
The Influence Of The Family's Social Class On Their Ability To Adhere To A Healthier Diet

Introduction

[bookmark: bbib11][bookmark: bbib70]With the constant and rapid rise in the number of obese and overweight individuals in the Western world, the importance of a healthy diet has been discussed and promoted more than ever before. In 2015, Public Health England concluded that 63% of adults and nearly a third of children in England Kingdom are overweight or obese (Fenton, 2017). Whilst individuals are aware of the importance and benefits of a healthy diet, those with a low-income experience difficulty when trying to implement the new healthy eating habits for a number of reasons. Those include affordability, accessibility, education, environment, time and taste preferences. Because of this, there is a growing gap between the high and the low-income groups particularly in the Western world which ultimately creates inequality. (CSDH, 2008, Robertson et al., 2004)

Potential Factors influencing the lower social classes' unhealthy eating habits

Affordability

[bookmark: bbib21]Affordability is usually the most prevalent influence for low-income families to make unhealthy food choices. One of the main reasons established in the literature is that energy dense foods were significantly cheaper than less energy dense and hence healthier foods (Drenowski and Damon, 2006; Gandal and Shabelansky, 2010). Those with a low-income prioritise the caloric density compared to micronutrient content. However, the price sensitivity wasn't just found in low-income groups as high-income groups were also reluctant to buying the more expensive and healthier foods (Gandal and Shabelansky, 2010). A study done in the United Kingdom examined the differences in household consumption patterns in different social classes and individual's circumstances. It was concluded that those receiving benefits, were lone-parents or unemployed (low-income groups) had worse dietary patterns and weren't consuming foods rich in essential micronutrients compared to those who weren't in these circumstances (Dowler et al., 2007). This could apply to Jane's family because her mom is a lone-parent. Because of Karen is a lone-parents, the family is reliant solely on her income and the fact that she has taken a high-interest insecure loan shows that the family isn't financially secure. This would suggest that she is more likely to buy cheaper and less healthy foods for the family because she can't afford the healthy options.

However, The Institute of Food research conducted a study with Broadband Housing Association in which they found that low-income women didn't find price to be the main reason for them to choose unhealthy foods. Other factors such as taste preferences, already established unhealthy habits and food cravings, also had an important role in their food choices (Dibsdall et al, 2003).

Education

Most people on low-income purchase a certain amount of fruits and vegetables and believe that their diet is healthy. Only five percent of the participants thought that they had a problem with eating healthy whereas only 18% claimed to meet the five a day recommendation for the intake of fruits and vegetables (Dibsdall et al., 2003). Furthermore, in a study conducted by the Health Educational Authority in 1989, it was concluded that there is conflicting information coming from a variety of experts when it comes to diet. The study involved 47 low-income households which were visited at home and were asked to record everything the family was consuming during two 48-hour periods during the week. This data was then used during a semi-structured interview with the respondents. Some people in the study reported that they were often confused on which foods are healthy and which aren't because of the conflicting information that they hear (Mckenzie et al, 1989). They also found that families believed their children are healthy because of the absence of illness and didn't consider a healthy diet to be a preventive measure for long-term disease. These findings suggest that education on the topic of healthy eating is lacking and should be addressed on an individual and national level. In Jane's family, both her and her mother Karen are considered obese which suggests that perhaps Karen doesn't have much knowledge about a healthy diet hence why she has problems with her weight.

Accessibility

Accessibility has been found to be another determining factor for people to consume healthier foods and exercise more regularly. In numerous studies it was found that less affluent areas didn't have as many recreational facilities where people can exercise and as many supermarkets compared to wealthier areas (Moorland et al, 2002). Moreover, the study found that people who live closer to supermarkets consumed more fruits and vegetables which could suggest that the environment a person lives plays a key role in their well-being (Sallis and Glanz, 2009). Conversely, there were also more fast-food restaurants in less affluent areas which ultimately tempt people into consuming big portions of unhealthy and calorically dense foods which can contribute to weight-gain. This suggests that low-income group's choices don't just depend on what healthy food is available because it also depends on the availability of unhealthy food around them. In Jane's family's case, because Karen is in full-time employment, she is likely not to have the time to go to supermarkets which provide healthier food options hence leading her to buy less healthy convenience foods from local shops (which are also often more expensive). Furthermore, because Karen works as a catering assistant, she might be influenced into eating unhealthy foods that are left-over during the food preparation and handling.

Conclusion

From the research provided, it can be concluded that social class has a strong influence on the ability of people to lead a healthy lifestyle. This is because lower social classes are associated with having a lower income and being less educated. It may also mean that people have limited access to supermarkets which provide a variety of healthy foods and recreational facilities where they can exercise. These factors ultimately contribute to a less healthy lifestyle and is likely to have negative long-term consequences.

References

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1. A. Robertson, C. Tirado, T. Lobstein, M. Jermini, C. Knai, J.H. Jensen, et al., Food and

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- health in Europe: A new basis for action, WHO Regional Publications, European Series No. 96, World Health Organisation Regional Office for Europe, Copenhagen (2004)
2. Dibsall, L. A., Lambert, N., Bobbin, R. F., & Frewer, L. J. (2003). Low-income consumers' attitudes and behaviour towards access, availability and motivation to eat fruit and vegetables. *Public Health Nutrition*, 6(2), 159-168
 3. Dowler, E. and O'Connor, D. (2012). Rights-based approaches to addressing food poverty and food insecurity in Ireland and UK. *Social Science & Medicine*, 74(1), pp.44-51.
 4. Drewnowski, A., & Darmon, N. (2005). Food choices and diet costs: an economic analysis. *The Journal of nutrition*, 135(4), 900-904.
 5. Fenton, K. (2017). Health Matters: Obesity and the food environment - Public health matters. [online] [Publichealthmatters.blog.gov.uk](https://publichealthmatters.blog.gov.uk/2017/03/31/health-matters-obesity-and-the-food-environment/). Available at: <https://publichealthmatters.blog.gov.uk/2017/03/31/health-matters-obesity-and-the-food-environment/> [Accessed 27 Jan. 2019].
 6. Gandal, N & Shabelansky, A (2010) 'Obesity and price sensitivity at the supermarket' *Forum for Health Economics and Policy*, Vol. 13, Iss. 2, Art. 9
 7. McKenzie, J., Stockley, L., Scott, K., Cragg, A. and Porter, T. (1989). *Diet, nutrition and healthy eating in low income groups*. 1st ed. London: Health Education Authority.
 8. Morland, K., Wing, S., Diez Roux, A., & Poole, C. (2002). Neighbourhood characteristics associated with the location of food stores and food service places. *American journal of preventive medicine*, 22(1), 23-29.
 9. Sallis, JF & Glanz, K (2009) 'Physical activity and Food Environments: Solutions to the Obesity Epidemic' *The Milbank Quarterly*, Vol. 87, N/o. 1, pp. 123-154.