

Fighting COVID-19: social capital and community mobilisation in Hong Kong

Social capital in
fighting
COVID-19

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Abstract

Purpose – Focussing on the early phase of the COVID-19 outbreak in Hong Kong, when the infection rate was relatively low, this paper aims to explore the role of social capital in fighting the novel coronavirus.

Design/methodology/approach – This is a discussion paper that draws evidence from current scholarly literature and other commentaries, government policies and the personal observation of the author. The main conceptual tool used in the study is Szreter and Woolcock (2004) three-dimensional framework of social capital.

Findings – This paper suggests that whilst the experience of fighting SARS as early as 2003 equipped Hong Kong people with adequate knowledge of virus prevention, efforts to control COVID-19 also benefited from social capital developed during the prolonged social protest since 2019. People belonging to the pro-democracy camp took the initiative to deliver facemasks and advocate hygiene measures in Hong Kong, demonstrating strong community mobilisation. This led to the emergence of bonding and bridging social capital (but not linking social capital) in local society, based substantially on similarity in political orientation.

Originality/value – The use of Szreter and Woolcock (2004) three-dimensional framework for examining social capital provides a new perspective on the contribution of social network analysis to coronavirus protective measures.

Keywords Hong Kong, COVID-19, Social capital, Community capacity, Facemask, Preventive measures

Paper type Viewpoint

Introduction

Community engagement and individual commitment to societal institutions – two distinct indicators of social capital – have affected societies' responses to COVID-19. For example, research has suggested that regions with high levels of social capital adopted social distancing practices more quickly in the early stages of the novel coronavirus outbreak (Rawat and Wu, 2020). In addition, when individuals demonstrated greater willingness to incur individual costs to contribute to the betterment of society, social distancing was more strictly observed (Ding *et al.*, 2020).

“Social capital” refers to resources that are embedded in one's social network and are productive in nature (Coleman, 1988). It takes three major forms. First, it involves obligation, expectation and trustworthiness. Second, it creates the potential for information transmission within social relations. Third, it involves norms and sanctions mutually agreed upon by people who are socially related (Putnam, 2000; Coleman, 1988). Researchers have consistently argued that there is a strong positive association between social capital and health perceptions and behaviour (Ravat and Wu, 2020; Ehsan *et al.*, 2019; Nieminen *et al.*, 2013; Kawachi *et al.*, 2008; Poortinga, 2006). Most studies of social capital and health status have examined the relevance of social capital to self-reported overall health, overall mortality and specific non-infectious health conditions, such as obesity, diabetes and cancer (Borgonivi and Andrieu, 2020). These studies have suggested that social interactions can increase the likelihood of virus infection, such that strong family ties and social gatherings might become risk factors during epidemics (Beraud *et al.*, 2015).

Regarding the relationship between social capital and COVID-19, the literature has presented the following arguments. First, social connections help people to regulate their emotions, cope with stress and remain resilient during the pandemic (Holmes *et al.*, 2020;



Van Bavel *et al.*, 2020; Xiao *et al.*, 2020). Second, the role of social capital is reduced when lockdowns are enforced because differences in mobility between areas with high and low social capital vanish after a lockdown has been implemented (Bartscher *et al.*, 2020). Third, social capital determines how citizens respond to and comply with regulations and guidelines (Ravat and Wu, 2020). In Singapore, for example, community-based organisations serve as middlemen, bridging the gap between the government and the public, and in places with higher social capital, self-motivated people work together to comply with the guidelines and regulations imposed by the government (Rawat and Wu, 2020).

Finally, at an early stage in the outbreak, when government restrictions had not yet been imposed, communities with a higher level of trust and stronger norms of reciprocity seemed to be more willing to change their behaviours and follow informal rules of containment to protect their members (Borgonovi and Andrieu, 2020; Imperial College COVID-19 Response Team, 2020). Cities with higher levels of social capital responded more quickly to COVID-19 and recovered more swiftly and sustainably (Pitas and Ehmer, 2020; Bartscher *et al.*, 2020). Bartscher *et al.* (2020) found that a one standard deviation increase in social capital led to 12% to 32% fewer COVID-19 cases per capita accumulated from mid-March to mid-May in seven European countries, namely Austria, Germany, Italy, the Netherlands, Sweden, Switzerland and the UK.

Aims of the paper

The research presented above has revealed the general role played by social capital in the outbreak and prevention of the novel coronavirus. Indeed, since the outbreak of COVID-19 in late 2019, vigorous research has been conducted on the effects of quarantine (Stavich, 2020; Mattioli and Puviani, 2020; Safta-Zecheria, 2020), social networks and social distancing (Abel and McQueen, 2020; Thunstrom *et al.*, 2020; Matias *et al.*, 2020) and psychological well-being and mental health (Torales *et al.*, 2020; Bruns *et al.*, 2020; Wu *et al.*, 2020; Aufderheide; Gondles, 2020). All of these studies have reported a positive relationship between social networks and health management.

However, three questions have arisen from the above studies. First, how can a conceptual framework be used to determine the ways in which different types of social capital interact to positively influence the management of COVID-19? Second, although most studies have focussed on the West, COVID-19 infection has occurred in nearly every corner of the world; is the Western experience of coronavirus control indeed similar to that in non-Western regions? Third, what are the socio-political differences between regions in the utilisation of social capital and thus COVID-19 control? Focussing on Hong Kong, this paper explores how different types of social capital interact in response to the novel coronavirus, thus offering more insights into the role of social capital in COVID-19 management.

Conceptual tool

The main conceptual tool used in this study is Szreter and Woolcock (2004) three-dimensional framework of social capital. According to this framework, the first dimension of social capital is “bonding” social capital, i.e. trusting and cooperative relations between members of a network or a community who regard themselves as similar. Such similarities are found in demographic characteristics, attitudes and available information and resources. Bonding social capital relates to the connections within a community, as defined by aspects of group identity such as religion, ethnicity, social class and value orientation, and it exists between “people like us” who are “in it together” (Claridge, 2018, p. 2). The second dimension of social capital is “bridging” social capital, i.e. horizontal social connections between social groups, communities and organisations (Putnam, 2000). The third dimension of social capital is

“linking” social capital, i.e. engagement with institutions, agencies and services in terms of norms of respect and networks of trusting relationships across explicit, formal or institutionalised dimensions of power or authority (Szreter and Woolcock, 2004; Woolcock, 1998). This bond of connectedness is vertical as it involves different forms of power and social positions, e.g. the relationship between the government and the public.

These three dimensions of social capital are interdependent; indeed, it is believed that a strong foundation of bonding social capital is a prerequisite for the development of both bridging and linking social capital (Pitas and Ehmer, 2020). Studies have also advised individuals, communities and government institutions to work together to strengthen and expand social networks to enhance crisis management from the start of the COVID-19 outbreak and throughout the long-term recovery process (Pitas and Ehmer, 2020). Using this conceptual tool, the current study explores the experience of coronavirus management in Hong Kong with reference to the following dimensions:

- (1) Bonding social capital: In what ways were Hong Kong people connected to each other during the early stage of the outbreak of COVID-19?
- (2) Bridging social capital: How were different social groups connected to each other and to civil society at large during the early stage of the COVID-19 outbreak?
- (3) Linking social capital: What role did the Hong Kong authorities play in coronavirus management and how were the Hong Kong people connected to the authorities during the early stage of the COVID-19 outbreak?

Rather than operationalising bonding, bridging and linking social capital as the conceptual framework, previous healthcare research has tended to focus on *operationalised indicators* of social capital, such as the social network index, expanded social network index and multidimensional social capital index (Vyncke *et al.*, 2012; Derose, 2008). In one study that did adopt Szreter and Woolcock three-dimensional framework, Derose (2008) examined the relationship between social capital and preventable hospitalisation (PH) and argued that the importance of social capital to healthcare access has yet to be confirmed. Whilst some bonding and bridging ties were found to be related to PH (although with variation across age groups), the impact of linking social capital was unclear. Although researchers have not paid sufficient attention to bonding, bridging and linking social capital, leaving the effects of these dimensions on health unconfirmed, this three-dimensional framework offers comprehensive coverage of social relationships. This justifies the use of Szreter and Woolcock three-dimensional framework in the current study.

This paper explores the role of social capital in responding to COVID-19. The central question is as follows: how did Hong Kong people mobilise to resist COVID-19 in the early stage of the outbreak, when the policy measures implemented by the government were relatively passive? In what ways did people conform to shared values and behaviours (i.e. mobilising bonding social capital), and in what ways did people act outside the government’s COVID-19 prevention measures (i.e. refusing to engage the authorities, leading to insufficient social capital)? This paper suggests that in Hong Kong, where mistrust of the government is severe and society is highly divided along political lines (i.e. the pro-Beijing/pro-establishment camp vs the opposition/pro-democracy camp), the anti-extradition protests of 2019, entailing prolonged and large-scale social and political unrest, provided a solid bedrock of experience for the mobilisation of the people of Hong Kong in the battle against COVID-19.

Studies of social capital and community participation in Hong Kong

Conventionally, conceptualisations of social capital have related to the participation of non-governmental/formal organisations and how this participation leads to social reciprocity and

more effective governance in general. For example, [Holliday and Tam \(2001\)](#) adopted [Hall's \(1999\)](#) framework (rather than [Putnam's \(2000\)](#), in which preference voting and referenda are key indicators) to measure social capital in Hong Kong. They suggested that social capital is limited in Hong Kong due to people's general lack of interest in voluntary associations and voluntary work but that there are some signs of a gradual increase in social interaction and voluntary associations. Although informal sociability is still low, social capital seems to be emerging in Hong Kong.

Going further, [Chan and Chan \(2006\)](#) analysed social cohesiveness in Hong Kong with reference to horizontal social capital (concerned with the feelings and actions of members of society) and vertical social capital (concerned with how society feels about the government). Their analysis showed that although Hong Kong people were not active in joining formal organisations and therefore seemed to lack social capital, horizontal cohesion was still much stronger than vertical cohesion and the relationship between society and the government was much weaker than that between members of society ([Chan and Chan, 2006](#), p. 649). They noted that a sense of horizontal cohesion in Hong Kong arose from three potential forms of engagement, namely lending support to advocacy groups, joining informal support groups and maintaining contact with significant others (p. 652). As a result, [Chan and Chan \(2006\)](#) argued that Hong Kong people are not detached from society despite being inactive participants in formal organisations.

The long-standing existence (albeit fairly low level) of social capital, alongside drastic socio-political changes in Hong Kong in recent years, suggests that the local community is reformulating itself with a new source of social capital. Formal organisations are only minimally involved; instead, the rapid rise of social media has facilitated interaction between people of similar political orientations. The remainder of this paper elaborates on this argument.

Rather than conducting a survey and mobilising statistical data to analyse social capital in Hong Kong, this paper is discursive in nature. It draws evidence from the current scholarly literature and other commentaries, government policies and the personal observation of the author. The observation focuses on Hong Kong since the outbreak of COVID-19 but draws insights from the anti-extradition social movement since early June 2019.

COVID-19 and Hong Kong

During the early stage of the outbreak of COVID-19, Hong Kong maintained a relatively low rate of infection, and the spread of the disease was controlled fairly quickly. By 4 August 2020, the number of confirmed COVID-19 cases had reached 3,590, with 40 deaths and 2,037 recoveries ([Government of the Hong Kong Special Administrative Region, 2020a](#)). After late June, however, there was a sudden increase in the number of new infections. This is known as the "third wave" of COVID-19, signalled by unidentifiable sources of infection.

The "first wave" of COVID-19 in Hong Kong occurred in late January 2020; the first case was confirmed on 23 January ([Department of Health, 2020](#)). By early March, Hong Kong had only about 150 coronavirus cases despite sharing a border with mainland China, where the virus had taken serious effect earlier in the year ([Yeung, 2020](#)). However, the "second wave" of novel coronavirus infection started in mid-March, when overseas students and residents started returning to the territory. On 20 March, Hong Kong recorded 48 new coronavirus infections, the territory's largest number of daily confirmed cases since the outbreak of the virus, bringing the total to 256 confirmed cases ([Sum *et al.*, 2020](#)). Although the number of infections declined significantly for two months after mid-April, there was an increase in confirmed COVID-19 cases in early July (i.e. the third wave), following a 21-day period of no confirmed local cases in June. This paper focuses on the relevance of social capital to the first two waves of COVID-19 in Hong Kong.

Risk factors in Hong Kong

Hong Kong is vulnerable to virus transmission due to a number of risk factors. First, it is an international city and transport hub in Asia, characterised by high population density and a heavy reliance on public transportation. These features facilitate virus transmission. Second, as a special administrative region of China, Hong Kong is closely connected – socially, economically and infrastructurally – with mainland China, which was seriously affected by COVID-19 earlier this year. For example, more than 236 million passengers crossed the land border between China and Hong Kong in 2019 (Kwok *et al.*, 2020). However, in a move considered more political than practical, the government also refused to fully close all borders with China, instead opting for selective restrictions based on trip origin (Hartley and Jarvis, 2020). This certainly increased the risk of coronavirus infection. Third, the Hong Kong government's reaction to coronavirus has been subjected to severe criticism. For example, not until 25 March, two months after the outbreak, did Hong Kong start introducing strict border controls. These controls included banning all non-residents from entering Hong Kong's borders from overseas and transiting through Hong Kong. In addition, everyone who returned to Hong Kong was required to undergo a COVID-19 test and 14-day quarantine (Government of the Hong Kong Special Administrative Region, 2020b). Not until 7 May 2020 did the government finally organise a free reusable mask programme, inviting residents to apply online and receive their masks via Hongkong Post (Home Affairs Bureau, 2020).

Although the Hong Kong government started advocating facemask wearing in mid-February (Home Affairs Bureau, 2020), people in the community had already started wearing masks in public areas as early as late January, when the first case of COVID-19 was confirmed. Most Hong Kong people at this time were alert to the progression of COVID-19 and adopted self-protective measures (Kwok *et al.*, 2020). In the following lines, the paper explores how different types of social capital contribute to the control and prevention of the virus.

Discussion

In general, the Hong Kong community was sensitive to the risk of COVID-19 and reacted very quickly during the early phase of the epidemic. Despite the government's rather passive reaction, people in Hong Kong took the initiative to adopt precautionary measures, such as facemask wearing, hand hygiene, self-isolation and actively sharing relevant information online.

The emergence of bonding social capital

Some commentators have suggested that the success of the preventive measures taken in the early stage of the outbreak in Hong Kong resulted from two major factors in Hong Kong's history. The first was its experience of virus prevention during the battle against SARS, another disease caused by a coronavirus that led to mass infections in spring 2003. The second relevant incident was the collective experience of the mass anti-extradition protests from mid-2019 (Hartley and Jarvis, 2020). This paper argues that the experience of fighting SARS, such as facemask wearing in public areas and overcoming anxiety, fear and various other challenges, had two positive effects on Hong Kong's handling of COVID-19, another large-scale virus outbreak, 17 years later. First, the SARS outbreak equipped Hong Kong people with sufficient knowledge of virus prevention; they became much more aware of the importance of hygiene and have since felt at ease with wearing facemasks in public areas. Second, collective memories and a sense of shared experience of fighting SARS were triggered at the beginning of the COVID-19 outbreak. Indeed, most Hong Kong people connected the outbreak of the novel coronavirus with that of SARS and thus automatically endorsed relevant preventive measures such as hand washing, facemask wearing and social distancing. The triggering of collective memories and a shared experience of SARS nurtured bonding social capital amongst everyone in the community (as Hong Kong citizens).

In what ways were the mass social protests in Hong Kong related to coronavirus prevention? Take facemask wearing as an example. As early as 4 October 2019, the Hong Kong government implemented an anti-mask law, the Prohibition on Face Covering Regulation ([Chief Executive in Council, 2019](#)) in response to the ongoing social and political protest over the previous four months (the law was withdrawn later in November 2019 after judicial review). Facemask wearing is considered to be a self-protective action when protesting on the street because masks make the identities of protestors more difficult for the authorities to discern. Nevertheless, within a week of the outbreak of COVID-19, nearly all Hong Kong people, regardless of their political orientation, were wearing masks on the street. This was in large part due to the power of social media and key opinion leaders, through which people very actively shared information on virus prevention. Even more importantly, however, the prolonged social movement united Hong Kong people belonging to the pro-democracy/opposition camp. Based on this similarity, a collective identity was generated that provided the initiative for collective action against coronavirus. Throughout the protests, individuals in the opposition camp felt a strong need to help and defend each other by sharing information online and in all other forms. They called each other “siblings”, reflecting the emergence of bonding social capital from a shared political orientation and collective protest experience. The initiative, commitment and active mutual assistance demonstrated by members of the opposition camp during the early stage of the COVID-19 outbreak helped to realise the emergence of bonding social capital and operated symbolically as a continuation of their social protest against the government.

The emergence of bridging social capital

The government’s delayed provision of facemasks, which were not officially distributed until as late as 17 February 2020 ([Home Affairs Bureau, 2020](#)), led Hong Kong people (many of whom belonged to the opposition camp) to import facemasks and distribute them free of charge to underprivileged Hong Kong citizens, such as low-income families, ethnic minorities and older adults, regardless of their political orientation. As the demand for masks massively increased, other opposition camp members and organisations embarked on the local production and distribution of facemasks to help Hong Kong citizens avoid being price-gouged. Accordingly, bridging social capital was created via the intensive emergence of bonding social capital within the opposition camp. The distribution of facemasks has served as an important resource supporting the fight against coronavirus amongst Hong Kong people, raising community awareness and mobilising community adoption of hygiene standards.

Reimagining linking social capital: community capacity

[Hartley and Jarvis \(2020\)](#) used the term “community capacity” to describe the extent to which social and institutional resources were nurtured in the Hong Kong community, enabling Hong Kong in general to demonstrate a relatively low level of coronavirus infection. “Community capacity” refers to collective action via non-government and non-profit organisations; it includes but also extends the concept of “civil society” ([Hartley and Jarvis, 2020](#)). Community capacity is mobilised when one or more of the following are lacking: (1) organised leadership, (2) formal organisational structures and (3) centralised financial or coordinating resources. These conditions distinguish COVID-19 preventive measures from more centralised forms of government-centred capacity.

Community capacity was mobilised via mass social movements in Hong Kong in 2019. Via social media such as forums, Instagram and Facebook, these social protests were diffused and decentralised, without solid leadership; every participant felt a sense of ownership of the movement. Rather than government engagement in coronavirus prevention, strong public mistrust of the government as well as the relatively passive reaction of the government made linking social capital insufficient (or simply out of place) in the fight against COVID-19. In

other words, the community – with its high levels of bonding and bridging social capital – outperformed linking social capital in the fight against COVID-19. In their initial response to COVID-19, individuals changed their behaviours before being required to do so by government health measures. The role of linking social capital has yet to be clearly explained.

Conclusion

Based on recent research, this paper analyses the roles of bonding, bridging and linking social capital in fighting COVID-19 in Hong Kong. In contrast with arguments made in the traditional social capital and health literature, the case of Hong Kong illustrates that coronavirus preventive measures can be initiated primarily through community mobilisation. In Hong Kong, this mobilisation has been supported by the emergence of bonding social capital due to recent political developments.

The community provides an important social resource that can supplement the role of the government. This paper argues that in Hong Kong, in contrast to the mobilisation of resources via institutionalised non-governmental organisations, each with its own distinctive leadership and organisational structure, each individual in the Hong Kong community (especially those in the pro-democracy/opposition camp) has taken the lead in the fight against COVID-19. Bonding social capital has emerged via political orientation, which in turn has shaped the foundation of bridging social capital in Hong Kong society. Linking social capital remains weak in Hong Kong. These insights into Hong Kong's experience are expected to contribute to the sociological application of social network analysis to the management of healthcare and virus control. Future researchers are advised to conduct additional first-hand research based on solid quantitative data on the roles of the three dimensions of social capital in fighting COVID-19.

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