



Social capital and perceived psychological well-being in the Somali Regional State, Ethiopia: A community-based cross-sectional survey

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ABSTRACT

Social capital plays a crucial role in psychological well-being by fostering trust, facilitating information sharing, and promoting reciprocal support. This study examined the relationship between social capital and perceived psychological well-being and identified key predictors for both constructs among individuals aged 15 to 49 years residing in the Fafan and Jarer Zones of the Somali Regional State, Ethiopia. A total of 303 participants were recruited using a stratified sampling procedure, incorporating systematic household sampling and simple random selection of eligible individuals. Data were collected through self-administered questionnaires, including validated scales measuring social capital and psychological well-being. Correlational analyses indicated significant positive associations between social capital and overall psychological well-being ($r = .67, p < .001$), with personal autonomy ($r = .72, p < .001$) and environmental mastery ($r = .58, p < .001$) showing the strongest relationships. Regression analyses revealed that marital status, educational level, and length of residence significantly predicted social capital, whereas social capital, educational level, and length of residence predicted psychological well-being ($F(4, 294) = 99.40, p < .001, R^2 = .57$); gender did not significantly predict either outcome. ANOVA results further indicated that familial social identification was significantly associated with psychological well-being, whereas neighborhood social identification was not. These findings highlight the significance of policies and interventions that foster social capital to promote and enhance psychological well-being.

Keywords: Psycho-Social Well-Being, Social Capital, Social Relation, Social Well-Being

I. INTRODUCTION

Social capital is a concept that lacks a universally accepted definition, as it encompasses multiple dimensions and has been interpreted differently by various authors (Gannon & Roberts, 2020). Despite these variations, two characteristics are commonly emphasized across definitions: the underlying social structures and the actions undertaken within these structures to achieve specific goals (Alpino & Mehlum, 2021).

The first aspect of social capital concerns the networks that exist between individuals and within communities, which facilitate cooperative behavior among members (Portes & Sensenbrenner, 2017). These networks are often characterized by social virtues, particularly a sense of trust (Markowska-Przybyła, 2020). Closely related to this is the idea that certain productive behaviors would be difficult or impossible without social relationships (Daykin et al., 2012). Such behaviors are integral to community development, psychological support, and social exchange processes.

Scholars also conceptualize social capital in terms of structural and cognitive dimensions. Structural social capital refers to patterns of social interactions that are governed by clear rules and procedures. In contrast, cognitive social capital relates to the less visible elements of trust, norms, and attitudes that shape social connections. Structural social capital is further classified into bonding, bridging, and linking forms. Bonding social capital is characterized by strong in-group ties among individuals within the same social category, such as family members, neighbors, or close friends. Bridging social capital, on the other hand, involves more inclusive ties that connect individuals across different groups, for example, in workplaces or community networks (Growiec & Growiec, 2014; Sebastian, 2009). Finally, linking social capital refers to vertical connections that link individuals to others across different socio-economic strata, often involving relationships with institutions or people in positions of authority.

Social capital plays either a direct or an interactive role in influencing the health and well-being of individuals and communities in general. Although the relationship between social capital and health has been studied for a long period across various disciplines, including social work, economics, sociology, health sciences, and psychology, there is still no consensus among researchers regarding the nature of its influence.

The impact of social capital on health and well-being remains unclear and complex, partly due to issues related to measurement instruments. Hao and colleagues (2023) found that social capital is neither a necessary nor a sufficient condition for general well-being. Similarly, Slater (2024) reported that individuals with higher levels of social capital experienced negative psychosocial outcomes during the COVID-19 lockdown compared to those with lower levels of social connection.

Nevertheless, several studies have reported positive outcomes associated with social capital. Evidence suggests that social capital is linked to overall well-being and health, including both physical and psychological wellness (Bano et al., 2019; Chen & Meng, 2015; Kahlil et al., 2021; Neiminen et al., 2013). Wong and Kohler (2020) further indicated that social capital can benefit individuals and health professionals in addressing various challenges.

Several studies have been conducted across the globe to examine the relationship between social capital and psychological well-being in both collectivist and individualist cultures (d'Hombres et al., 2010; Hao et al., 2023; Nieminen et al., 2013). To mention a few, a study from China indicated that cognitive social capital, which is more closely related to trust, is positively associated with personal well-being (Hao et al., 2023; Yip et al., 2007). Regarding social integration, some researchers have noted that the nature of social identification is linked to psychological well-being. For instance, some people may be strongly connected to their family members and prefer to be identified with them, while others may place greater importance on their neighborhood ties (Richardson, Postmes et al., & Stroebe et al., 2022). Further research is needed to determine which of these identification patterns has a more positive influence on psychological well-being.

Unlike other regions in Ethiopia, Somali culture is highly collectivist and is characterized by values emphasizing social interaction, collaboration, and interdependence (Yusuf et al., 2023). However, no specific study has been conducted in the region to investigate how social capital is related to perceived (self-reported) psychological well-being. To address this gap in the literature and to gain an understanding of how these two constructs are related and influenced by various demographic and socio-economic factors.

1.1 Research Hypothesis

H₀₁: Social capital is positively associated with perceived psychological well-being.

H₀₂: Individuals residing in rural areas report higher psychological well-being than those residing in urban areas.

H₀₃: Rural residents, older individuals, women, and those with lower educational levels, and individuals with lower income, exhibit higher levels of social capital.

H₀₄: Psychological well-being is positively associated with rural residence, higher social capital, higher educational attainment, being female, being married, and longer duration of residence.

H₀₅: Family social identification is a stronger positive predictor of psychological well-being than neighborhood social identification.

II. LITERATURE REVIEW

2.1 Theoretical Review

2.1.1 The Concepts of Social Capital and Psychological Well-being

The concept of social capital has gained prominence in social research since the late 1980s, although there is still no universally accepted definition. Scholars often approach social capital differently depending on theoretical perspectives, research context, and the specific aspects emphasized, such as its substance, sources, or outcomes (van Schaik, 2002; Adler & Kwon, 2012; Robison et al., 2002). Some scholars stress the importance of linking definitions to disciplinary focus and research context rather than seeking a fixed meaning (Brunie, 2009; Tzanakis, 2013). Despite ongoing debates, there is general agreement that social capital is multidimensional, encompassing social norms, trust, relationships, networks, civic engagement, and institutions that facilitate cooperation for mutual benefit (Dolfsma & Dannreuther, 2003; Grootaert & Van Bastelaer, 2002; Bourdieu, 1986; Coleman, 1988; Lin, 2001; Putnam, 2001). Social capital is often classified into structural and cognitive dimensions. Structural social capital refers to observable networks, organizations, and institutional structures that provide access to resources and opportunities (Uphoff, 2000; Uphoff & Wijayarathna, 2000; Hitt & Duane, 2002; Borgatti et al., 1998; Tsai & Ghoshal, 1998). Cognitive social capital, in contrast, is intangible and involves shared values, trust, and norms that shape individuals' predispositions toward cooperation (Uphoff, 2000). From a social cohesion perspective, bonding, bridging, and linking forms of social capital have also been identified. Bonding social capital denotes strong ties among close relationships, bridging refers to more

distant, diverse connections, and linking extends networks to actors with different social positions or power levels, providing channels for resources and support (Putnam, 2000; Woolcock, 2001; Van Oorschot et al., 2006).

Psychological well-being is conceptualized as the combination of positive affective experiences and optimal functioning in personal and social life (Deci & Ryan, 2008; Huppert, 2009). Different scholars have highlighted its multidimensional nature, including happiness, life satisfaction, mental health, and effective adjustment to the environment (Ryff, 1989; Shek, 1992; Dzuka & Dalbert, 2007). Critiquing traditional subjective well-being measures, Ryff (2006) proposed a model based on six dimensions: autonomy, environmental mastery, positive relations, purpose in life, personal growth, and self-acceptance. These dimensions collectively reflect the development of personal potential, meaningful life engagement, and mature psychological functioning.

This study integrates social capital theory (Putnam, 2000; Coleman, 1988) with Ryff's (2006) psychological well-being model to examine the relationship between social capital and perceived psychological well-being. The theoretical framework highlights how both structural and cognitive social capital, as well as the different forms of social networks, can influence individuals' overall well-being and life satisfaction, supporting the notion that social connections and networks play a critical role in shaping psychological outcomes.

2.1.2 Social Capital Theory

Social capital theory posits that individuals and communities derive both tangible and intangible benefits through social networks, relationships, and norms of trust and reciprocity (Putnam, 2000; Coleman, 1988). This framework provides a useful lens for exploring how social connections influence individuals' perceived psychological well-being in the study area. Specifically, this study focuses on the three types of social capital bonding, bridging, and linking (Putnam, 2001) to assess their impact on perceived psychological well-being.

For measuring perceived psychological well-being, Ryff's (2006) model will be applied. This model defines Psychological well-being across six dimensions: Autonomy, Environmental Mastery, Positive Relations with Others, Purpose in Life, Personal Growth, and Self-Acceptance, providing a comprehensive framework to evaluate individuals' perceptions of their psychological health in the study context.

2.2 Empirical Review

A substantial body of research has examined the relationships between various aspects of social capital and psychosocial well-being. Overall, social capital is positively associated with psychosocial well-being. Psychological well-being is commonly conceptualized as a combination of positive affective states, such as happiness (the hedonic perspective), and optimal functioning in individual and social life (the eudaimonic perspective) (Deci & Ryan, 2008). As Huppert (2009) summarized, "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively." In line with these findings, community members in Dera town report feeling happy, capable, well-supported, and satisfied with life. Huppert (2009) further notes that psychological well-being may have broader consequences for brain activation patterns, neurochemical processes, and even genetic factors.

Studies conducted at the state and national levels across Africa, the U.S., Europe, and Russia show varying degrees of association between social capital and psychosocial well-being. These studies consistently indicate that social trust and membership in associations are positively linked to psychosocial well-being and negatively associated with all-cause and cause-specific mortality (Guo et al., 2011; Morgan et al., 2012). Putnam (2002) found a strong linear relationship between community psychosocial well-being indices and social capital indices, particularly when considering social integration and social support. Other studies report that higher levels of community trust are positively associated with self-reported psychosocial well-being (Yamaguchi, 2013; Oksanen et al., 2010).

2.3 Conceptual Framework

The conceptual model illustrates the hypothesized relationships among the study variables. Social capital, measured through bonding, bridging, and linking ties, is proposed as the main predictor of perceived psychological well-being, which is assessed across Ryff's six dimensions. Social identification, encompassing both family- and neighborhood-based identification, is included as a mediating factor to show how social connections translate into well-being outcomes. This framework highlights that the benefits of social capital are not automatic; rather, they are influenced by the degree to which individuals feel emotionally and cognitively connected to their social groups. The model thus provides a structured representation of how social relationships, identification, and psychological well-being are expected to interact in the study context. Moreover, the study also examines how various demographic factors such as age, gender, educational status, length of residence, residential status (rural vs. urban), and marital status may influence both social capital and psychological well-being.

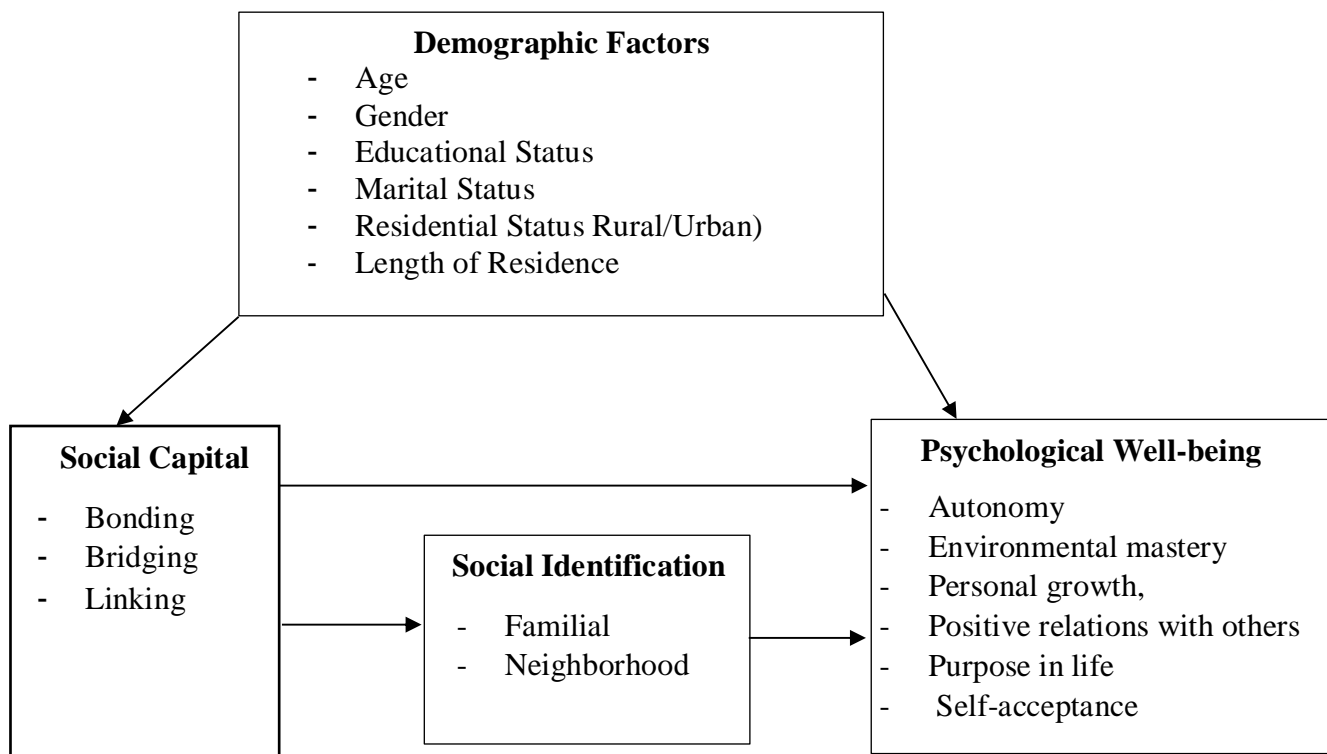


Figure 1
Conceptual Model

III. METHODOLOGY

3.1 Research Design

This study employed a community-based descriptive cross-sectional research design. This approach is appropriate and time-efficient, as it enables data collection at a single point in time from a diverse group of respondents. It is also relatively free from major ethical concerns, and the results can often be generalized with reasonable confidence (Wang & Cheng, 2020). For these reasons, the design was chosen to examine the relationship between social capital and the perceived psychological well-being of community members in the study area. In addition, a quantitative research approach was applied, as the analysis involved both descriptive and inferential statistical techniques.

3.2 Target Population, Sample, and Sampling Techniques

The target population of this study consisted of individuals aged 15 to 49 years residing in the Fafan and Jarer Zones of the Somali Regional State, Ethiopia. Both urban and rural community members were included, as these areas are considered representative of the Somali lifestyle in Ethiopia. A total of 382 participants were initially selected through a stratified sampling technique. However, 79 questionnaires were excluded due to incomplete data, leaving 303 valid responses for analysis. The sampling procedure involved proportional allocation of participants from both Fafan and Jarer Zones. Within each zone, systematic sampling was used to identify households, and eligible participants from each household were selected using simple random sampling.

3.3 Data Collection Instruments

A self-administered questionnaire was used for data collection. The instrument consisted of three parts. The first part included 11 items designed to capture sociodemographic characteristics such as age, gender, income, occupation, education, and place of residence.

The second part measured the dependent variable, psychological well-being, using Ryff's (2014) Psychological Well-Being Scale. This version contained 18 items organized into six subscales: autonomy, environmental mastery, personal growth, positive relationships, purpose in life, and self-acceptance each represented by three items. Responses were rated on a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. The third part assessed social capital using the Social Capital Scale (SCS) developed by Kaur et al. (2019). The scale consisted of 22 items, also rated on a five-point Likert scale. Prior to the main study, the scale was pilot-tested, and several items were modified to better reflect the social and cultural context of the study area.



In addition, social identification was measured using items adapted from Richardson et al. (2022). Neighborhood or village identification was assessed with the item, “I feel connected to the people in my village or neighborhood.” Family and friends’ identification was measured with the item, “I feel connected to my family and friends.” Both items were rated on a five-point Likert scale ranging from 1 = “strongly disagree” to 5 = “strongly agree”.

3.4 Reliability of the Instruments

Reliability refers to the degree of consistency among the items within a measurement instrument. To assess reliability, Cronbach’s alpha coefficients were calculated using SPSS. As suggested by Tavakol and Dennick (2011), a Cronbach’s alpha value above 0.70 indicates an acceptable level of internal consistency. In this study, all instruments yielded alpha values exceeding this threshold, confirming their reliability. The results are presented in Table 1.

Table 1
Reliability Scores

Variables	Cronbach's Alpha	No of item
Autonomy	.76	3
Environmental mystery	.77	3
Personal growth,	.88	3
Positive relationship	.77	3
Purpose of life	.83	3
Self-acceptance	.79	3
Social capital	.71	22

3.5 Method of Data Analysis

The study employed quantitative data analysis using both descriptive and inferential statistics. Frequencies and percentages were calculated to summarize the sociodemographic characteristics of respondents. To examine the determinants of psychological well-being and social capital, multiple regression analysis was conducted. In addition, Pearson’s correlation coefficient was computed to assess the relationship between social capital and psychological well-being.

3.6 Ethical Consideration

Ethical issues were carefully addressed throughout the planning and implementation of the study. First, the questionnaire was designed to avoid any items that could be considered offensive or intrusive to respondents. Second, informed consent was obtained from all participants before data collection to ensure their voluntary participation. Finally, the rights and privacy of respondents were protected by safeguarding personal information and excluding any identifying details from the analysis.

IV. FINDINGS & DISCUSSION

4.1 Demographic Characteristics of the Respondents

As can be seen from table 2, about half of the participants (n = 147, 48.5%) were aged between 29 and 39 years. The majority of respondents, 178 (59%), were married. Gender distribution was relatively balanced, with 55% male and 45% female participants. Regarding educational attainment, 30% of participants held a diploma, followed by approximately one-fourth who were high school graduates or held a first degree. In terms of residence, 42% of participants lived in rural areas, while the remaining 58% resided in urban areas, specifically in Jigjiga and Degahbur towns.

Table 2*Demographic Characteristics*

S/N	Variables	Category	Frequency	Percent
1	Gender	Male	166	54.8
		Female	137	45.2
2	Age	18-28 years	66	21.8
		29-39 years	147	48.5
		40-50 years	80	26.4
		Above 50 years	10	3.3
3	Educational level	Elementary/Primary	38	12.5
		High School	80	26.4
		Diploma	91	30.0
		First Degree	78	25.7
		Masters And Above	16	5.3
4	Marital status	Single	73	24.1
		Married	178	58.7
		Divorce	41	13.5
		Widowed	11	3.6
5.	Occupation	Public Sector Employee	139	45.9
		Private Sector Employee	31	10.2
		Own Business	44	14.5
		NGOs	59	19.5
		Agriculture	30	9.9
7.	Income level	Below 2000	15	5.0
		2001-5,000 birr	27	8.9
		5001-9000 birr	107	35.3
		9001 and above	154	50.8
8.	Living Years in the Area	1-5 years	7	3.9
		6-10 years	31	17.2
		11-15 years	69	38.3
		16-20 years	52	28.9
		Above 20 years	21	11.7
9.	Living with	Alone	45	14.9
		Partner	80	24.6
		Partner and Children	152	50.2
		Extended family	26	8.6
10.	Renting House	Yes	161	53.1
		No	142	46.9
		Total	303	100.0%

4.2 Findings**4.2.1 Social Capital and Psychological Well-being (Correlational Analysis)**

It was hypothesized that social capital would have a significant positive relationship with overall psychological well-being and its sub-dimensions. The Pearson correlation analysis (Table 3) confirmed a statistically significant positive association between social capital and perceived psychological well-being.



Table 3

Inter-correlation between Social Capital and Psychological Well-being Dimensions

Variables	1	2	3	4	5	6	7
1. Social capital	—						
2. Autonomy	0.72***	—					
3.Environmental mastery	0.58***	0.46***	—				
4. Personal Growth	0.31***	0.31***	0.28***	—			
5. Positive Relation	0.42***	0.26***	0.22***	0.12*	—		
6. Purpose in Life	0.08	0.14**	0.02	-0.11	-0.04	—	
7. Self-Acceptance	0.11*	0.15**	0.05	0.12*	0.07	0.135**	—
8.Overall Psychological well-being	0.67***	0.716***	0.621***	0.60***	0.44***	0.37***	0.45

Note. All tests were one-tailed for positive correlation. * $p < .05$, ** $p < .01$, *** $p < .001$, one-tailed

As shown in Table 3, social capital was positively and significantly associated with several dimensions of psychological well-being. Specifically, it had a strong positive relationship with personal autonomy ($r = .72, p < .001$), environmental mastery ($r = .58, p < .001$), and overall psychological well-being scores ($r = .67, p < .001$).

4.2.2 Predictors of Social Capital

Rural residents, older individuals, those with lower educational attainment, women, and persons with lower income were hypothesized to have higher social capital. To identify the sociodemographic determinants of social capital, a multiple linear regression analysis was conducted. After removing non-significant predictors, marital status, educational level, and length of residence in the local area emerged as significant predictors of social capital, $F(3, 299) = 87.13, p < .001, R^2 = .46$. This model accounted for 46% of the variance in social capital. Examination of individual predictors indicated that marital status ($t = 3.66, p < .001$), educational level ($t = 6.95, p < .001$), and length of residence in the locality ($t = 10.45, p < .001$) were significant determinants of social capital (Table 4).

Table 4

Determinants of Social Capital

Variables	B	SEB	B	R ²	t	P
(Constant)	2.432	0.07		.46	34.82	0.00
Educational level	0.106	0.01	0.31		6.95	0.00
Years lived the area?	0.173	0.01	0.47		10.45	0.00
Marital status	0.080	0.02	0.15		3.66	0.00

Dependent Variable: social capital

4.2.3 Predictors of Psychological Well-being

It was hypothesized that individuals from rural areas, those with higher social capital, higher educational attainment, females, married participants, and those who had lived longer in their residence area would exhibit higher psychological well-being. To test this hypothesis, a multiple linear regression analysis was conducted to examine the predictors of perceived psychological well-being, including residence status, gender, marital status, education level, income, and social capital (Table 5). The results indicated that social capital, education level, and length of residence in the area significantly predicted psychological well-being, $F(4, 294) = 99.40, p < .001, R^2 = .57$, explaining 57% of the variance. Examination of individual predictors revealed that social capital ($t = 7.59, p < .001$), educational level ($t = 6.63, p < .001$), and length of residence in the locality ($t = 5.04, p < .001$) were statistically significant predictors of psychological well-being. Gender, however, was not a significant predictor ($t = 1.81, p > .05$).

Table 5

Determinants of Psychological Well-being

Variables	B	SEB	B	R ²	t	P
(Constant)	.680	.188		.46	3.62	.00
Gender	.067	.037	.06		1.81	.07
Educational level	.127	.019	.29		6.63	.00
Years lived the area?	.114	.023	.23		5.04	.00
Social Capital	.503	.066	.38		7.59	.00

Dependent Variable: Psychological Well-being



4.2.4 Social Identification and Psychological Well-being

A one-way analysis of variance (ANOVA) was conducted to examine whether psychological well-being differed based on social identification. As can be seen from Table 6 below, the results indicated that neighborhood social identification did not have a significant effect on psychological well-being. In contrast, family identification was found to significantly influence psychological well-being, $F(66, 235) = 1.51$, with higher levels of family and friend identification being associated with higher psychological well-being.

Table 6

Perceived Psychological Well-being across Social Identification (Familial and Neighborhood)

ANOVA							
Source	Groups	SS	Df	MS	F	P	
Neighbourhood Social Identification	Between Groups	77.644	67	1.159	.825	.823	
	Within Groups	330.026	235	1.404			
	Total	407.670	302				
Familial Social Identification	Between Groups	105.292	66	1.595	1.514	.013	
	Within Groups	247.595	235	1.054			
	Total	352.887	301				

4.3 Discussion

The results of the present study revealed a significant positive relationship between social capital and overall psychological well-being, particularly in the domains of personal autonomy and environmental mastery, among Somali communities in Fafan and Degahbur. This finding aligns with the prevailing view in the literature that social capital is associated with a range of positive life outcomes, including health, economic success, and psychological well-being. Similar results have been reported in studies conducted across various regions globally (d’Hombres et al., 2010; Deng et al., 2024; Nieminen et al., 2013; Yip et al., 2007; Wang et al., 2022; Zhao et al., 2022).

However, these findings contrast with studies suggesting that the relationship between social capital and psychological well-being is mixed, with cognitive social capital exerting positive effects, while structural social capital may have neutral or even negative consequences. For example, some research indicates that cognitive social capital enhances individual well-being, whereas structural social capital can be associated with adverse outcomes (Hao et al., 2023; Wang et al., 2022; Wing, Fordham, & Kompore, 2011). A systematic review further highlights that social capital may occasionally produce negative effects due to factors such as social pressure, unhealthy lifestyle norms within the social structure, or individual characteristics like personality traits (Villalonga-Olives & Kawachi, 2017). Individuals with a more individual-oriented disposition may be particularly affected by prevailing social structures, increasing their risk of mental health problems. In contrast, the present study found that social capital was positively associated with perceived psychological well-being, rather than showing mixed or negative outcomes.

The study hypothesized that there would be a difference in psychological well-being between rural and urban residents. However, the findings revealed no statistically significant difference in psychological well-being between these groups. It was expected that individuals from rural areas would exhibit higher well-being due to stronger social connections, compared to urban residents, who are often influenced by more individualistic lifestyles. This outcome may be explained by the strong cultural attachment of Somali communities, which buffers the impact of migration, urbanization, and globalization (Hekne, 2021; Mohammed & Sundberg, 2022). In contrast, some studies have reported disparities in psychological well-being between rural and urban populations. For instance, Cao and colleagues (2022) found that urban residents generally reported lesser psychological well-being compared to those living in rural areas.

It was also hypothesized that social capital, which is strongly correlated with psychological well-being, would be associated with participants’ background characteristics such as residence status, age, gender, and education level. The findings revealed that marital status, length of residence in the area, and educational status significantly predicted social capital. This can be explained by the fact that marriage often enhances opportunities for social interaction and support, which in turn strengthens social capital. Likewise, individuals who have lived in a community for a longer period tend to build stronger social networks and trust, thereby increasing their social capital. Similarly, higher educational attainment may provide greater access to diverse social groups and networks, further promoting social capital. These findings are in line with evidence reported in earlier studies, which also emphasize the role of stable social ties and educational background in shaping community connections and trust (Deng et al., 2024; Nieminen et al., 2013).

In addition to examining the predictors of social capital, the study also explored the factors influencing psychological well-being. The results indicated that individuals with higher levels of social capital, women, and those who had lived in their communities for a longer period reported better psychological well-being. Conversely, lower levels of education were associated with reduced psychological well-being.

Furthermore, the analysis revealed that family- and friend-based social identification was positively associated with psychological well-being, while neighborhood-level identification did not show a statistically significant effect. This distinction reinforces Ryff's (2006) argument that deep, emotionally meaningful relationships contribute more to psychological health than broader, less intimate community ties. Taken together, the findings suggest that social identification plays a crucial mediating role in linking social capital to psychological well-being, as it reflects an individual's internal sense of belonging and connectedness

4.3.1 Theoretical Contribution and Novelty

The study contributes theoretically by extending Social Capital Theory and Ryff's Psychological Well-being Theory, both rooted in Global North contexts, to a Global South setting. It offers new insight into how these frameworks operate in Somali communities in Ethiopia, where collectivist cultural norms shape emotional well-being through tightly woven familial and peer bonds.

Another notable theoretical contribution of this study is the incorporation of social identification, particularly family- and friend-based, as a mediating mechanism, a pathway that remains largely underexplored in existing literature. This approach enhances our understanding of how social capital is internalized and translated into well-being outcomes, such as personal autonomy and environmental mastery.

The findings also diverge from some prior research on similar topics. For instance, Cao et al. (2022) suggest that rural residents typically report higher levels of psychological well-being; however, in the Somali context, no significant rural and urban differences were observed, likely reflecting pervasive collectivist norms that transcend geographic boundaries. Moreover, unlike studies highlighting the negative aspects of social capital, such as exclusion or social pressure (Villalonga-Olives and Kawachi, 2017; Hao et al., 2023), the current study reveals a predominantly inclusive, unifying, and supportive form of social capital in the study area. These results underscore the cultural specificity of social capital's effects and highlight the critical role of local context in applying and interpreting theoretical frameworks.

4.3.2 Strengths and Limitations of the Study

This study offers several notable strengths. It provides valuable empirical insights into the link between social capital and psychological well-being within the Somali Regional State of Ethiopia, a region that has received relatively little scholarly attention. The use of standardized measurement tools, a representative sample, and rigorous statistical analysis (including multiple regression) enhances the reliability and relevance of the findings. Moreover, the study highlights key background factors that shape both social capital and psychological well-being, offering meaningful implications for community development and mental health initiatives.

That said, some limitations must be acknowledged. First, the cross-sectional design limits the ability to draw causal conclusions between variables. Longitudinal research would be more appropriate to examine how social capital and psychological well-being influence each other over time. Second, the study relies entirely on self-reported data, which may be influenced by factors such as social desirability or recall bias. The term "*perceived psychological well-being*" is used deliberately, reflecting participants' subjective experiences rather than clinically diagnosed mental health conditions. This choice was necessary due to the limited development of clinical psychological services in the area and the absence of clinical data or a formal counseling infrastructure. Therefore, the findings should be interpreted within the context of these structural and institutional constraints. Lastly, because the study was conducted in selected urban and rural areas, the generalizability of the results to other regions with different socio-economic or cultural contexts may be limited.

V. CONCLUSION & RECOMMENDATION

5.1. Conclusion

This study found that social capital is strongly associated with psychological well-being, showing a statistically significant correlation between the two. Marital status, years of residence in the local area, and level of education were identified as important predictors of social capital. The analysis also revealed that residence status, whether rural or urban, did not result in significant differences in psychological well-being. However, social capital, education, and length of residence were significant predictors of psychological well-being. These findings underscore the significance of policies and interventions that foster social capital to promote individuals' psychological well-being.

5.2 Recommendations

Based on the study's findings, which demonstrated a positive relationship between social capital and perceived psychological well-being, and their dependence on socio-economic and demographic factors, the following recommendations are proposed. First, community-based interventions should focus on strengthening family and peer



support systems. Programs such as peer-support networks and family mentoring can provide culturally appropriate and accessible alternatives to formal mental health services, particularly in low-resource settings.

Second, policymakers should prioritize initiatives that foster inclusive social capital to promote social cohesion. Platforms for community dialogue and inclusive programs can help reduce ethnic and political tensions, build mutual respect, and enhance a sense of belonging among diverse groups.

Third, in rapidly urbanizing and modernizing environments, collective social identity should be reinforced. Schools, media, and public institutions can play an important role in promoting shared values, encouraging social interaction, and raising awareness of healthy digital habits to counteract the isolating effects of individualism and digital overuse. Finally, mental health interventions must be culturally informed and grounded in local social realities to maximize effectiveness. Leveraging existing social capital within communities can improve both the reach and sustainability of these initiatives, ensuring that support is both relevant and long-lasting.

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