



ELSEVIER

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Review Paper

The relationship between cultural capital and lifestyle health behaviours in young people: a systematic review



N. Hashemi ^{a,b,*}, B. Sebar ^{a,b}, N. Harris ^{a,b}

^a School of Medicine, Griffith University, Gold Coast Campus, Gold Coast, Australia

^b Menzies Health Institute Queensland, Griffith University, Gold Coast Campus, Gold Coast, Australia

ARTICLE INFO

Article history:

Received 22 March 2018

Received in revised form

15 June 2018

Accepted 17 July 2018

Keywords:

Cultural capital

Lifestyle behaviour

Systematic review

Young people

ABSTRACT

Objectives: While the universal prevalence of unhealthy lifestyle behaviours is high, cultural capital as a non-material resource shaping individuals' tastes can provide a substantial insight into different lifestyle behaviour choices. The aim of the present systematic review was to examine the evidence on the association between the three forms of cultural capital and lifestyle health behaviours.

Study design: This is a systematic literature review following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Quality appraisal was carried out using the Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies (QAT-OCCSS).

Methods: The review included searches of 13 electronic databases with no restriction on the year of publication. Data were extracted using inclusion criteria and analysed using a narrative format. Eighteen studies were eligible for inclusion.

Results: The relationship between cultural capital and lifestyle behaviours was confirmed in the studies measuring institutionalised cultural capital, and mostly supported in the studies that measured objectified and embodied cultural capital. While cultural capital had a significant relationship with some lifestyle behaviours, it was not significantly related to others. The important methodological weaknesses in the literature preclude the ability to state the associations as unequivocal.

Conclusion: While the association between cultural capital and lifestyle behaviours was supported in most of the included studies, more rigorous research methods are required to effectively assess the causality between cultural capital and lifestyle behaviours. More precise findings may lead to new entry points for the development of interventions to promote healthy lifestyle behaviours.

© 2018 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

* Corresponding author. Building G01 Room 3.30, Gold Coast Campus, Griffith University, QLD, 4215, Australia. Tel.: +61 755527708.

E-mail addresses: neda.hashemi@griffithuni.edu.au (N. Hashemi), b.sebar@griffith.edu.au (B. Sebar), n.harris@griffith.edu.au (N. Harris).

<https://doi.org/10.1016/j.puhe.2018.07.020>

0033-3506/© 2018 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Introduction

Given the high universal prevalence of unhealthy lifestyle behaviours,^{1–5} there is a large and growing body of research supporting the adoption of a healthy lifestyle for the prevention and management of long-term health conditions and preservation of good health.⁶ Healthy lifestyle patterns are developed by groups of individuals according to the material and non-material resources available to them.⁷ Studies on such resources, which are typically connected to individuals' social positions, draw on theories of capital. Pierre Bourdieu (1930–2002), an influential social theorist, identified the resources as social, economic and cultural capital. Based on his theory, the amount, composition and evolution of these three forms of capital determine an individual's position in social space.⁸ The unequal distribution of capital results in social distinctions and inequality, which could lead to health inequality through health behaviours.⁹ While economic and social capitals have been widely shown to be associated with health status, they fall short of fully explaining people's health behaviours in the social space. It is increasingly acknowledged that cultural capital plays a key role in explaining health behaviours.^{8–11}

Culture is the set of distinctive spiritual, intellectual, emotional, and material features of society or a social group,¹² and cultural capital is the use of culture as capital.¹³ Cultural capital is defined as the forms of knowledge, skills, competencies, values and norms held by an individual, which provides his or her status in society.¹⁴ It is the use of culture as a power resource, giving an individual a social advantage and ranking a person high in the society.^{11,13,15} The concept of cultural capital was initially applied by Bourdieu to explain class distinctions in academic achievement, but has since been used to provide descriptions of a wide range of social stratification mechanisms.^{16,17} The application of cultural capital in health research is recent and is in line with the UN Educational, Scientific, and Cultural Organization (UNESCO) adoption¹² of anthropologist Edward Burnett Tylor's 1870 definition of culture,¹⁸ asserting the need to develop a complex understanding of how customs, moral values, and belief systems manifest themselves in particular settings over time.¹⁹ As cultural capital is demonstrated through behaviours, addressing its effects on health-related lifestyle behaviours is of great significance.^{8,9}

Cultural capital could affect health and health behaviours in the form of embodied, objectified, or institutionalised cultural capital. Embodied cultural capital is represented by long-lasting dispositions and competencies of the mind and body.¹⁶ It includes values and habits that are accumulated both consciously and subconsciously through socialisation to culture and tradition and also acquired through social networks when one invests his or her social capital.^{20–22} Applied to health and health behaviour, embodied cultural capital comprises values and preferences, behavioural norms, knowledge and operational skills which are either related to health (e.g. health literacy such as knowledge surrounding healthy lifestyle behaviours), or directly impact health as a part of a healthier lifestyle (e.g. attendance at cultural events which impacts individual's well-being).^{9,23} Objectified cultural capital concerns

the possession of cultural goods as physical objects (e.g. works of art and books), which, in terms of health, could be an indication of one's skills and knowledge to understand different resources, which is in turn a crucial factor in attaining or maintaining healthy lifestyle behaviours and good health.^{16,24,25} Institutionalised cultural capital refers to educational attainments (e.g. academic credentials or qualifications), which provide their holders with credibility of their knowledge, competencies and skills that are appreciated in particular social fields.^{26–28} Institutionalised cultural capital could influence health mainly through health behaviour mechanisms, i.e. individuals with a higher level of education are more likely to adopt healthy food habits and engage in physical activity, and are less likely to smoke and drink alcohol.^{10,29}

Cultural capital, in all its forms, is a key element in developing people's tastes for various lifestyle behaviours. Cultural capital has been shown to have a substantial contribution in constraining and structuring people's behavioural options and preferences. Although tastes might be related to economic and social capital, they often reflect an individual's values and norms, as they often remain stable even when people's income or membership in social networks change over time.⁸ Cultural capital is also a crucial component in the transformation of social inequality into health inequality through social class-specific health lifestyles. Therefore, studying cultural capital is essential to gain insight into how healthy lifestyle behaviours are formed.²⁵ Given that, empirical research has emerged examining the link between lifestyle behaviours and cultural capital. However, the contribution of those studies to the current health discourse remains limited because there has been limited systematic effort to compile and synthesise the evidence to draw conclusive results which clarify the theoretical aspects of this relationship. In an attempt to address this gap, the aim of this systematic review is to examine the evidence on the association between the three forms of cultural capital and lifestyle health behaviours.

Considering that some lifestyle behaviours are established in the adolescent and early adulthood years (e.g. smoking), and some in earlier childhood (e.g. eating patterns), this study therefore focuses on young people aged less than 39 years as the population of interest. Many behaviours that comprise young people's lifestyles may directly or indirectly impinge on their health in the short or long term and studying the factors that are related to these behaviours is of crucial importance to the development of timely and relevant health promotion actions and health education initiatives.³⁰

Methods

This review is reported in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. A review protocol was developed to identify all published articles investigating the association between cultural capital and lifestyle behaviours.

Search strategy and data sources

A three-step search process was used for this review. In step one, with the assistance of a research librarian, initial index

Download English Version:

<https://daneshyari.com/en/article/10134752>

Download Persian Version:

<https://daneshyari.com/article/10134752>

[Daneshyari.com](https://daneshyari.com)