

Shaughnessy C, Santiago, D, Donoso, P, Perkins R, & Lisoba T (2024)
Creative health in the urban Global South: barriers and facilitators
in the cases of Cochabamba and Salvador, *Perspectives in Public
Health*.

FINAL ACCEPTED VERSION

Abstract

Aims

The Global South has some of the world's largest cities, where rapid, ad-hoc development of urban centres and 'megacities' has fuelled major socio-economic, environmental, and public health concerns. These urban environments can generate feelings of loneliness, with multiple barriers for access and participation in socio-cultural infrastructures. An inclusive future agenda for global creative health must therefore consider how urbanization impacts social public health, what creative health approaches can do to alleviate this, and what are the barriers to access. This article explores barriers and facilitators to accessing socio-cultural urban infrastructures in two case study cities: Salvador in Brazil and Cochabamba in Bolivia.

Methods

Data were collected as part of a survey examining access to, and engagement in, arts and cultural activities undertaken between 25th January- 1st May 2023. This article focuses on two questions: What helps you to access artistic and cultural events in your city? and What barriers do you face in accessing artistic and cultural events in your city? 239 open responses from adults, in Portuguese and Spanish, were analysed using descriptive thematic analysis.

Results

Findings highlight how emergent issues around existing economic inequality, safety, and accessibility can limit residents' capacity to engage in creative health activities interventions. While preliminary in scope, this raises wider public health implications for how creative health approaches may be leveraged within urban, Global South contexts.

Conclusions

Findings highlight how greater dialogue is needed between the urban development, public health, and creative health sectors. Given the emerging evidence of the role of creative engagement to

alleviate loneliness, integrating creative health approaches within urban public health may further strengthen connections with the most vulnerable communities, and help to build healthier cities. The article ends by outlining an approach that incorporates both local and city-wide creative encounters, highlighting how future interventions could be appropriately designed that gradually scale these type of interventions; from tailored local offerings to larger, city-wide activities.

Plain language summary

What are the aims of your study?

- *This study focused on two cities in South America, Salvador and Cochabamba, to explore how city spaces might impact how creative health activities are delivered and received by residents. We focus in particular on the barriers and enablers that residents report in accessing creative and cultural activities.*

What are the key findings/results?

- *Residents of the two case study cities reported that lack of money, accessible transport, and not feeling safe in travelling to participate in cultural activities were the main reasons they did not access them, and that more needs to be done to make these activities more accessible.*

What is important about your study?

- *Research has shown how engaging in creative activities can promote social connection and alleviate loneliness, which are important factors for supporting social public health. This study was the first to look at how this might be applied in two South American cities and highlights the barriers and enablers that residents report in accessing creative infrastructure.*

How could your study inform public health practice?

Our project shows that when creative programmes are designed for, or delivered in, cities in South America, the impact of the urban environment must be considered. This can support public health through ensuring that socio-cultural infrastructure is accessible to as many residents as possible.

1 Introduction

1.1 Urbanisation, inequality, and public health in the Global South

The Global South has some of the world's largest cities, where rapid urbanization has presented unprecedented health challenges (1–3). The ad-hoc development of urban centres and 'megacities' over the past two decades has fuelled major social-economic, environmental, and public health concerns (2). While many of these concerns mirror issues faced by cities in the Global North,

the extent of population growth, large informal settlements, and challenges with urban planning has resulted in increasing inequity, including a critical shortage of appropriate infrastructure and basic services to support their populations (3–5). Although historically, urbanisation has led to economic development and reduction in poverty, many of these new, improvised metropolitan areas are now entrenching further structural, socio-economic, and health inequalities (6). This has raised key questions for how urbanization in the Global South can be planned and managed to be inclusive, equitable, and sustainable as well as economically productive (2). Sustainable development is also a critical public health concern; urbanization is a key driver of non-communicable diseases (NCDs), including obesity, diabetes, and cardiovascular disease, and high levels of social inequality will only accentuate the disease burden on under resourced and overstretched health infrastructures within Global South cities (3). Over the next twenty years, the urban population is expected to rise by 75%, with nearly all that growth in low- and middle-income countries (7). While there are some lessons that can be drawn from the industrialization of the Global North, the urbanisation of the Global South is unfolding differently, with new challenges for population health and wellbeing.

There are growing isolation and mental health concerns within these ad hoc urban developments, which are further hampered by the lack of resources in low- and middle- income countries (8). Wellbeing in the Global South is conceptually distinct, with greater focus on the attainment of positive collective relationships and social inclusion, rather than on individual happiness which is more dominant in the Global North (9). Cultural concepts of psychological wellbeing in the Global South have been linked to a ‘networks of relations’, more closely linked to social connectedness or how individuals engage with, and relate to, the collective and structural conditions in which they live (10). The increasing isolation has dual public health implications; both in light of how poor social wellbeing impacts health outcomes (11), as well as the fact that individuals with poor social networks and connectedness access preventative health services at lower rates (12). In order to understand how creative health within the Global South may be better leveraged, the role of the urban landscapes therefore need to be considered.

As part of addressing these concerns regarding the increasing social and health inequalities within urban environments, the concept of ‘inclusive and sustainable’ cities is now prominent (2). Supporting citizens’ social inclusion is a key part of sustainable development and global health planning (e.g. UN Sustainable Development Goals 2030) in part due to its connections to health across the lifespan (13). Research has consistently found that frequency of confidants and contact with social networks are significant protectors of mental health (14). Yet, urban living can be ‘accompanied by increasing exposure to fragmented, temporary, messy, but sometimes intense “fluid” contacts with unfamiliar people, animate and inanimate entities in public life’ (15). In the context of cities in the

Global South, which have high levels of migration and overcrowding, these fragmented and fluid contacts can increase the risks of isolation, as health and social inequalities are also often entrenched by urban landscapes' architecture and transport (16). As Australian researchers found, within urban high-rise apartment developments the lack of appropriate communal spaces, small living areas, and transiency of occupants all created barriers to building connectedness and community (17). Studies have also highlighted the positive impacts of urban design, such as green space, on physical and mental health and social wellbeing (18), but these benefits are not felt by all, as marginalized populations (such as low income and minorities) consistently experience inequities in access to, quantity, and quality of green space provision (19).

1.2 Cities, culture, and creative health

The urbanization of the Global South presents new challenges for how to support health and connections with communities. Typically, migration and urban living have been associated with isolation from rural indigenous cultural practices, with complex social relationships between rural communities and their migrant relations (20). However, cities themselves are diverse hubs of creative and cultural development, and there are increasing links being drawn between the role of culture for urban placemaking, public health, and sustainable development (21). As the UNESCO Creative Cities Network (established in 2006) has identified, creativity and culture are a strategic factor for sustainable and inclusive urban development. In light of the challenges of rapid urbanization, the network has demonstrated how arts and culture helps bring the voice of vulnerable communities to the fore and support equitable urban development. Others have also highlighted the role of arts and culture to ameliorate some of the negative impacts of city living through creative placemaking that supports community inclusion (22). Despite the richness of cities as places of cultural interaction and engagement, participation often remains unequal. As found in the United Kingdom, arts engagement is often centred around wealthy, cosmopolitan neighbourhoods, with access and opportunities delineated across both individual and geographic socio-economic lines (23). Indeed, there have been calls for further practice and research addressing how the arts can tackle health inequalities around the world (24).

Despite the cultural legacies of cities in the Global South, there has also been less work that explores everyday cultural engagement for residents, the specific role of the urban landscape, and its interactions with health and social wellbeing. Local publications that do exist in the Global South are often not recognized internationally due to language barriers, and there is a focus on individualised treatments, such as music or arts therapy. Indeed, in Brazil, the public health system has some

provision for art activities as ‘complimentary therapy’, but less focus on the role of social connection or inclusion. Much of the research on preventative or holistic approaches to public health that utilizes creative and cultural resources on a larger scale has been done in Western contexts. It is primarily in these contexts that large scale epidemiological work has indicated that arts engagement may support physical health (25) as well as mental health and social wellbeing (26). Other research with specific groups has also highlighted the potential of the arts for supporting wellbeing across differing cultural contexts, such as in maternal mental health in the UK (27) and in the Gambia (28).

Given the evidence base of how creative engagement and participation can have positive physical and mental health outcomes (26), and the particularly strong evidence for its impacts on social wellbeing (29) it is timely to explore how creative health approaches may apply within the context of the *urban* Global South. Indeed, in light of the public health challenges facing the Global South, many of which are not dissimilar to the North in terms of growing demand on services with ageing populations, physical ill-health, mental health and loneliness, there is an acute need to look at how creative health strategies may be designed in this context.

1.3 South American Context

The ‘What makes a Good City?’ project addresses some of this gap, exploring the role of the arts in social-cultural urban infrastructure in two cities: Salvador in Brazil and Cochabamba in Bolivia. These South American cities share the challenges of emerging and growing cities in the Global South (30). In South America, around 85% of the population live in urban areas (31), which suffer from poor housing and sanitation, particularly in the urban outskirts of cities, which are the most densely populated. Beyond sharing similar socio-economic problems, the cities have similar cultural backgrounds; both are of Iberian origin, founded during the 16th century, and have strong cultural heritage fusing native and colonial cultures.

Salvador, the capital of Bahia, is Brazil's third-largest city, with over three million people. Its complex colonial history includes being one of the first slave ports in the Americas until 1856. Its culture is heavily influenced by African, Indigenous, and Portuguese traditions, and this African influence is particularly notable in music genres like *axé*, which fuses Afro-Caribbean styles originated in Salvador in the 1980s. Other genres, such as *tropicalismo*, *bossa nova*, and *samba*, also have roots in Salvador. The city is famed for the week-long Bahian Carnival, the world's largest parade of music, dance, and folklore, spanning over 25 kilometres. UNESCO named Salvador a Creative City of Music in 2015, and it won the Music Cities Awards for its City of Music of Bahia Museum in 2023. Cultural events also reflect the city's evolving traditions. Districts like *Liberdade* and *Candéal* play a central role

in Carnival with iconic black movement groups like Ilê Aiyê and Olodum (32) and other carnival groups continue to emerge.

Cochabamba, in central Bolivia, is the country's fourth-largest city with over two million people. Like Salvador, it has a rich cultural heritage blending native and colonial influences. The city's ethnic diversity, especially between Quechua and Aymara communities, has shaped its identity and is reflected in the cultural tapestry of the city (33). Cultural festivals like the Fiesta de la Virgen de Urkupiña, which blends indigenous and Catholic traditions, promote social integration. Music in Cochabamba reflects this cultural mix, with indigenous instruments like quenas, sikus, and pinkillos, and rhythms tied to local agricultural calendars. Both cities are rich in popular and informal cultural activities and there are also some opportunities for free cultural activities, with programmes at times promoted by charities and other non-profit organisations.

2 Methods: Good City Survey

The findings of this article are situated within a larger project: 'What makes a Good City?'. The project is a collaboration of three universities from the UK [redacted], Salvador [redacted], and Cochabamba [redacted], as well as a number of local project partners (which included Disability Support Associations, cultural organisations, Parents and Children Institutes and City Centres for Psychosocial Care). The two-year project explored the links between citizens' arts and cultural activities and their health and social wellbeing. It included a mixed methods survey of participants cultural engagement, health and wellbeing, a programme of musical encounters with smaller groups of participants within the cities, as well as additional interviews and focus groups with participants to gain more in-depth insight into the role of cultural engagement within citizens' lives. Ethical approval was sought for the entire project and was granted by [redacted for peer review]. It was further approved by Research Ethics Committees from the international partner universities.

In this article, we focus specifically on two open questions from a mixed-methods survey, which was conducted between 25th January and 1st May 2023; (1) 'What helps you to access artistic and cultural events in your city' and (2) 'What barriers do you face in accessing artistic and cultural events in your city'. The larger survey examined how residents of the two case-study cities were engaging with arts and culture, and its wider links to their health, social inclusion, and wellbeing. These data about arts engagement were collected using a modified version of the *HEartS Survey* which was first developed to examine the Health, Economic, and Social impacts of the ARTs in the UK using questions about access to and experience of different creative activities, as well as validated wellbeing measures (34).

At the outset of the project, the team, which is made up of collaborators from both Cochabamba and Salvador as well as UK-based researchers, created an initial translation of the arts-related questions in the original survey into Spanish and Portuguese. Initial co-design work with third party project partners was undertaken during October and November 2022 to ensure that the listed arts activities represented the local context and were culturally appropriate. Project partner involvement therefore included piloting versions of the survey with individuals recruited through their networks, as well as the organisation members themselves, to examine suitability of language, time taken, and comprehensibility.

The final survey was created in Qualtricssm and two separate versions were generated: one for residents in Cochabamba (in Spanish), and one for residents in Salvador (in Portuguese). The survey was open to any respondents over the age of 18 years who were resident in the two participating cities and accessed through a QR code or anonymous link. The survey was distributed across the cities primarily through the project partner charities using their own social media, networks, and flyers with QR codes affixed in partner buildings as well as in local cultural centres, community centres, churches, and colleges. 171 people completed the entire questionnaire in Salvador, and 71 in Cochabamba. Once missing/blank answers to open questions were removed, a sample of 239 was left.

Data were analysed according to a process of descriptive thematic analysis, with answers first analysed in Portuguese and Spanish, before being translated to English. Responses were often brief, indicating a general area of concern, such as 'no time', 'money', or 'cost'. Where respondents were more expansive in their responses, more detailed codes within themes were developed. Due to this variability, respondents' answers were initially labelled according to their content. Data with similar labels e.g. 'cost', 'money', and 'finance' were then clustered into wider descriptive themes and renamed where necessary. This allowed us to understand the main points that were being made by the respondents and quantification of themes was also conducted to understand the prevalence of particular concerns within the sample. Initial codes were discussed among two members of the research team, one of whom was Portuguese and Spanish speaker, to enable themes or codes to be discussed with reference to their original language as well as in translation. Any differences in coding between the researchers was discussed between them, and further disagreements were referred to the supervising researcher on the project. Final themes were decided among the two primary analysts, and presented to the wider research team, where they were agreed. As part of the project, the findings of these two questions subsequently informed the design of a series of inclusive and

accessible musical encounters recently conducted across the two cities, where respondents' identified barriers (such as transport, timings of events, or costings), were taken into consideration, which is discussed further below.

3 Results: Leveraging socio-urban infrastructures: barriers and facilitators.

Six descriptive themes were identified in the analysis of respondents' answers. As can be seen in Figure 1, the most common themes were finances and cost, lack of safe and accessible transport, and the important role of promotion and awareness raising for events within the cities.

[insert Figure 1 here]

Over half (56%, $n = 135$) of respondents reported *finances* (Theme 1) being a primary factor in regard to accessing cultural and artistic events. Many noted the high pricing of many artistic events which prevented or limited their attendance; 'It is usually financial, most of the time it is expensive to participate in an activity, however simple it may be,' (GC126). For others, the use of gratuities, such as Student ID, discounted tickets at off-peak times, and free events were a key facilitator. In particular, the need for targeting of discounts at more vulnerable groups; 'the gratuity of having a child with a disability,' (GC148). However these also intersected with other barriers such as time; 'Prices are often exorbitant. And the gratuities are always on incompatible days' (GC144), and transport; 'Money for safe travel, money for the event,' (GC93).

Safety (Theme 2) was a particular concern for a quarter (26%, $n = 61$) of respondents, and was strongly linked to affordability. This was primarily associated with the need for safe transport; 'Mobility, it's usually at night and here it's dangerous to be on the street alone at certain times and I can't always afford Uber, which nowadays is also dangerous,' (GC156). The urban environment was noted by many to play a key role in these barriers; 'Difficulty in urban mobility, lack of security and accessibility,' (GC107). For some, this was directly associated with the location of events themselves; 'the degree of danger that the place offers' (GC115) as well as with infrastructural barriers for those with differing access needs ' [there is a]lack of safety when traveling but also lack of public investment in cultural events in the historic centre (easy access),' (GC50).

Almost a fifth of respondents reported that they lacked *time* (Theme 3), due to work and caring commitments, and the timing with which events are held; 'times they are held and the days of the

week,' (GC71). However, the issue of time presented conflicting problems. For those who worked, they described being time poor, with a 'lack of time because of my work', (GC23) where affordable activities are held on 'on incompatible days' (GC144). For others, there was a concern with evening events, intersecting with themes of safety and accessibility; 'it's usually at night and here it's dangerous to be on the street alone' (GC156), as discussed above.

A minority (5%, $n = 13$) noted that there was a *lack of available events* in their area (Theme 4), either due to motivation; 'the not very high frequency with which events that interest me happen' (GC20) or due to accessibility needs 'The places are not suitable, there are no theatres or rooms with special treatment,' (GC194). This theme often also-co-occurred, with the importance of *promotion and advertising of events* (Theme 5, 38%, $n = 91$) as a key facilitator as well as a barrier to encouraging diverse audiences, as others lack 'familiarity with the spaces where it is shared' (GC183). Many noted that awareness of offerings remained low, with 'shallow disclosure' (GC33) of information. The combination of social media, and local posters was regularly cited as important to raise awareness: 'Technology is a great tool to make known the different artistic events and activities, and it is thanks to this that I can learn about and attend these,' (GC215), but was noted too often not be fully utilised, with both 'Scarcity and poor publicity of events', (GC33).

Finally, over one in ten noted the importance of *community* (Theme 6, 11%, $n = 26$), such as 'Connecting with friends' (GC159) or family who were also going or engaged in these events, as a motivating factor for both awareness and attendance, as well as to 'meet like-minded people in these environments' (GC192) and develop friendships.

4 Discussion

The findings from these open questions, while preliminary in scope, introduce some areas of reflection for those designing or commissioning creative health interventions within the urban Global South, highlighting the key barriers for more inclusive practices and service designs. It is evident in the results that access to culture can be limited by the same factors of cost, time, motivation, and accessibility that have been highlighted in the UK (35), across Europe (36) and feature many of the same barriers of 'proximity, affordability and usability' that prevent accessibility to wider cultural ecosystems within low- and middle- income countries (37). The findings also highlight the importance of accounting for urban environments when considering how to leverage the rich cultural legacies within the Global South for public health, taking into account the different dimensions of wellbeing

that are more focused on community, as well as the need for more research into how rapidly changing cities can recognise requirements for wellbeing (37). Many of the barriers and facilitators that were reported by our respondents are known challenges, such as poverty and inaccessible transport (16,38). However, it was also notable how respondents increasingly linked financial barriers not just to ticket costs, but also to the additional infrastructural risks within their cities, such as feeling safe both within, and travelling to, cultural spaces. This emphasises how creative health in the Global South requires consideration of urban mobility, as has been used to explore individuals' experiences in cities, to understand how urban contexts can impact cultural and creative inequalities(39). In particular, the vulnerabilities of certain groups at risk of further exclusion, notably those who may face access issues, such as disabled people, as well as those at greater risk of violence, such as women and girls (40).

Micro-macro practices for urban global creative health

As global creative health policies evolve, it will be important to consider the role of urban environments and design inclusive approaches tailored to the needs of urban communities in the Global South. Doğan and Jelenčić emphasize that local integration is a crucial lever for enhancing wellbeing, particularly in the Global South, where community is central to concepts of wellbeing (9). Designing creative health initiatives that foster social connectedness can therefore serve as a cornerstone for improving public health in these contexts. This focus on community and integration is exemplified by the 'What Makes a Good City?' approach, where the research team used the findings from this survey to inform the design of a series of musical encounters in the case-study cities. These musical encounters trialled a model for inclusive, urban creative health that promotes social integration at both a micro and macro-city level through a staggered, scaled programme that gradually integrated localised, separate music-making groups into city-wide encounters. The project addressed urban barriers of transport, cost, and accessibility through a three-stage program. To tackle publicity issues, recruitment was conducted via digital platforms like WhatsApp and Instagram, along with local partner institutions. A flexible timetable accommodated working individuals and caregivers.

Stage One focused on small, localized musical encounters, held in familiar community settings over five weeks to enable safe spaces for initial engagement. Cultural activities and songs representative of local traditions were chosen, giving participants the chance to engage with instruments from their heritage, such as Afro-Brazilian "atabaques" and Bolivian flutes.

Stage Two brought together different groups, including marginalized individuals and those with special educational needs (SEND) and their caregivers, for larger encounters over four weeks. These sessions fostered further integration and prepared participants for the next stage. To overcome transport and safety concerns, participants in Salvador were provided with a "Salvador Card" to cover transportation costs, while in Bolivia, participants were bused to rehearsal venues.

Stage Three elevated the encounters to a city-wide level, with participants presenting a public musical performance in a central, accessible location. This event allowed for broader community participation and further integration among participants and city residents. Again, locations were chosen that were accessible by both public transport and private vehicles, additional transport options were provided, and timings ensure capacity to travel safely and out of work hours.

These encounters created opportunities for collaboration, cultural expression, and the shared enjoyment of music, fostering social connectedness and enhancing urban wellbeing in both cities. This multi-step process further integrated people who otherwise would not necessarily come together in their shared urban spaces, such as those who are elderly alongside students, those with disabilities and families with young children, and engaged both participants and audiences in issues around integration and otherness within the cities that they all lived. While the outcomes from the musical encounters are beyond the scope of this article, the approach provides a potential model for how urban, global creative health approaches might be designed in the future to both support public health by facilitating social inclusion, and also tackle the barriers and inequalities presented by urban physical environments which reinforce isolation and prevent access to cultural and creative assets.

5 Limitations

This research is limited by both the convenience sample of respondents, and the number of respondents it was able to achieve. The study design is limited by the fact that this analysis only focuses on two open questions as part of a larger survey. This limits the type and depth of data which could be created using this method. In particular, due to the respondents being recruited by project partners, the sample may include a greater proportion of those who are already engaging in community offerings, rather than reaching those who are less engaged. Future research should address these questions using a larger, more representative sample of respondents from the cities, look at similarities and/or differences in other cities and beyond South America, and explore intersectional barriers to access alongside sustainable strategies for overcoming these barriers.

6 Conclusion

This article highlights how, as global public health policies look to how people connect with their health and communities, reinforced connections are needed between sustainable urban development, public health, and creative health. As cities in the Global South continue to expand, inclusive urban development that supports, rather than challenges, public health requires an approach that facilitates social inclusion and wellbeing. Given the emerging evidence of the role of creative engagement to alleviate loneliness and support public health, integrating creative health approaches within these discussions of urban public health may be able to further strengthen these connections.

7 Acknowledgements

Many thanks to all the volunteers who took part in this research. Ethical approval for the study was granted by the Conservatoires UK Ethics committee (ref CUK/SF/2021-22/18), and this application was approved by the Federal University of Bahia (Brazil) and Universidad Mayor de San Simón, UMSS (Bolivia). Informed consent from participants was obtained at the outset of the survey. The project “What makes a Good City?” is funded by the British Academy Knowledge Frontiers: International Interdisciplinary Research 2022 programme (Grant Ref: KF6220266). The authors declare no conflict of interest.

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