



Effects of Socioeconomic Status on Food Choice and Health

Sonal Mohanty

The world is diverse and filled with people who come from diverse cultures and backgrounds, and varying eating habits. People make different decisions based on their cultural background and socioeconomic status. There are many different foods in the world but it can be something that pulls people together or sets them apart in more ways than one. Despite global efforts to improve living standards, significant disparities remain in access to food and health resources, people will continue to live in different conditions and nurture their health differently whether they are of good wealth or not. In today's world people have come to understand that a good balance in meals and food consumption is crucial for better health, but not everybody is able to provide this for themselves. People from a wealthier socioeconomic background may have more access to a larger variety of foods than people who are more low-income or even living on the streets. Socioeconomic backgrounds can influence eating habits which may even lead to bodily adjustments depending on the state of people's bodies. Things such as brands, certain markets, or availability of affordable markets are driving factors for food purchasing and consuming habits. Quality of food and drinks could vary based on the brand or how they were produced. All of these factors contribute to the overall health and well-being of human beings as they all have significant effects on each other. This review will explore how socioeconomic status influences food choices and, in turn, impacts nutritional values and overall well-being.

One of the most apparent comparisons is between disadvantaged households and those that are financially stable. Living in disadvantaged homes can bring issues to the residents' health as the food they eat doesn't necessarily prove as beneficial to them. Disadvantaged neighborhoods are shown as more likely to have poorer quality foods to eat or foods containing more fatty acids. Eating too many foods containing fatty acids such as pizza, lard, butter, milk, and pork skin can increase the risk of heart-disease, obesity, certain types of cancer and strokes (Nolte Kennedy, 2007). Most of these food items make for easier home-cooked or store-bought meals, may be cheaper, or are pretty common foods to have, but having them in much larger amounts without other non-animal produced sources to balance the meals can lead to detrimental health problems. Financially disadvantaged individuals are more likely to consume fast food, contributing to higher rates of obesity (Hilmers et al., 2013).

People that are disadvantaged who live in urban areas also make some decisions without the financial comfort that some urban-living residents have, so they end up with bigger health issues in the long run. Urban or more financially stable residents are more likely able to report and take care of issues they have with being able to afford health treatments, dieticians, contractors for secure and sanitary homes, school meals, or even gym memberships for maintaining a healthy and fit body. Having a regularly sanitary home can help people live with more comfort and prevent them from circulating contagious illnesses as easily to the family. Being able to purchase school meals for kids, unless the school gives meals for free, can make it a lot easier on families who have to commute to work in the mornings by reducing one time-taking step for them throughout their day. Schools also often provide a variety of nutritional options to go along with the students' protein, carb, and fat-filled main-course. Gym memberships can help one stay in shape or lose body fat caused by eating any unhealthy foods. People with less financial stability have less access to these things making it almost impossible for them to keep their health in check to avoid buildup to much larger problems. "Food swamps" refer to situations in which families live nearer to mostly unhealthy, fast-food

stores. Since an ample amount of disadvantaged neighborhoods live far from local grocery stores it forces them to rely on conveniently closer fast food stores.

The logistical challenges of food access, such as distance from stores, also play a significant role. The larger the distance is from a home to a store, the more money that has to be spent on transportation to get there. Lower income neighborhoods may be while the wealthier ones are closer, or larger markets and stores are built closer to richer areas to have better appeal. This generally makes it a larger commitment for those who may be living in the lower income neighborhoods, and it potentially may lead to them sacrificing trips to the grocery store for no foods or nearer unhealthy foods. Furthermore their emotions may be affected by what they see from their peers or social media. This may influence them to make decisions that may or may not be good for them (Río et al., 2011, pp. 913-921). Other people's stress and worries may pile onto a person pressuring them into overconsumption or not eating enough of the right foods (Kemp et al., 2013, pp. 204–213). Farmers' markets, which offer fresh produce, are linked to lower rates of obesity and poverty in communities with greater access. A study shows that counties with more farmers' markets have lower poverty rates, reduced obesity, and higher incomes compared to counties with fewer farmers' markets. This suggests that access to fresh, affordable produce contributes to better health outcomes (Singleton et al., 2015, pp. 135).

Lower-income families tend to experience more stress which may lead to cardiovascular disease and strokes (Reynolds, 2019). The unbalanced diet may also lead to a higher rate of diabetes. There is a smoking prevalence among blue collar workers. Smoking leads to lung problems including cancer for which treatments are very expensive and physically exhausting. Smoking can lead to an abundantly large build up of fatty material on the blood vessels and artery walls which can ultimately cause the body of a smoker to have a harder time accepting vitamin C and vitamin D intake. This in turn makes it harder for frequent smokers to intake important nutritious foods such as strawberries, bell peppers, brussel sprouts, and broccoli. Because of this, it pushes for them to also eat more fast foods which may be healthier, since they often contain no healthy vitamins, but easier to get into their system as opposed to the vitamin-rich foods that their body can no longer easily process. Furthermore, there is more stress upon these blue collared workers as they generally earn a lower income. Lower wage earning families (who work in smaller companies/businesses) may not have access to health insurance or sick days. This in turn leads to employees having less time for children and family and less healthcare options to manage potential health problems. It becomes even worse when some employers have the attitude of not giving employees flexibility because it makes less progress for the businesses. Blue collar workers such as construction workers, factory workers, manual labor workers, have been found to be more subject to physical health decline than people in other jobs. Stress may also be a negative result due to the physical demand of some blue collar jobs and fear of the loss of the jobs. Studies have shown thHigher weight loss and physical health decline was shown in women who feared job loss.

Food access can be improved by adding more farmers' markets in counties that have larger poverty rates. As mentioned earlier, counties with more farmers' markets are shown to have less poverty and more financial stability. Farmers' markets provide freshly produced foods and can be much cheaper than the same foods packaged in the grocery store. Farmers' markets are typically located in local areas such as parks, sidewalks, or parking lots. The amount being paid for the foods in the farmers' market goes directly to the producers and the farming entity instead of being distributed to other groups involved in processing the food. Farmers' markets tend to sell more naturally produced products in terms of food, so people



buying are far less likely to buy unhealthy junk foods or extremely processed items because the farmers' markets don't really provide those as much. In addition to this there should be more free seminars or presentations for people to attend regarding improving nutritional health based in lower-income areas so that people can attend to try and uplift their lifestyle. The seminars can have good conversations about smoking prevention organization skills to improve living more efficiently, and most importantly being able to support body health by eating healthier foods. There should be more advertisements towards this audience to promote healthier eating habits to improve their living quality. In the future more efforts should be put into doing research and utilizing existing statistics to come up with sustainable solutions for improving nutritional health among those who are underprivileged. Socioeconomics has always varied amongst millions of people but some of these changes should be further looked into to improve the universal need for better nutritional health.



Bibliography

1. Hilmers, Angela, et al. "Neighborhood Disparities in Access to Healthy Foods and Their Effects on Environmental Justice." *American Journal of Public Health*, vol. 102, no. 9, Sept. 2012, pp. 1644–1654, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3482049/>
2. Kemp, Elyria, et al. "When Food Is More than Nutrition: Understanding Emotional Eating and Overconsumption." *Journal of Consumer Behaviour*, vol. 12, no. 3, 25 Feb. 2013, pp. 204–213, <https://doi.org/10.1002/cb.1413>.
3. Nolte Kennedy, Martha . "Good Fats, Bad Fats :: Diabetes Education Online." *Diabetes Education Online*, University of California, San Francisco, 2007, dte.ucsf.edu/living-with-diabetes/diet-and-nutrition/understanding-fats-oils/good-fats-bad-fats/.
4. Reynolds, Sharon. "Stress Links Poverty to Inflammation and Heart Disease." *National Institutes of Health (NIH)*, 8 July 2019, www.nih.gov/news-events/nih-research-matters/stress-links-poverty-inflammation-heart-disease.
5. Río, M. I., et al. "Hydration and Nutrition at the End of Life: A Systematic Review of Emotional Impact, Perceptions, and Decision-Making among Patients, Family, and Health Care Staff." *Psycho-Oncology*, vol. 21, no. 9, 8 Dec. 2011, pp. 913–921, <https://doi.org/10.1002/pon.2099>.
6. Singleton, Chelsea R., et al. "Disparities in the Availability of Farmers Markets in the United States." *Environmental Justice*, vol. 8, no. 4, Aug. 2015, pp. 135–143, <https://doi.org/10.1089/env.2015.0011>.