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Original Research

Attendance of cultural events and involvement with the arts—impact evaluation on health and well-being from a Swiss household panel survey



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ABSTRACT

Objectives: Although there is strong uptake of active or passive engagement with the cultural and creative activities as determinants of individual health, well-being and social participation, few population studies report any causal influence on self-reported and physical health or life satisfaction from voluntary engagement with the arts (playing an instrument or singing, painting, sculpture) or passive cultural participation (attending the cinema, theatre, opera and exhibitions). This study set out to investigate any potential derived benefits to the Swiss population.

Study design: The 2010 and 2013 waves of the Swiss Household Panel study were used for analysis. The data are representative for the Swiss population aged 14 years and older with respect to major demographic variables.

Methods: Using longitudinal data, the strengths of the two approaches to evaluating causal inference were simultaneously applied: propensity score matching and difference-in-differences. Propensity score matching attempted to eliminate selection bias by conditioning on confounding variables. Difference-in-differences estimator was applied to remove unobserved fixed effects via intra-individual comparisons over time by comparing the trends in a matched treatment and control group.

Results: The study showed that voluntary cultural activity—of any type, passive or active—did not seem to have any causative influence on health and well-being. Results showed that long-term health and well-being did not improve significantly as a result of any specific activity in the cultural arena.

Conclusions: The investigation provided little evidence to justify health promotion messages for involvement with the arts. Nevertheless, these findings do not contest that active or passive participation in cultural- and arts-related activities may be beneficial to health and well-being when guided by qualified therapists to treat specific health-related problems.

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Introduction

There is a strong argument for engagement in the creative cultural activities as beneficial for health and well-being.^{1–4} Active cultural participation has been shown to be, not only strongly associated with healthy behaviour³ and mental well-being^{3–5} but also to convey health promotion messages⁶ and reduce social exclusion.^{6,7} Passive cultural participation, by comparison, proved to be effective in stress and anxiety-reduction therapies for coronary disease patients (listening to music),⁸ associated with lower cancer-related mortality,⁹ lower cardiovascular risk³ and better mental well-being³ leading to improved social engagement.^{6,10}

Despite strong advocacy for, and widespread acceptance of, creative cultural activities and cultural attendance as determinants for mental and physical health, as well as for well-being¹¹ and social inclusion,^{7,11} to the best of our knowledge, reported evaluations of a causative influence of creative engagement with the arts or passive cultural participation on population health and well-being with the survey data are scarce. Existing evidence has alluded to the causative effects of therapy in curing specific mental or physical diseases and thus related to specific populations (e.g. people with mental health problems² or people with coronary disease⁸). Recommendations seem inadequate, however, to advise on how to maintain good or prevent ill health and well-being in the population.

The absence of evidence based on whole populations may be for the following reasons. First, the distinction between active and passive cultural participation^{3,6} is often somewhat blurred when conclusions are made about the influence of cultural activity on or the interrelationship between cultural activity and population health. Second, even though research has demonstrated a population-based relationship between engagement in or with the arts, the findings are mostly based on cross-sectional data or analysis of the association, without necessarily implying a causal relationship.^{12–14} Finally, methodological challenges to establishing causality present another obstacle. The commonly reported, positive relationship between cultural participation and engagement and health and well-being may be an artefact resulting from the omission of unobserved individual level factors from cross-sectional analysis (often regression) or the phenomenon of reverse causality. Both these issues introduce endogeneity, rendering both results implausible and conclusions invalid. In the situation inherent of endogeneity, any positive influence from engagement with the arts or cultural attendance on individual health outcome may appear causal but may also simply result from the fact that healthier people are more likely to participate.

Therefore, this study responds to calls from Stuckey and Nobel,⁴ Grossi et al.¹² and Renton et al.³ to explain the nature of the relationship between active and passive arts participation and health or well-being. Accepting the assertion of Grossi et al.,¹⁴ that the quality of cultural participation matters, this study attempted to examine the impact of voluntary (not therapeutic) engagement with the arts as well as passive cultural participation on self-reported and physical health, mood, as well as, life satisfaction in the Swiss

population aged over 14 years. The intension was to establish to what extent more frequent engagement with the arts of either type exerted causal influence on well-being and health outcomes. According to comprehensive review of the literature, this is the first study to exploit panel population data to examine causality between voluntary cultural participation with the distinction between active and passive engagement and well-being and health outcomes applied to the population of a country. This is also the first study which expresses doubts about often suggested positive causative influence of cultural activity on population well-being and health.

In the remainder of the article, the data used are first presented. Second, methods applied to examine causality between engagement with the arts and health/well-being are described followed by the results. Finally, a summary of the findings leads to discussion and explanation of the limitations of the study.

Methods

Data source

Analysis builds on two waves of the Swiss household panel study (2010 and 2013). The Swiss household panel is conducted yearly, to learn about living conditions and societal changes in Switzerland.¹⁵ Some aspects subject to investigation, such as cultural participation and engagement with the arts, are examined periodically with specific modules containing relevant questions, which explain why successive waves of the study were not used. The data are representative for the Swiss population aged 14 years and over with respect to major demographic variables and are freely available from the Swiss Centre of Expertise in the Social Sciences. Data about health were drawn from a self-report questionnaire. In 2010 and in 2013, more than 7000 individuals were surveyed and provided the responses analysed in this study.

Measures

Active engagement in the arts

Active engagement with the arts was assessed by three questions:

- How frequently do you play an instrument or do you sing?
- How often do you take art photographs?
- How often do you paint?

The set of possible answers to each of the above questions was: 4 = every day, 3 = at least once a week, 2 = at least once a month, 1 = less than once a month and 0 = never. [Table 1](#) presents the descriptive statistics for these questions.

Passive cultural attendance

Passive cultural attendance was assessed by four questions:

- How frequently do you go to the cinema?
- How frequently do you go to the theatre?

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