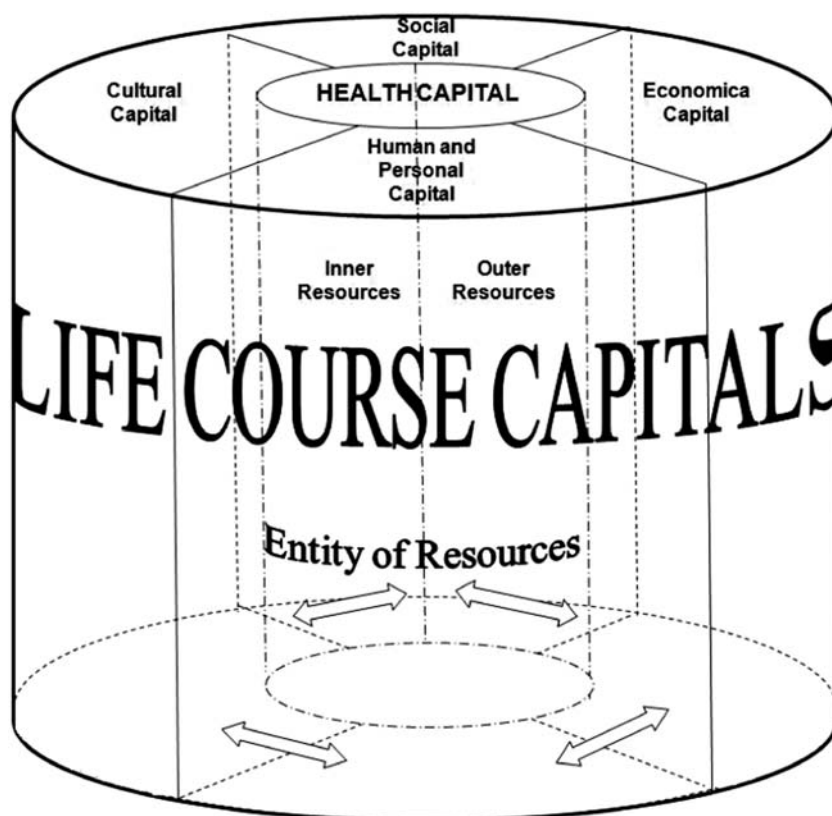


Figure 1. The interconnectedness of health capital with other capital types (see Hyry-Honka 2008, p. 31).

solely inside human capital (see Åhlberg 2005). Health capital is regarded as a part of other capital types leaning on O'Rand's (2006) idea according to which every capital type relates directly or indirectly to health.

Health capital forms a part of human or personal capital to the extent that people's knowledge, skills, and learning are connected to health. Skills that relate to health directly or indirectly are for example the ability to take care of oneself, health literacy, interaction, self-assessment, and problem-solving skills as well as the ability to handle things related to becoming seriously ill. This area also involves people's mental and physical shape, durability, and performance. Health capital is a part of social capital when human relationships and nets support people's health, security, and well-being. Health capital is a part of cultural capital when it comes to respecting health, health ideologies, and health-related habits and customs. In the field of economic capital, health capital refers to the resources, machinery, tools, and facilities available for promoting people's mental and physical shape and health.

People need sufficient health capital in order to be able to make relevant choices concerning their health and life and to promote their health. The more people have health resources, the stronger health capital they have and the better they are able to maintain and promote their health. The less people have health resources, the weaker their health capital

is and the harder they will find maintaining and promoting their health when the risk of becoming ill increases.

Together the capital types form a reserve of resources that make people strong and powerful. With this reserve, an individual can control and direct his/her living conditions consciously and have an influence on what happens to him/her.

The concept of health capital is new and is mentioned only in very few articles and textbooks. Shim (2010) uses the concept of 'cultural health capital' and connects it with health care. Kunnari (2011) mentions the concept or 'the experience-based capital of physical exercise' when analyzing the connection between physical exercise with especially the area of health and self-development. Among others, Ahlberg (2005) refers to the concept of health capital. Health capital is an important part of human capital that is worth taking care of. However, the above-mentioned researchers fail to define the concept in detail and they do not connect it with its wider contexts. According to O'Rand (2006), it would be important to notice the contents and relationships between capitals.

6. Criticism on health capital

The new concepts of capital have been criticized abundantly and their implementation always involves some risks. Criticism originates in the thought that the traditional concept of capital can be defined unambiguously and has established its context of use. The new concepts of capital mix up the conceptual clarity. According to Hjerpe (1997), capital is a reserve that can be used when necessary; it can be spent, increased, and invested in.

These criteria are utilized here for evaluating the concept of health capital. In order to be capital, health capital has to be a reserve that an individual can intentionally use to realize his/her health-related intentions. One has to be able to gather capital and invest in it. It is, for example, possible to increase health capital for the part of health-related knowledge, skills, and expertise as well as physical and mental shape (Adkins and Corus 2009). In addition, the original concept of capital involves a thought that it has to be subject to consuming. For example, physical performance is consumed, decreases along with aging, but on the other hand, in a short run, physical performance becomes weak if it is not taken care of or used for example by exercising (see Kunnari 2011).

Health capital does not meet all criteria for capital strictly; which is the case with other immaterial capitals (e.g. human capital, personal capital, and social capital) as well. If the fact that health capital makes people's action easier by improving their health (in other words, is a resource that makes profit) is considered sufficient, it is capital. Health capital enables for its part economic action and is therefore a felicitous expression in relation to the original use. Good health and health capital bring economic profit for people by enabling them to work and perform and spare them from the costs related to illnesses and treatments. From the societal perspective, national health has a great meaning. Good national health secures the supply and stability of work force and spares tax revenues to other uses. However, health and health capital cannot be considered important only for economic profit (Abel *et al.* 2011). They also enable versatile self-fulfillment.

Expanding the use of the concept of capital involves other dangers than just turning the concept ambiguous. Health capital can become instrumental or suffer from inflation. Health and health capital can be pursued only because something else, for example economic wealth can be achieved with them and thus its intrinsic value and absolute nature disappear. A negative consequence may also be that every activity that makes functioning easier will be called capital when the concept loses its explanatory strength

(see Ruuskanen 2001, pp. 30–33). The concept of health capital can be clarified by distinguishing the sources, approximate concepts, and implications of health capital with each other (see Hyypä 2004), when the approximate concepts and health that are measurable at least to some extent would represent the actual health capital, and health would be the consequence of health capital.

7. Discussion

For all the criticism presented in the conclusion, the use of health capital seems justified. Health capital is an important adjunct to the other life course capitals. The concept completes Bourdieu's and O'Rand's ways of dissecting capitals. Health capital partly includes the same elements as Bourdieu's and O'Rand's capital types. However, health makes its content specific. Defining inner and outer resources as health resources when people use them to promote their health and defining health capital as the entity of health resources and as a part of other capital types offer a comprehensive theoretical framework for contemplating health promotion and a new viewpoint to resource-based health-promotion work.

Defining health capital as capital is reasonable also because the concept of capital is positively charged. Capital is something that is worth acquiring and investing in. Therefore, using the concept of health capital can, for its part, increase the appreciation of health (Hyry-Honka 2008). It is meaningful also for the development of nursing education.

Especially, thinking of health capital and recognizing health capital are important for the young. They spend a remarkable part of their time and everyday life at school. Therefore, youngsters' experiences at school and activities that strengthen youngsters' health resources at the school community contribute to their overall development and health. In addition to health education, many other subjects at school and the school for its outer settings transmit the health-related knowledge, skills, attitudes, and values (Tountas and Dimitrakaki 2006). At its best, school can strengthen determinedly and systematically youngsters' health resources and increase their health capital. It will reflect in youngsters' ability to live as citizens who cherish and promote their health (Morgan and Haglund 2009).

In order for the school to function in a manner that promotes youngsters' health, health perspective has to be noticed comprehensively in all teaching activities, not just health education and other school activities. Teachers' readiness for supporting health promotion should be taken care of by providing them with opportunities for in-service education. Furthermore, it would be worth deliberating whether special health pedagogy should be developed to secure the implementation of health perspective in teaching (Hyry-Honka 2008).

The young can be engaged in health promotion by noticing their point of view. Their voices have to be listened to. Active youngsters create an active school where the common goal is the good health capital of the members of school community. Supporting youngsters' health and its promotion should be carried out systematically in the everyday life at school (see also Hyry-Honka 2008).

To be able to strengthen youngsters' resources and health capital with various actions, we have to know what factors are relevant especially from the point of view of the young. Their health resources and health capital remain potential until we have information about what they are and how much the young have them. In addition, we need to have consensus

on the goal for attaining which resources and health capital are needed. Therefore, empirical testing of the concept of health capital is important in future.

Note

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