

# Social Capital, Trust, Economic Stress and Religion in a Cohort of 87,134 Thai Adults

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## Abstract

Social capital includes collective features such as social trust, norms, and networks. This paper examines social capital-related variables against demographic, socioeconomic and geographic characteristics of 87,134 adult distance-learning students from Sukhothai Thammathirat Open University.

We have found economic stress to be higher in non-married groups, lower income groups, and those residing in rural areas. Social trust was higher among married, especially with higher income and those in rural areas. Those who were separated, divorced or widowed and those with lower socioeconomic status had the highest economic stress and the least social trust. These groups also reported high importance of religious belief, karma and spiritual belief, along with lower income groups. Despite having high economic stress, social interaction with and support from families were found to be high among those not-married, with lower income, and in rural areas.

As Thailand urbanises and progresses economically, diverse patterns of social capital have emerged and some changes might have offset others. For example, we have shown that economic stress associated with low income tends to co-occur with high social interaction and family support. This observation should be reassuring to policymakers aiming to preserve and promote social capital as Thailand continues to urbanise and modernise.

**Keywords:** social capital, social trust, economic stress, religion, Thailand

## Introduction

Social capital is a measurable entity that acknowledges the value of social networks. It is useful for research on community-level effects that may have a social cause, including many aspects of population health. Social capital has been formally defined as "...features of social organisation, such as trust, norms and networks that can improve the efficiency of society by facilitating coordinated actions (Putnam, Leonardi and Nanetti, 1993: 167)"; "the aggregate

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of the actual or potential resources which are linked to possessions of a durable network..." (Bourdieu, 1986: 377); and "...resources embedded in social networks accessed and used by actors for actions (Lin, 2001: 24)".

The World Bank has concluded that "Social capital is not just the sum of the institutions which underpin a society - it is the glue that holds them together" (International Bank for Reconstruction and Development Bank, 2007). A recent comprehensive review supports the idea that social capital unites a society (Bhandari and Yasunobu, 2009). Putnam, Leonardi and Nanett (1993) notes that social capital is both structural (participatory) and cognitive (trust-based). Other researchers point to the constituent elements of social capital, including trust, reciprocity, social norms, and social networks (Woolcock and Narayan, 2000). Trust itself can be divided into 'horizontal' trust in other people which operates through shared values and norms; and 'vertical' trust in institutions functioning via administrative hierarchies.

Social ties are also an important property of social capital (Granovetter, 1985). 'Bonding' social capital results from ties among people who are similar to each other (e.g., sharing a religion). 'Bridging' social capital arises from ties among people who are different from each other, such as people outside one's community. 'Linking' social capital appears from ties between institutions and communities, such as local government structures and the population they serve (Sreter and Woolcock, 2004; Islam et al., 2006). These social ties operate at three levels: inter-individual (micro), inter-group (meso), and inter-institutional (macro) (Lochner, Kawachi and Kennedy, 1999; Harpham, Grant and Thomas, 2002).

For more than a decade, social capital has been intensely studied in diverse settings as a determinant of human welfare, including health and education. Social capital has been shown to stimulate informal education, lower crime, and promote civic engagement (Kawachi, 1999). Other studies on social capital have addressed health and income inequality (Kawachi et al., 1997; Lynch et al., 2001; Mansyur et al., 2008), and health and ethnic discrimination (Mohseni and Lindstrom, 2007). But there are very few studies on social capital and health and wellbeing in Asia, and most are in East Asia (Tsunoda, Yoshino and Yokoyama, 2008; Yamaoka 2008; Ichida et al., 2009).

Thailand is a developing country in Southeast Asia which has gone through rapid economic growth, economic crisis and steady economic recovery during the last few decades. In Thailand, social capital has been shown to create social safety nets that can be tapped during crisis. A Thailand Social Monitor Report (1999) shows that after the 1997 Asian financial crisis, both the family and community levels which form the traditional, non-formal safety net were used extensively and even expanded. Indeed, traditional Thai values of family and community cushioned some of the crisis's blow. Evidence of the ability of social capital to cushion the economic and social shocks posed by the economic crisis are most important for social protection policy. For example, communities have been drawn together and have created new institutions and capacities to help themselves, particularly savings groups (International Bank for Reconstruction and Development Bank, 2000).

In the turbulence of the 1990s, the Thais expressed a desire for religious sanctuary. It was found that faith in Buddhism is still strong especially in everyday religion, Buddhism has posted itself as a reference for ordinary people to cope with problems of modernity in the global capitalist

system (Kitiarsa, 2006). Another recent example of the presence of social capital in Thailand was the introduction of the universal health coverage scheme which was also a product of the long running civic movement in Thailand (Wasee, 2000; Tangcharoensathien and Jongudomsuk, 2004; Wibulpolprasert, Tangcharoensathien and Kanchanachitra, 2008). The Thai 9th (2002-2006) and 10th (2007-2011) National Economic and Social Development Plans, used a people-centred approach of national development in line with the sufficiency economy philosophy supported by the King's initiative. The national plan focuses on the links among 6 types of capital, namely: natural, physical, financial, social, human, and cultural capital (National Economic and Social Development Board, 2005; Khamman, 2008).

Here we report social capital findings related to our ongoing population health study in a large cohort of Thai adults. The aim of the paper is to examine the distribution of important social variables known to connect to health outcomes. Variables considered were economic stress, religious attitude and practice, social trust, social interaction and social support. These aspects of social capital are correlated with demographic, socioeconomic, and geographic attributes of the study population. The findings illuminate the dynamics of social capital in a Thai setting and help to identify ways to build more social capital and promote health and wellbeing.

## Methods

### Study population and data collection

Data were derived from 87,134 students from the Sukhothai Thammathirat Open University (STOU) who completed a baseline survey in 2005. These adult distance-learning students form a basis of our "cohort" for subsequent baseline and future longitudinal analyses.

Details on population selection and methodology have been reported (Sleigh, Seubsman and Bain, 2008). The baseline questionnaires containing information on individual and household characteristics were sent out to approximately 200,000 STOU students. The response rate was 44%. The questionnaire covers a wide range of information from demographic, socioeconomic, and geographic information to health status, use of health services, risk behaviours, injuries, dietary intake, and family background. There was no coercion to participate in the study and the STOU President and study leaders reassured participants of confidentiality and no influence on their academic progress. A periodic newsletter related to the Thai health-risk transition was sent to participants to keep them informed of interesting results emerging from the study. A four-year follow-up was conducted in 2009 (response rate over 70%) and the next one is due in 2013.

Variables used in this analysis include sex, age (15-29, 30-39, 40+), marital status (married, not-married, separated, divorced, and widowed), monthly income levels in Thai Baht (<7000, 7,000-20,000, and >20,000) 40 Baht = 1 USD in 2005, household assets (later categorized by total replacement value in Thai Baht into three groups (low <30,000 middle 30,001-60,000 and high >60,000). The household assets included general domestic items such as a microwave oven, electric fan, air conditioner, computer, radio, video/vcd recorder, washing machine, water heater, and telephone), and residence (Bangkok, urban not Bangkok, and rural). Individuals

with missing data for given analyses were excluded thus totals vary slightly according to the information available.

Informed written consent was obtained from all participants, and ethics approval was obtained from Sukhothai Thammathirat Open University Research and Development Institute (protocol 0522/10) and the Australian National University Human Research Ethics Committee (protocol 2004344).

### Measures of economic stress, social trust, religion, and social capital

Below are the questions used to measure various social capital indicators:

- 1) Economic stress: Have you had to go without things you really needed in the last 12 months because you were short of money? Responses were from 'often', 'sometimes', and 'never'. Only the first response was used to reflect economic stress.
- 2) Social trust: Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people? The responses were 'most people can be trusted' or 'you can't be too careful'. The former category was used as a proxy of social trust.
- 3) Religious belief and practice: How important is religion to calm your mind when facing problems? How important are spiritual practices? How important is karma? answered on a 10 point scale from 'not at all' to 'very much'. Scores higher than 8 were dichotomised to represent 'high' level of religious belief.
- 4) Social interaction: How frequently do you have social interaction with... parents and other relatives, neighbours/other friends; colleagues from work; temple, mosque or other place of worship; sports club, voluntary or service organization; or political parties, trade unions, environmental groups? Answers were 'everyday', 'nearly/every week', '1-2 times/month' 'very few', and 'never'. The first two categories were dichotomised as a 'high' level of social interaction.
- 5) Social support: How would you rate the support you are getting from... family, neighbours/ local people/other friends, local government officials, religious group, employer/ others in the workplace? Answers were: 'very little support', 'a little support', 'quite a bit of support' and 'a lot of support'. Only those with the last category were dichotomised as receiving 'high' social support.

## Results

### Characteristics of the cohort members

We have noted the similarity between our cohort members and the Thai general population. (Sleigh, Seubsmann and Bain, 2008). The STOU cohort members in 2005 were mostly of working age, with a median age of 29 years and an age range of 15-87 years. There was a slight excess of females (54.3%). For all these important attributes, the cohort member represents the

Thai population well, and this extends to the modest incomes with a median below US\$ 3,000 per year. Half the cohort was still living in rural areas (slightly lower than other Thai general population which was close to 70%); the main regions of Thailand were well represented.

Table 1 presents the demographic, socioeconomic, and geographic characteristics of the cohort members at baseline in 2005. There were slightly more females, almost 85% of the cohort were aged 20 to 39 years. Overall, slightly more than 40% were married, almost 50% of males and 36% of females. More females were not married and reported being separated, divorced or widowed than males. The majority of the cohort members earned less than 20,000 Baht per month, 47.4% of females earned less than 7,000 Baht while 51.3% of males earned between 7,000 Baht and 20,000 Baht. More males than females also reported earning higher than 20,000 Baht per month. Roughly 40% of cohort members lived in a household with assets <30,000 Baht, close to 30% reported their household assets as being more than 60,000 Baht. Regarding their residence, 17.1% of cohort members lived in Bangkok, 36.5% in other urban areas and 45.9% in rural areas. More female cohort members lived in Bangkok.

**Table 1: Socio-demographic characteristics of cohort members, 2005**

Characteristics	N	(%)	Male (%)	Female (%)
<b>Sex</b>			45.3	54.7
<b>Age (years)</b>				
15-29	46,709	53.6	44.9	60.9
30-39	27,309	31.4	31.4	31.4
≥40	13,098	15.0	20.3	10.7
<b>Marital status</b>				
Married	36,727	42.2	49.6	36.0
Not married	47,843	54.9	47.5	61.0
Separated/divorced/widowed	3,648	4.2	3.6	4.7
<b>Monthly income (Baht/month)*</b>				
<7,000	35,632	41.9	35.4	47.4
7,000-20,000	40,360	47.5	51.3	44.4
>20,000	8,952	10.5	13.4	8.2
<b>Household assets**</b>				
Low	35,182	40.6	40.5	40.6
Medium	26,596	30.7	31.4	30.1
High	24,903	28.7	28.1	29.3
<b>Residence</b>				
Bangkok	14,862	17.1	14.5	19.2
Urban not Bangkok	31,775	36.5	37.1	35.9
Rural	39,957	45.9	47.7	44.3

\* 40 Baht = 1USD in 2005

\*\* categorized by total replacement value in Thai Baht into three groups: low <30,000 middle 30,001-60,000 and high >60,000. The household assets included general domestic items-a microwave oven, electric fan, air conditioner, computer, radio, video/vcd recorder, washing machine, water heater, and telephone.

## Economic stress and social trust among cohort members

Economic stress and social trust among cohort members are described in Table 2. Overall, 28.5% of cohort members reported being 'often short of money'. The percentage was higher in males (31.2%) compared to females (26.3%) and this was true across all population characteristics. High economic stress declined as age increased (30.8% in lowest compared to 22.8% in oldest age group). Those who reported being separated, divorced or widowed (33.2%) were much more likely to report economic stress than those who reported being married (26.4%) and never married (29.9%). Unsurprisingly, economic stress shows a strong negative trend against income and household assets, for example 34.5% were stressed in the lowest income group compared to 15.2% in the highest income group.

Overall, close to 62% of cohort members reported 'most people can be trusted'. Females had lower social trust compared to males across all characteristics. Social trust increased with age, for example 60.8% in the youngest group compared to 65.5% in the oldest group. Those who reported being separated, divorced or widowed had a much lower level of social trust (55.4%) compared to those who were married (62.3%). Bangkok residents had the lowest social trust (57.0%) compared to urban (59.9%) and rural residents (65.0%).

**Table 2: Percentage of cohort members who reported 'often short of money' and 'most people can be trusted' by characteristics of cohort members**

Characteristics	Economic stress (%)			Social trust (%)		
	Total	Male	Female	Total	Male	Female
<b>Overall</b>	<b>28.5</b>	31.2	26.3	<b>61.8</b>	62.7	61.0
<b>Age (years)</b>						
15-29	<b>30.8</b>	33.8	28.8	<b>60.8</b>	61.8	60.3
30-39	<b>27.3</b>	30.9	23.6	<b>61.7</b>	62.3	61.1
≥40	<b>22.8</b>	23.2	22.9	<b>65.5</b>	65.5	65.4
<b>Marital status</b>						
Married	<b>26.4</b>	28.2	24.4	<b>62.3</b>	63.5	61.0
Not married	<b>29.9</b>	34.2	27.2	<b>61.6</b>	62.2	61.2
Separated/divorced/widowed	<b>33.2</b>	37.4	30.5	<b>55.4</b>	55.6	55.3
<b>Monthly income (Baht/month)</b>						
<7,000	<b>34.5</b>	37.6	33.3	<b>61.0</b>	61.2	60.7
7,000-20,000	<b>26.1</b>	28.0	25.9	<b>62.1</b>	62.0	61.6
>20,000	<b>15.2</b>	15.9	15.7	<b>64.0</b>	64.5	63.8
<b>Household assets</b>						
Low	<b>34.6</b>	37.5	32.2	<b>61.3</b>	62.3	60.5
Medium	<b>27.9</b>	30.4	25.7	<b>62.3</b>	63.3	61.5
High	<b>20.6</b>	22.9	18.8	<b>61.8</b>	62.6	61.1
<b>Residence</b>						
Bangkok	<b>27.1</b>	29.1	26.0	<b>57.0</b>	58.2	56.2
Urban not Bangkok	<b>27.3</b>	30.0	25.0	<b>59.9</b>	60.8	59.0
Rural	<b>30.0</b>	32.8	27.5	<b>65.0</b>	65.5	64.6

### Religious belief, belief in karma, and spiritual practice among cohort members

Table 3 presents the percentages of cohort members who reported religious belief, belief in karma and spiritual practice as 'very important'. When cohort members were asked to report their religion (data not shown here), close to 95% reported they were Buddhist, 3.4% were Muslim and 2% were Christian. Overall, close to 60% reported religious belief and karma to be highly important; close to 30% reported spiritual practices to be of high importance. Religious belief was higher among males, those with older age, or higher income, and those residing in Bangkok. The pattern of those with strong belief in karma and spiritual practice is somewhat similar to religious belief, except it is higher among females and the lowest income group. Those who were separated, divorced and widowed rated all aspects of religious belief and practice more highly compared to other groups.

**Table 3: Percentage of cohort members who reported religious attitude and practice as 'very important' by characteristics of cohort members**

Characteristics	Religious belief	Belief in karma	Spiritual practice
<b>Overall</b>	57.8	58.0	27.3
<b>Sex</b>			
Male	59.3	54.6	24.4
Female	56.6	60.8	29.7
<b>Age (years)</b>			
15-29	53.9	58.6	28.4
30-39	61.1	56.7	26.3
≥40	64.6	58.4	25.7
<b>Marital status</b>			
Married	58.4	56.8	25.8
Not married	57.0	58.8	28.1
Separated/divorced/widowed	62.5	59.0	29.1
<b>Monthly income (Baht/month)</b>			
<7,000	56.1	58.7	29.8
7,000-20,000	58.3	57.1	25.9
>20,000	61.7	57.5	21.8
<b>Household assets</b>			
Low	58.7	58.0	29.8
Medium	57.1	57.9	26.5
High	57.2	58.0	24.6
<b>Residence</b>			
Bangkok	59.5	60.5	27.5
Urban not Bangkok	57.4	58.0	26.5
Rural	57.4	57.0	27.9

### Types of social interactions among cohort members

Table 4 presents the distribution of cohort members who reported having social interactions at least once a week. Overall, the highest social interactions, of more than 40%, were found with

family, followed by friends/neighbours, and colleagues. Roughly 10% reported social interactions in temples and slightly higher than 1% in union or other groups. Across cohort members, social interaction with family was most common especially in females, younger age, un-married, with lower income, and was highest in rural areas (40.5 % in Bangkok compared to 60.2% in rural areas). High social interaction with friends or neighbours was associated with being male, younger aged, not married, having lower income, and living in Bangkok.

**Table 4: Percentage of cohort members who reported social interactions of 'every day/almost every week' by characteristics of cohort members**

Characteristics	Family	Friends/ Neighbours	Colleagues	Temples	Unions
<b>Overall</b>	49.9	43.7	40.1	10.2	1.3
<b>Sex</b>					
Male	42.8	46.3	43.1	12.2	1.9
Female	55.8	41.1	37.6	8.6	0.7
<b>Age (years)</b>					
15-29	52.5	46.5	40.7	9.8	0.8
30-39	48.7	39.1	39.1	10.2	1.4
≥40	43.3	23.1	40.1	11.5	2.6
<b>Marital status</b>					
Married	45.2	35.7	37.2	8.2	1.5
Not married	53.9	49.9	42.5	11.5	1.0
Separated/divorced/widowed	46.1	41.2	38.1	11.6	1.9
<b>Monthly income (Baht/month)</b>					
<7,000	57.7	38.9	38.6	14.0	1.4
7,000-20,000	44.9	30.8	40.1	6.8	1.0
>20,000	44.1	28.5	42.0	8.4	1.8
<b>Household assets</b>					
Low	46.3	42.6	38.9	11.2	1.1
Medium	50.5	43.5	40.6	10.1	1.3
High	54.6	45.7	41.3	9.0	1.4
<b>Residence</b>					
Bangkok	40.5	45.5	37.2	8.9	0.7
Urban not Bangkok	41.5	43.9	38.6	8.4	1.0
Rural	60.2	43.3	42.4	12.2	1.6

The next highest social interactions reported were, with work colleagues, which was most common in males, those not married, middle income ranges, higher household assets and in rural areas. For other groups such as temples and unions, the reported frequencies were much lower, but were consistently higher in males, older groups, lower income groups, and in rural areas. Social interactions in temples or other religious settings were particularly high in the lowest income group (14.0%) and among rural residents (12.2% in rural areas compared to 8.4% in urban areas).

### Types of social support received among cohort members

Table 5 presents the distribution of reported social support received across various population characteristics. Overall, receiving support from family was reported the most often (62% followed by friends/neighbours (20.4%) and from colleagues/employers (16.2%). Receiving support from a religious group was reported by less than 5% and roughly 2% from local government. Social support from family, friends and neighbours were highest among female, younger-age groups, and those not-married. Support from family was reported more by rural residents, while support from friends/neighbours was reported more by Bangkok residents. Females, middle aged, and higher income and asset groups reported receiving more support from employers and other colleagues; this was also prominent in Bangkok.

Reporting social support from religious groups was higher among males, the lowest income group, lowest group of household assets, and in rural residents. Social support from local government was reported more among males, showed a positive trend with increasing age and married status and a negative trend with income. Reported social support from local government was three times higher among rural (3.0%) compared to Bangkok (0.8%).

**Table 5: Percentage of cohort members who reported receiving 'a lot' of social support by characteristics of cohort members**

Characteristics	Family	Friends/ Neighbours	Colleagues/ employers	Religious group	Local government
<b>Overall</b>	62.0	20.4	16.2	4.8	2.2
<b>Sex</b>					
Male	60.8	17.4	15.3	5.9	2.4
Female	62.9	23.3	16.9	3.9	2.0
<b>Age (years)</b>					
15-29	65.2	22.8	14.9	5.0	1.8
30-39	58.7	17.2	16.8	4.4	2.3
≥40	57.2	10.3	11.0	4.7	3.3
<b>Marital status</b>					
Married	61.4	16.4	16.5	3.4	2.7
Not married	63.0	23.7	15.9	5.6	1.7
Separated/divorced/widowed	46.6	18.1	18.3	5.0	2.5
<b>Monthly income (Baht/month)</b>					
<7,000	61.9	18.5	11.2	6.7	2.4
7,000-20,000	61.8	13.7	12.4	3.2	2.1
>20,000	61.9	12.2	13.0	3.1	1.6
<b>Household assets</b>					
Low	59.4	20.5	15.7	5.7	2.2
Medium	62.2	20.3	16.2	4.6	2.4
High	65.4	20.3	16.9	3.7	2.0
<b>Residence</b>					
Bangkok	57.1	23.5	17.0	4.6	0.8
Urban not Bangkok	61.1	20.9	16.4	4.1	1.7
Rural	64.6	19.3	15.8	5.3	3.0

## Relationships among economic stress, social trust, religion and social capital

We have noted some interesting findings regarding economic stress, social trust and social capital. Economic stress was higher among those separated, divorced or widowed, was negatively associated with higher socioeconomic status, and was high among those living in rural areas. High social trust went in the opposite direction, higher among those married and having higher income but also more common among rural residents. Religious attitude and karma belief were found to be very important among those at the income extremes (both high and low), and those residing in Bangkok; spiritual practice was highest among those with lowest incomes and residing in rural areas. Despite reporting high economic stress, high social interactions with family and social support from family were also found among those not-married, lower income groups and in rural areas.

## Discussion

We reported here on five social capital related components including economic stress, social trust, religious belief and practise, social interaction and social support and described how they vary according to cohort member socio-demographic characteristics and relate our findings to other existing studies.

Economic stress, mediated by low income, is associated with low socioeconomic status (Mohseni and Lindstrom, 2007). Social interaction and social support are the providing and receiving ends which reflect social capital (Lindstrom, 2004; Schultz, O'Brien and Tadesse, 2008). Comparing our results to another study (Bolin et al., 2003), the similarities and differences are social capital declines with age in other studies, whereas in our case this was only true in the case of social support from family and friends. We also found males to be more likely to interact than females and more likely to receive support from outside the family group including unions and local governments. Rural residents were more likely to interact and seek support from family, religious groups, and local government. In addition, high levels of income predicted higher levels of social capital related to workplace such as interaction with and support from colleagues and employers (Sirven, 2006).

Thailand has some special features related to its Buddhist religious faith which emphasises tolerance, non-violence and a (non-extreme) middle path for life. This set of beliefs bonds society together and could be a medium for future participatory activities at the local level. Religious attitude and practice may involve the influence of social networks and norms and thus influence the level of social capital (Schultz, O'Brien and Tadesse, 2008; Tsunoda, Yoshino and Yokoyama, 2008). The influence likely arises through social interaction that is a result of attending religious services with others of similar backgrounds. Based on a study of personal wellbeing among cohort members, spirituality and religion had the highest mean score across all the domains (Yiengprugsawan et al., 2009a). In addition, a study has found temples to be an emergency source of food and shelter for some villagers as well as source of consultations for their psychological stress (Paitoonpong, 2001). Frequent religious attendance through inter-personal and social support is positively associated with the accumulation of mutual social networks and norms (Strawbridge et al., 2001; O'Connell and Skevington, 2005).

Another paper based on the cohort members found that the urbanites have lower levels of social activity and trust, and also that there was a trend towards lower levels of social support with increasing urbanisation (Lim et al., 2009). This could partly explained by the lack of time and the inability to get away from work among the urban dwellers as shown in a study among the cohort members related to foregone health service use (Yiengprugsawan et al., 2009b).

As Thailand urbanises and progresses economically, diverse patterns of social capital have emerged and some changes might have offset others. For example, being younger, maritally unattached and with lower income creates higher economic stress and lower social trust but still permits high social capital with ties to family, friends and neighbours. Notwithstanding higher economic stress, rural residents often have high social trust, interaction and support, and accordingly a high social capital to alleviate the effects of economic stress. Indeed, we have shown that economic stress associated with low income tends to co-occur with high social interaction and family support. In contrast, for some groups there were no offsets and social capital tended to be lower on most dimensions measured; this was noted among persons who were separated, divorced or widowed and they constituted over four percent of the cohort. Clearly this group needs other forms of social support.

One of the limitations of the study was that other seriously disadvantaged groups may not have been visible in a self-selected cohort of adult Open University students, such as the poorly educated, unemployed, and the sick elderly. In addition, in this study we only attempt to describe economic stress, social trust, religion, and social capital according to characteristics of cohort members. Future longitudinal study on the associations among these outcomes, especially impacts these may have on health and wellbeing will be more insights.

We found that interaction with local governments as a 'linking' aspect of social capital was relatively low. This could be a fruitful topic for further research and a point of potential intervention to boost vertical trust and associated social capital in Thailand. Fortunately, for many groups urbanisation will be associated with a change in the nature of supportive social capital without an overall change in the total social capital as they move away from families to civil society—friends, neighbours and work colleagues. It is the nature of social capital that once it has accumulated; it continues to operate through available channels at more or less the same overall level thus protecting social groups undergoing developmental changes.

Overall, we found that social capital among the cohort is quite high and robust following the long period of harmony in Thailand from Buddhist way of life influenced by the King's sufficiency economy philosophy. However, this group of adult Open University distance learning students are personally experiencing a substantive socioeconomic transition from traditional rural to modern urban life. This observation should be reassuring to policymakers aiming to preserve and promote social capital as Thailand continues to urbanise and modernise.

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