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## How the Rural Context Influences Social Capital: Experiences in Two Ontario Communities

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## **How the Rural Context Influences Social Capital: Experiences in two Ontario Communities**

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### **Abstract**

Social capital has shown potential for its ability to improve physical and mental health, although findings about social capital's impact in rural areas have been less promising. The aim of this study was to shed light on how adults in two small towns of rural Ontario experience social capital in their daily lives, and to contribute to the broader literature about the relationship between social capital and rural health. This qualitative phase of a sequential mixed methods study used interpretive description to explore community interactions, social and recreational opportunities, and issues of inclusion and exclusion in two rural Southern Ontario communities. Forty adults of varying ages were recruited using convenience sampling and participated in one of eight focus groups or 13 individual interviews. Data was collected between August and December of 2017 and was analyzed concurrently. The rural context influenced the experience of social capital and residents' opportunities for accessing it. The structural context was relevant to the social capital experience due to rural residents' reliance on cars, limited opportunities for young adults, and high rates of rural poverty. The social context influenced social capital by way of rural familiarity

and friendly social norms, lack of privacy, and long-established social networks. While there is no single experience of rural social capital, these findings offer a picture of how the rural context can shape individuals' experiences and opportunities for social capital in ways that benefit some community members while marginalizing others. Implications for health and strategies for building rural social capital are discussed.

**Keywords:** Social capital, context, interpretive description, rural

## **1.0 How the Rural Context Influences Social Capital: Experiences in Two Ontario Communities**

Social capital is a new and evolving concept that has been embraced for its potential to improve health, alleviate poverty, reduce crime, and strengthen democracies (Daly & Silver, 2008; Kawachi, Subramanian, & Kim, 2008). Broadly described as the resources that accrue as a result of social networks, there is little consensus on a definition or how to operationalize social capital, and the concept has been criticized as being “all things to all people” (Woolcock, 2001, p. 12). The rapid rise in research on social capital has been dominated by quantitative methods, which have identified important associations between social capital and health (Kim, Subramanian, & Kawachi, 2008). Yet these methods are unable to reveal the complexity of social capital and the diversity of individuals' context-bound social capital experiences (Daly & Silver, 2008; Ziersch, Baum, Darmawan, Kavanagh, & Bentley, 2009). The current paper reports on the qualitative phase of a sequential mixed methods study of social capital and rural health and aims to shed light on how adults in two small towns of rural Ontario experience social capital in their daily lives.

While a precise definition of social capital is lacking, the concept is meant to capture the value of social networks or the benefits and obligations that come with group membership (Bourdieu, 1986). According to Bourdieu (1986), the social world is made up of different forms of capital and their distribution, in which social, cultural, and economic capital can be converted into one another to maintain and reproduce power. Social capital accumulates based on the size of one's social network and the various forms of capital that members of the network themselves possess. Cultural capital refers to the knowledge and skills that can be embodied and conferred by socialization or achieved through academic qualifications (Bourdieu, 1985). Bourdieu's theory of social capital was applied in this study due to his emphasis on the relationship between the forms of capital and how the distribution of social capital contributes to power hierarchies in society. This adds an important dimension to the analysis of social capital given the evidence that not all members of society have equal access to social capital and its potential benefits (Berry, 2008; Uphoff, Pickett, Cabieses, Small, & Wright, 2013; Ziersch, Baum, Macdougall, & Putland, 2005).

Social capital has been positively associated with physical health, mental health, and lower rates of mortality (Ehsan & De Silva, 2015; Gilbert, Quinn, Goodman, Butler, & Wallace, 2013; Kim et al., 2008; Lee, 2010; Yang, Jensen, & Haran, 2011). While some contradictory findings have emerged that relate in part to the inconsistency in measuring social capital (Choi et al., 2014), the literature provides a convincing argument that at least some aspects of social capital influence physical and mental health. However, several studies suggest that in rural areas where social capital was higher, it did not demonstrate the same positive relationship with health as in urban areas (Mohnen, Groenewegen, Volker, & Flap, 2011; Nummela, Sulander, Karisto,

& Uutela, 2009; Nummela, Sulander, Rahkonen, Karisto, & Uutela, 2008; Wanless, Mitchell, & Wister, 2010; Ziersch et al., 2009). This points to the complexity of social capital and the need to disentangle its dimensions and how these play out in rural populations.

Qualitative research is well suited to generate a depth of understanding of the complexities of social capital and resolve some of the ongoing conceptual and theoretical debates (Whitley, 2013; Ziersch et al., 2009). Qualitative research is also useful for revealing context-specific knowledge of social capital that is needed to inform health promotion strategies (Maass, Kloeckner, Lindstrom, & Lillefjell, 2016). A relatively small number of studies have explored how rural residents experience social capital and its relevance to health. The impact of social capital on rural youths' sexual behaviour (Shoveller, Johnson, Prkachin, & Patrick, 2007) and drug users' opportunities to escape the rural drug scene (Draus & Carlson, 2009) pointed to unique social contexts that marginalized some members of the community. The 'dark-side' of social capital was also highlighted in stories of social exclusion of same-sex attracted women (Edwards & Cheers, 2007), food insecure newcomers to a rural community (Whitley, 2013), and community members competing for resources after a crisis (Caldwell & Boyd, 2009; Fowler & Etchegary, 2008). Other qualitative research has examined the impact of social capital on the health of older adults (Averill, 2012; Rozanova, Keating, & Eales, 2012), curling club members (Leipert et al., 2011; Leipert, Scruby, & Meagher-Stewart, 2014), children (Eriksson, Asplund, & Sellstrom, 2010), and African American men (Ornelas et al., 2009; Scott & Wilson, 2011). These studies revealed a range of benefits and challenges associated with rural social capital from the perspective of focused population groups. However, no qualitative studies were found that provided a holistic view of a range of adults' experiences of social capital in rural Canada. Given the opportunities that naturalistic inquiry provides for understanding human experience in its natural context (Lincoln & Guba, 1985), particularly when little is known about a phenomenon, qualitative methods can make an important contribution to our knowledge of social capital in the rural Canadian context.

There is evidence that the context in rural Canada differs in ways that may influence social capital. Compared to urban residents, rural Canadians have a higher sense of community belonging (Carpiano & Hystad, 2011; Kitchen, Williams, & Chowhan, 2012), are more likely to know their neighbours (Turcotte, 2015), and have higher numbers of close relatives and friends in their local communities (Carpiano & Hystad, 2011). They are also unique due to their poorer access to health care (Sibley & Weiner, 2011), lower educational attainment and income levels (Bollman & Reimer, 2009), and higher mortality rates compared to urban residents (Canadian Institute for Health Information, 2006). As 19% of Canadians live in rural areas (Statistics Canada, 2012), an exploration of rural social capital and its influence on health may reveal important implications for public health promotion. The purposes of this qualitative research were to (a) explore the nature of social capital in rural communities and how rural adults experience it in their daily lives, and (b) explore how the unique context of the rural area influences the experience of social capital from the perspective of rural adults.

## **2.0 Methods**

This qualitative phase of a sequential mixed methods study involved interviews and focus groups with adults aged 16 and older from two rural Southern Ontario

communities. Participants were recruited using purposeful convenience sampling. Outreach with service providers and community members, including informal social visits to local organizations and public venues like arenas, coffee shops, and libraries, was combined with posting study flyers in these locations. Participants contacted the first author via text message, telephone, or email, and were offered a choice of participation in either an interview or focus group. Combining interviews and focus groups as a qualitative data collection method served two purposes (Lambert & Loiselle, 2008). First, it allowed participants to choose a time, location, and format that best suited their needs and comfort. Second, it met the purpose of data completeness, with each method revealing different aspects of social capital: Interviews were more likely to reflect personal experiences, while focus groups allowed for more diverse opinions and revealed examples of community level social interactions. The two sets of qualitative data were mutually informative and equally valued (Lambert & Loiselle, 2008).

Interviews and focus groups lasted from 60 to 120 minutes and took place in homes, coffee shops, and meeting rooms in the library and participants' workplaces. Open-ended questions were used to gain insight about community life and provide context related to community interactions, social and recreational opportunities, and issues of inclusion and exclusion. Examples of questions included, "Are there projects and issues that people collaborate on?"; "What kinds of services and activities do people have to leave town for?"; "How are people who are new to the community treated when they arrive?"; and "Tell me about interactions between neighbours." All participants completed a demographics form and received a \$20 gift card to a coffee shop or grocery store for an interview or \$10 gift card for focus group participation. Interviews and focus groups were audio-recorded and transcribed verbatim, and qualitative data analysis software, NVivo, was used to code the data. Applying interpretive description (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997), analysis involved synthesizing, theorizing, and recontextualizing participants' experiences, seeking a broad view of the overall picture, and interpreting the patterns and shared experiences that emerged. Rigor (Streubert Speziale & Carpenter, 2007; Thorne et al., 1997) was enhanced via prolonged engagement in the study sites, in which the first author (a PhD student and nurse) gathered all data, got to know local stakeholders, and kept apprised of current events via social media and local newspapers. Field notes were maintained to defend the development of abstractions; contradictions in the data were explored; and debriefing with the research team members about thought processes, coding strategies, and emerging trends took place throughout data collection and analysis. Two members of the research team (PhD supervisory committee members) who were experienced in qualitative research reviewed the coding structure to verify that participant experiences were represented in the naming of themes. Data collection took place between August and December of 2017. Ethics approval was obtained from the Hamilton Integrated Research and Ethics Board (Project # 2615).

The study sites were two rural communities in Southern Ontario, Andor and Whitebridge, whose names have been changed to maintain participant confidentiality. Community demographics were similar between sites; however, a key difference was the portion of adults who commuted outside of the area for work (see Table 1). Forty participants were interviewed in eight focus groups and 13 individual interviews. Four focus groups, ranging in size from two to eight participants, took place in each community with six and seven individual interviews conducted in Whitebridge and Andor respectively. Participants ranged in age,

income levels, and length of residence in their communities, although female participants were overrepresented with eight males and 32 females (see Table 2). Similar to the broader demographics of rural areas (Bollman & Reimer, 2009), the sample was ethnically homogeneous with most participants identifying as Caucasian Canadian.

Table 1: *Community Demographics for 2016 (Statistics Canada, 2017)*

	<b>Whitebridge</b>	<b>Andor</b>	<b>Ontario</b>
<b>Population</b>	3,881	6,044	13,448,494
<b>Median Age</b>	53.4	51.3	41.3
<b>Median Household Income</b>	\$46,336 (25.4% low income)	\$54,549 (19.4% low income)	\$74,287 (14.4% low income)
<b>Commuting Patterns</b>	- 26% commute to a different municipality  - 17% commute >30 min.	- 73% commute to a different municipality  - 56% commute >30 min.	- 42% commute to a different municipality  - 44% commute >30 min.

### 3.0 Findings

When exploring the experience of social capital from the perspective of 40 adults in two rural communities, the rural geography and small population size contributed to a unique context within which social capital was situated. Several themes emerged that shaped rural community members' opportunities for participation in social life, broadly categorized under the structural and social context (see Table 3). The structural context included the themes reliance on cars, limited opportunities for young adults, and high rates of rural poverty. The social context included the themes rural familiarity and friendly social norms, lack of privacy, and long-established social networks. The changing rural social context was the final theme. Any differences in results between the communities and relationships among themes and subthemes will be described under the relevant theme. Transcript excerpts are numbered and labelled based on participation in a focus group (FG) or individual interview (II) in Andor (A) or Whitebridge (W).

Table 2: *Participant Demographics [n (%)]*

	<b>Whitebridge</b> <b>n=26</b>	<b>Andor</b> <b>n=16</b>
<b>Sex</b>		
Females	21 (87.5)	11 (68.7)
Males	3 (12.5)	5 (31.3)
<b>Age</b>		
16-19 years	2 (8.3)	0 (0)
20-29 years	9 (37.5)	3 (18.8)
30-39 years	2 (8.3)	4 (25.0)
40-49 years	1 (4.2)	2 (12.5)
50-64 years	8 (33.3)	2 (12.5)
65+ years	2 (8.3)	5 (31.3)
<b>Education</b>		
College or University Degree	18 (75.0)	9 (56.3)
Some College or University	2 (8.3)	5 (31.3)
High School Diploma	3 (11.5)	2 (12.5)
Less than High School	1 (4.2)	0 (0)
<b>Household Income per year</b>		
<\$10,000	1 (4.2)	0 (0)
\$10,000-\$19,999	5 (19.2)	0 (0)
\$20,000-\$29,999	4 (15.4)	2 (12.5)
\$30,000-\$39,999	4 (15.4)	1 (6.3)
\$40,000-\$49,999	2 (8.3)	3 (18.8)
\$50,000-\$74,999	3 (11.5)	3 (18.8)
\$75,000-\$99,999	0 (0)	2 (12.5)
\$100,000+	3 (11.5)	3 (18.8)
Unassigned	2 (8.3)	2 (12.5)
<b>Home Ownership</b>		
Own Home	11 (45.8)	12 (75.0)
Rent Home	11 (45.8)	0 (0)
Other/Unassigned	2 (8.3)	4 (25.0)
<b>Children Living in Home</b>		
Yes	11 (45.8)	7 (43.7)
No	13 (54.2)	9 (56.3)
<b>No. Years Lived in Community</b>		
0-5 years	8 (33.3)	1 (6.3)
6-10 years	3 (11.5)	4 (25.0)
11-15 years	1 (4.2)	1 (6.3)
16-20 years	5 (19.2)	4 (25.0)
21+ years	7 (26.9)	6 (37.5)

Table 3: Summary of Contextual Themes and Their Influence on Social Capital

Theme	Sub-theme	Influence on Social Capital	Quote to Confirm
<b>Rural Structural Context</b>			
Reliance on cars	Many seniors live at a distance from services and supports	Seniors who do not drive may become isolated, have difficulty accessing services and recreational opportunities	“I think if a senior lived here, they’d have a car and they still have their license. But if their license was taken, their family, like their children would say okay it’s time to move to (city)...they’d have to move.” (II-5A)
	Low-income residents have no car, drive ‘clunkers’, or have little money for gas	Difficulty accessing services, supports, and social events	“There’s a huge gap, people who are actually going hungry, and have no access [to the food bank] because they simply can’t get there.” (II-9W)
	Youth rely on the school bus	Limited opportunity for after-school activities or employment	“...the whole way that young people are brought into the town centre to interact and to be social is through the school bus.” (FG-1W)
Limited opportunities for young adults		Outmigration and few spaces to interact with other young people contributes to limited social participation, substance use, and teen pregnancy	“If getting a coffee on Friday night’s your big night out, there might be a lack of enjoyable activities in this town.” (FG-4W)
High rates of rural poverty	Reliance on social assistance	Stigma toward those in social housing or on social assistance contributes to social exclusion	“I definitely notice a difference in the quality of people walking down the street...it’s more lower income people and unfortunately people on social assistance of some sort.” (II-5T)
	Sports and community events are often unaffordable for low income families	Limits opportunity to participate in community life due to cost, contributes to social exclusion	“...if you can’t afford to have your child in hockey, then the hockey parents [...] like you’re not part of that...” (FG-5W)
<b>Rural Social Context</b>			
Rural familiarity and friendly social norms	Sense of safety	High trust in neighbours and community members	“I go for a walk at 10 o’clock at night, I don’t worry about it. I mean half the time I go to the grocery store I don’t even lock my door.” (FG-3A)
	People help each other out	Provides community members with access to social and instrumental support	“Like if I was ever stuck on the road, I would say the first person with a truck would probably stop and offer to help in some way...people are really keen to help everyone here, even if you don’t know them.” (II-2W)
Lack of privacy		Can lead some residents to change their behaviour or reduce social participation	“...something happens at the bar on Friday, everyone knows what happened on Saturday [...] You have to behave.” (FG-6A)
Long-established social networks		Tight-knit social groups may be difficult to penetrate and family reputation can lead to social exclusion	“...you’ve been here for 30, 40 years but you’re still the new guy.” (II-4A)
<b>The Changing Rural Social Context</b>		Increasing acceptance of sexual, racial, and ethnic minorities but social exclusion and racism still exist	“I’m seeing this (focus) group specifically, as being a younger more open-minded generation...open to diversity and stuff like that. But you also have the grandpas who are still extremely bigoted...” (FG-4W)



### **3.1 Structural Context of Rural Communities**

**3.1.1 Reliance on cars.** Large geographic distances meant that most people relied on cars for travelling to work, to visit with friends or attend social functions, and for accessing basic amenities. Both communities had limited public transportation in the way of a small bus or van and volunteer drivers for transport to medical appointments, although many considered these transportation services to be for seniors. Rural residents' reliance on cars increased the vulnerability to social isolation for several groups, including seniors, low-income individuals, and youth.

*Many seniors live at a distance from services and supports.* Seniors were identified as vulnerable to isolation, particularly if they lived outside of town. If they lost their ability to drive, or were widows without a driver's license, they were challenged to access services and amenities, and to engage in social activities like card games and dances targeting seniors. Several participants stated that neighbours, friends, family, and volunteers drove seniors to appointments, although a service provider suggested not everyone had access to these social networks, "we have an enormous amount of seniors who live rurally, 30 minutes down those logging roads, who are isolated." (FG-1W) Some participants felt the only option for seniors when they could no longer drive was to move to the city or a seniors' residence in town.

*Low-income residents have no car, drive 'clunkers', or have little money for gas.* Participants expressed concern about transportation challenges for low-income residents that left individuals unable to access services such as the food bank and early years centre, or without enough gas money to get home from class or out to a community event. One participant shared how she manages transportation to attend a parent group, "I rely on a good friend who usually comes and she picks my son and I up. I have a license, I just don't have a second vehicle at the moment. Today I borrowed my uncle's truck to come in." (FG-4W)

*Youth rely on the school bus.* The third group that had challenges with social participation was youth who relied on the school bus as their only method of transportation. There were no late school buses which resulted in youth missing out on extracurricular activities and jobs because "they have to take the school bus home...they have no way to get into town and back and forth." (FG-1W)

**3.1.2 Limited opportunities for young adults.** While one town had a small community college satellite campus, the options for local postsecondary education were very limited. When combined with few employment opportunities and challenges accessing high speed Internet, young people were often: "just getting their grades and getting the heck out" (II-7A). This outmigration of youth led to challenges for remaining young adults who had limited social opportunities and infrastructure that targeted their demographic. Bowling alleys in both towns had closed, there were no movie theatres, and while one community had a bar, the other had no space for young people to meet at night and "nowhere to go dancing!" (FG-4W). Some young people stayed actively engaged through sports or left the community for a night out if they had access to a vehicle or could carpool to a mall or movies. Others felt there was little to do other than "pot smoking" (FG-2W) and to "make your own fun by drinking." (FG-6A) Both communities identified a high teen pregnancy rate, also associated with having "nothing else to do!" (II-5A).

**3.1.3 High rates of rural poverty.** While several retirees moved to the rural area from the city for a peaceful life where they could downsize and “your dollar just goes a lot farther” (II-12A), other participants felt the cost of rental units and utilities was high, which combined with low wage and precarious employment to contribute to high rates of rural poverty.

*Reliance on social assistance.* The majority of participants acknowledged difficulties that many rural people faced in making ends meet, yet there was stigma associated with receiving social assistance that surfaced in several interviews. It was perceived that Andor was no longer a “higher-end town” (FG-3A) due to the influx of low-income residents, and participants in both communities believed residents were taking advantage of the welfare system. A low-income participant felt stigmatized “when you tell people that you’re from (subsidized housing)...you can visibly see a change in people.” (II-9W) Another participant described similar attitudes:

It drives me nuts, cause everybody goes, “well did you see him walking up and down the street with a case of beer in [his] pyjamas?” If I was on welfare and in Andor, that’s what I’d be doing. Cause what else is there to do? (II-12A)

*Sports and community events are often unaffordable for low income families.* The cost associated with social opportunities prevented some community members from being able to engage in organized sports or community dinners and events. Hockey in particular was identified as unaffordable for many families, which contributed to youth’s “social peer group...breaking apart” (FG-1W) and a hockey-parent social group that many parents couldn’t afford to belong to. Other participants were proud of the multitude of community events and activities taking place in their small towns.

This structural context, with few employment and educational opportunities, contributed to youth outmigration and high rates of rural poverty. These challenges were exacerbated by the cost of social activities and reliance on cars that made social engagement challenging, and the stigma of receiving social assistance that further marginalized low-income rural residents. Individuals without transportation, youth, and those experiencing poverty were particularly vulnerable to social exclusion due to the rural structural context.

## **3.2 Social Context of Rural Communities**

**3.2.1 Rural familiarity and friendly social norms.** All participants spoke about the familiarity that comes with living in a small community where “you pass by the same people every single day. So even if you don’t know them, you get to know their face, you get to know their kids.” (FG-8A) This familiarity was a source of comfort for many participants and associated with friendly social norms where people speak to one another on the street and in stores. Neighbour and community member interactions led to diverse social networks for some participants, in which they engaged with people of different ages and social groups, and where community members were “our friends just because we live here, right?” (FG-8A) The friendly social norms and familiarity also contributed to a sense of safety and gave community members access to social and instrumental support.

*Sense of safety.* The majority of participants felt safe in their homes and communities, would be inclined to help someone on the side of the road, and several participants picked up hitchhikers in Whitebridge where this practice was more common. Participants felt it was a safe place to raise children, and it was common to leave house or car doors unlocked. Some participants pointed out that while they personally felt safe, it depended on what group you identified with and where you lived. This was supported by a participant living in subsidized housing who reported violence and drug deals on her street. In most cases however, familiarity amongst neighbours and community members contributed to high levels of trust and a sense of safety.

*People help each other out.* Another perceived benefit of rural familiarity was that residents frequently lent a hand to neighbours and community members, rallied behind local causes, and were generous with their time and resources in family emergencies. People commonly relied on neighbours when having challenges with winter weather, during renovation projects, to keep an eye on their properties, and to provide rides to appointments. Access to support was also available to community members who did not know each other, as demonstrated by this story:

My mom was at the corn stand...and the girl there was wearing only a dress and it was quite cool, so my mom gave her her sweater and said, “oh, I’ll be back to pick it up tomorrow.” (II-5A)

Participants contrasted these experiences with how they perceived people interacted in the city.

*3.2.2 Lack of privacy.* The same social connections that led to a sense of trust and support made it difficult to maintain privacy where “everybody knows everybody’s business” (II-7A). People’s actions were highly visible, and gossip was common, causing distress for some residents. Many participants shared examples of how they perceived their everyday activities were subject to comment or scrutiny, including having their grocery cart contents examined, being observed while trying to parallel park, or if “something happens at the bar on Friday, everyone knows what happened on Saturday” (FG-6A). This visibility led some residents to adjust their behaviour or restrict social activities. Gossip was perceived as a rural cultural norm: if there is nothing to talk about, people “will make up something. Which to me is kind of amusing, but it could be hurtful.” (II-8A) There were also perceived benefits from the rapid spread of information within the community, because “our kids don’t get away with stuff” (II-11W).

*3.2.3 Long-established social networks.* Several participants had extended family in the area and many had lived in the community for generations, leading to a “very well-connected community” (II-1W). The networks of long-established relationships meant that when a newcomer arrived it could take several years, significant effort, and an outgoing personality to integrate into the tight social groups. A person’s last name could identify them as an outsider and their house may be associated with previous owners for decades. Newcomers to the rural area shared a variety of experiences, from finding people open and “very accepting of outsiders” (II-8A) to encountering scepticism and having to prove oneself to the “old boys’ club” (II-6W). Participants named several ways for newcomers to get involved, such as through their children’s extracurricular activities, joining a service club or

volunteering, playing old-timers hockey or joining the curling club, or attending church.

For community members who belonged to established families or had lived in the area for decades, it could be difficult to escape their reputation in the community. There was perceived pressure to live up to the status of their grandparents, and people had long memories about family feuds or reputations. One participant described how making a mistake in a small community was difficult to escape:

I know indirectly of a young man who was accused of some offenses...pretty much everyone in the town knows...what he was accused of, knows...the circumstance, it appeared in the local newspaper, knows his family, knows his extended family, generations back. (II-1W)

Both for newcomers trying to establish themselves and for long-time community members trying to overcome an unfavourable reputation, the tight-knit social connections, lack of privacy, and long family histories in the rural area created unique challenges for social inclusion. At the same time, many residents enjoyed the familiarity, sense of safety, and access to instrumental support that were considered unique benefits of living in a rural area.

### ***3.3 The Changing Rural Social Context***

Participants spoke about the changing context in their rural communities, and while there was little ethnic, racial, or sexual diversity, they perceived it was becoming less socially conservative over time. Access to information via technology meant, “people in the country have caught up a lot” (II-8A). Participants in Andor noted there were a number of newcomers and younger community members who brought new ideas to the municipal government, and while resistance to change was still encountered, they felt the old boys’ club was “being dismantled” (II-12A). Additionally, church congregations were dwindling and some participants felt “Christians and church denominations are really going liberal” (II-4A). Several participants described the changing values across generations, with younger residents more accepting of minorities. While participants from both communities remarked on residents’ increasing acceptance of diversity, findings about the other aspects of the changing social context were particularly prominent in Andor. Closer proximity to a city, frequency of commuting out of town for employment, and the greater influx of city dwellers may have contributed to a more rapidly evolving rural context.

## **4.0 Discussion**

The findings from interviews and focus groups with adults in two rural communities of Southern Ontario reveal how the rural structural and social context influenced the experience of social capital and opportunities for accessing it. Positive and negative aspects of the rural communities intersected with characteristics of the individual, such as life-stage, family history, and socioeconomic status, to influence participants’ perspectives on social life in the rural area. While there is no single experience of rural social capital, these findings offer a picture of how the rural context can shape individuals’ experiences and opportunities for social capital in ways that benefit some community members while marginalizing others.

Youth out-migration is a common phenomenon in rural communities (Kevany, Ma, Biggs, & MacMichael, 2017; Moazzami, 2014). For youth and young adults who remained in the rural area, access to social capital was limited by their small peer group and lack of activities or infrastructure that appealed to their demographic. Lack of rural opportunities for social participation has been found to contribute to youth's substance use and risky sexual behaviours, particularly for youth who could not afford to participate in socially valued activities such as hockey or snowmobiling (Jenkins, Johnson, Bungay, Kothari, & Saewyc, 2015; Shoveller et al., 2007). The association between low social capital and alcohol, cigarettes, and marijuana use among rural youth is also supported by empirical data (Evans, Cotter, Rose, & Smokowski, 2016), suggesting that building social capital among rural youth could have important health implications. While research recognizes rural youth as a vulnerable group, there has been little focus on young adults. Studies in Australia found younger and older adults had higher levels of social participation due to fewer competing demands (Hodgkin, 2011, 2012), however young adults in this study were vulnerable to social exclusion due to outmigration and an absence of spaces for social interaction, highlighting the importance of considering rural context and its influence on social capital at different life stages.

Social participation was also challenging for rural residents without consistent access to transportation. Similar to findings in rural Southwestern Ontario (Marr, 2015), transportation disadvantage was more prominent among seniors, youth, and individuals with low-income. Rural geography and limited public transit increased vulnerability to physical and social isolation for these residents, particularly if they belonged to more than one disadvantaged group (i.e., low-income seniors). Yet one group of seniors who had moved into the rural area to retire was well positioned to access social capital due to having time for engagement, transportation, and financial resources, consistent with Berry's (2008) 'social capital elite'. At the other end of the social capital spectrum was a group of residents perceived to be residing in the rural area due to the low cost of living. Living in a rural community out of necessity rather than choice can leave some residents feeling trapped, especially if they are new to the area and have few social connections to provide access to resources like food and transportation (Whitley, 2013).

Social capital has consistently shown a positive association with socioeconomic status (SES) (Uphoff et al., 2013; Weaver, McMurphy, & Habibov, 2013; Younsi & Chakroun, 2017; Ziersch et al., 2009), although the direction of causality is disputed. It is possible that aspects of social capital, such as trust, group participation, and a large social network, can boost economic security through provision of instrumental support and flow of information (Growiec & Growiec, 2016; Weaver et al., 2013). The current study suggests that instead it was SES that created the conditions for access to social capital in the rural area: Without transportation, employment, or financial resources to invest in sports and recreation, it was difficult to participate in the community. This illustrates the relationship between economic, cultural, and social capital (Bourdieu, 1986) where access to resources most frequently acquired through education and employment could be converted into social capital. Additionally, threats to social worth for individuals with low SES can erode their sense of trust (Brandt, Wetherell, & Henry, 2015). Stigma toward individuals on social assistance, in social housing, and with well-known family histories in the rural area illustrates how threats to self-worth can compound the risks associated with structural barriers to social engagement for the most vulnerable rural residents. When situated within a small community where privacy is lacking, this structural and social context can create

a unique set of rural risk factors for low social capital and lends support to Bourdieu's notion that social capital, like economic capital, can be employed as an exclusionary tool to maintain power among the dominant class (Aguilar & Sen, 2009; Bourdieu, 1986).

These challenges with access to social capital do not tell the whole story of social life in a rural area. Research suggests the 'rural idyll', depicting rural communities as safe, harmonious, and accepting, may not apply when individuals transgress the local social norms (Edwards & Cheers, 2007; Watkins & Jacoby, 2007). However, participants in the current study described a shift in traditional conservative social values, with a growing acceptance of diversity that was particularly apparent among younger residents, consistent with a broader trend among Millennials (Anderson et al., 2015; The Environics Institute for Survey Research, 2017). The majority of rural residents enjoyed diverse social networks and a feeling of safety, friendliness, and reciprocity among neighbours and community members that they considered unique to rural living. This helps illustrate the mechanism behind rural residents' higher sense of community belonging compared to urban Canadians (Carpiano & Hystad, 2011; Kitchen et al., 2012), and suggests the rural idyll is not all myth.

The study findings paint a picture of rural social capital that features social connectedness and reciprocity alongside social isolation for some vulnerable groups. While the social context is less amenable to intervention, the structural context provides a good target for social capital promotion. First, there is a need for gathering places for youth and young adults in rural communities. Places such as coffee shops, bars, and bowling alleys promote social capital by creating spaces for informal social interaction (Whitham, 2012). Building social capital among rural youth and young adults may benefit health by reducing substance use that is a common solution to youth's boredom (Draus & Carlson, 2009; Jenkins et al., 2015; Shoveller et al., 2007), and may contribute to youth retention by shaping perceptions of rural communities into viable spaces for an active social life. Second, affordable high speed Internet is crucial for rural residents of all demographics to increase access to information, education, and employment opportunities, while also contributing to social capital development through online social networking (Liu, Ainsworth, & Baumeister, 2016; Warburton, Cowan, & Bathgate, 2013). Third, increasing subsidies for sports and memberships in social and recreational facilities, and offering free community events may reduce barriers to social inclusion for low-income community members. Combined with strengthening public transportation options and rebranding them so they are not perceived to be for seniors only, these strategies to increase social capital may contribute to better physical and mental health (Ehsan & De Silva, 2015; Gilbert et al., 2013; Kim et al., 2008).

The social norms of providing instrumental support to neighbours and community members gave rural residents access to resources such as rides to appointments, help around the house and property, and donations after tragedies. Whether these aspects of rural social capital had a measurable influence on health or were adequate to compensate for some of the challenges associated with the rural context is unclear. However, it is important to note that many of the structural barriers to accessing social capital in the rural area overlap with the social determinants of health (SDOH) (Mikkonen & Raphael, 2010). Despite the suggestion that social capital may help buffer the effects of low SES on health (Elgar, Trites, & Boyce, 2010; Hunter, Neiger, & West, 2011; Uphoff et al., 2013), social capital alone is inadequate to overcome the significant health disadvantages associated with low income, unemployment, lack of transportation, poor quality housing, and poor access to

health and social services among some rural residents. Indeed, the findings illustrate that those lacking access to the SDOH are also less likely to have the stocks of social capital that might help mitigate these risks to their health. Therefore, the interventions to most effectively build social capital for rural residents are the same macroeconomic policies that influence the SDOH, specifically addressing income security and translating into better access to safe shelter, food, and personal transportation. Addressing these structural barriers to social capital creates choice for rural residents about their level of social engagement (Rozanova et al., 2012), and holds the state rather than civil society accountable for investing in citizens' social welfare (Alston, 2002; Wakefield & Poland, 2005; Ziersch et al., 2005), because "one cannot subsist on social capital alone." (Daly & Silver, 2008, p. 553).

Study limitations include the convenience sample that may be overly representative of community members with high social capital who are more likely to hear about and participate in a study. However, rural service providers helped give voice to those who could not participate due to social and geographic isolation. A second limitation is the disproportionate number of female participants, which is due in part to recruitment that included social service agencies and an early-years learning centre that tended to attract more female staff and mothers with small children. Therefore, stories shared by participants may not adequately capture the influence of gender on social capital. While a study strength is the consideration of local context, often inadequately explored in the social capital literature (Daly & Silver, 2008; Maass et al., 2016), heterogeneity of rural communities means that research is needed in other rural areas to see how different contexts influence social capital. Future research should also evaluate mechanisms to build social capital in rural communities, particularly targeting vulnerable groups such as youth and young adults, low-income residents, and seniors without transportation.

## 5.0 Conclusion

The qualitative findings shed light on the experience of social capital and issues of accessing it from the perspective of adults in two rural communities. The social and structural context shaped individuals' experiences in ways that benefited some community members while marginalizing others. Familiarity, friendliness, and supportive social norms suggest that the rural idyll is not all myth. Yet the structural context left youth and young adults, seniors without transportation, and low-income residents challenged with accessing social capital. Investing in programs and policies that target the structural context may have the greatest impact on rural social capital development and health promotion.

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