Nutrition and inequalities
A note on sociological approaches

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Background: This article provides an overview of three approaches taken to illuminate the sociological contribution to the field of nutrition and inequalities, in the hope of prompting future researchers to pursue the lines of enquiry suggested. Approaches: Under the heading of inequalities in food use, the paper first exemplifies the utility of ‘political arithmetic’, possibly the sociological approach best known in public health. This includes socio-economic patterning in food purchases as well as disadvantage in access, where studies of poverty represent a longstanding focus. A rural/urban dimension has, however, been left dormant. A second approach is illustrated by work on public understandings of nutrition, encompassing primarily small-scale studies of beliefs about nutrition, which emphasise the plurality of lay definitions of diet and health. Lacking are studies which build on this work to uncover the relation to health inequalities. Third to be introduced is sociological work on the social distribution of taste, which illuminates the potential for examining enduring, shared ideas of styles in eating embedded in forms of the social organisation of the home that is associated with different socio-economic levels. Conclusion: The paper ends with comment on practical implications for public health practice and policy designed to reduce inequalities in nutrition.

Keywords: inequalities, nutrition, public understandings, sociological contribution, taste

The persistence of inequalities in health continues to be a central concern of public health medicine. It is also one of the concerns of disciplines such as sociology, social policy analysis and other social sciences, as illustrated, for example, in the complement of disciplines contributing to the UK’s landmark Black Report of 1980, a representation persisting almost twenty years later. This article focuses on the contribution of sociology to one dimension of inequality, nutrition.

Sociological attention to nutrition, diet or food has perhaps been less obvious than to other substantive dimensions at issue in health inequalities such as (un)-employment, transport or housing which are receiving attention, for instance, in the multi-disciplinary UK Health Variations Programme 1996-2001. As will become clear, however, there is no uniform sociological approach to nutrition and inequalities and the output is fragmented and small, suggestive rather than conclusive. Most familiar is an approach that in Britain is a direct descendant of ‘political arithmetic’, a style of social scientific research which attempts to ‘marry a value-laden choice of issue with objective methods of data collection’. The domination of this approach to health inequalities in general has been the subject of recent criticism.

The present discussion has two purposes. First, it introduces approaches other than political arithmetic in the hope that in what can be no more than a sketch, their potential for amplifying the understanding of nutrition and inequalities will prompt future researchers to develop more fully the lines of enquiry they suggest. Following on from that, it offers by way of conclusion, a brief comment on the implications for the vocabulary in which proposals for interventions addressing inequalities in nutrition are couched. This article is, then, not intended to be a comprehensive review and for simplicity’s sake it is parochially confined to English language literature and presents sociological work in the British rather than American style. It predominantly pays attention to inequalities in socio-economic terms, only intermittently in other terms, e.g. region, rural/urban, and not at all in other terms, e.g. ethnicity. Nutrition and gender inequalities is reserved for a related discussion elsewhere.

The background public health/nutritional epidemiological case to the discussion below is summarised as follows. Diet has been implicated in the complex origins of the overall poorer health of those in lower socio-economic groups in Britain (and other industrially developed nations), since these groups have a lower intake of fruit, vegetables, and whole-wheat bread, with correspondingly lower intake of essential nutrients, than people in higher socio-economic groups. The picture is confirmed by findings from several surveys over the last decade or so: for Northern Ireland in 1987; for Britain – i.e. excluding Northern Ireland – ten years later; with regional variation within England as well as within Britain – Scotland differed markedly and continued to do so into the 1990s. Although the evidence is scattered and hetero-
INEQUALITIES IN FOOD USE
The expression ‘food use’ is adopted in preference to the more usual term ‘food consumption’ in order to avoid the ambiguity of the latter. ‘Consumption’ is used to refer to the actual act of eating, a prime concern of nutritionists who need to consider intake itself. ‘Consumption’ is also a technical term used by economists, and, in respect of the demand side, tends to refer to purchase, when recording, for instance, the amounts and type of food items that people buy from the supermarket. Sociologists are concerned (among much else) with the social organisation of what happens between food purchase on the one hand, and actual food intake on the other. Adopting ‘food use’ clarifies distinctions between the two. Well exemplifying the utility of political arithmetic, inequalities in food use includes socio-economic patterning in food purchases as well as disadvantage in access. The first 50 years of Britain’s National Food Survey show, for instance, a consistency in the higher income groups’ consumption of fruit and lower income groups’ consumption of sugar and preserves, a continuing trend also analysed by economists. For more than a century, the debate has raged as to whether the reasons for the inferior diet of those at the bottom of the social scale – as reported, for example by Seebohm Rowntree in his 1901 study of poverty – are an inadequate income, or the inadequate management of an adequate income. Studies of poverty represent a major aspect of the investigation of inequalities, and food use continued to form a central part of subsequent studies located on the boundary between sociology and social policy analysis. Rowntree and many who followed in his footsteps, e.g. notably Townsend, among others, concentrated on the demand side. Such work continues, and with contributions from allied social science disciplines such as social geography and town planning to complement applied sociological research, attention recently has extended to the supply side, showing the maldistribution in the commercial provision of good quality, lower-cost foods and the systematic disadvantage in access to them by those with lowest income. The preponderance of such work concentrates on maldistributions within urban areas. Inequalities in access are, however, also evident between the urban and the rural. It is easy to assume that since those living in rural areas are literally closer to sites of primary food production, they somehow enjoy superior access. But a small by-product of Howard Newby’s 1977 study of the class position of the farm labourer pinpointed an irony. Farm workers in East Anglia employed by large food production companies lived and worked at a greater distance from high quality/lower cost shops, and thus had to pay more for their food than their urban counterparts. The study of rural/urban inequalities in food use of the type Newby undertook has been left dormant. His work, however, also illustrates food use in respect of gender inequalities within households which has subsequently been developed further, and is discussed elsewhere.

INEQUALITIES IN PUBLIC UNDERSTANDINGS OF NUTRITION
Sociological approaches under this heading include emphasis on the plurality of lay definitions of nutrition. The general area of enquiry can be illustrated by Blaxter’s comprehensive work on the British Health and Lifestyles Survey which showed that along with exercise, diet-related behaviours were itemised more frequently by those in higher educational groups as significant sources of health and ill-health. Similar findings are reported in a pan-European survey of definitions of healthy eating. In like vein, sociological work on inequalities in public understandings of nutrition encompasses studies of attitudes to and beliefs about nutrition, sometimes described as ‘ethno-nutrition’ by way of stressing a necessary, albeit temporary, relativism in the adequate analysis of the public understandings in question. Discussing such contributions under the heading of public understandings of nutrition is intended to urge future researchers to exploit the insights of the major developments of the broader field of social studies of science whose relevance to the sociology of health has been argued by Bartley. More specific sociological investigation of public understandings and lay theories of nutrition mostly appear to be small-scale, often exploratory qualitative studies, reflecting the state of this area of enquiry that regrettably remains underdeveloped. Correspondingly, attention to inequalities whether in socio-economic terms, gender, ethnicity or region continues to be sketchier. What is evident from such work, however, is that the terms in which members of the public understand nutrition extend beyond those of official education about healthy eating that rests on professional theories of nutrition – thus further emphasising a plurality of lay characterisations of nutrition. For example, well-known work by Roisin Pill and Nigel Stott was initially undertaken at a period when nutrition (and other health) education assumed that members of the public accepted that dietary change was within individuals’ control. Pill reported, however, contrasts in the place of diet in theories of illness causation within a socio-economically homogeneous group of women in a lower income group. One type of theory revolved around factors beyond individuals’ control, which Pill showed was aligned with limited activities associated with regulating diet, and a reliance on possibly less self-conscious, habitual,
conventionally defined menus and cuisine. An alternative theory stressed individual control over, if not culpability for, becoming ill, which was aligned not only with the avoidance and/or inclusion of specific foods but also some stress on regular meals at regular hours and the preparation of more adventurous dishes.

Pill’s study concentrated on the urban working class. By contrast, Lupton’s43 reports notions of a healthy diet in a small-scale study of heterosexual couples with and without dependent children in a rural area of Australia. The study covered a cross-section of occupational groups. Echoing earlier nutrition education, a notion of ‘balance’ in terms of eating a variety of food groups represented a centrepoint of healthfulness, reflecting a long-standing component of public nutrition education. But like other studies18 balance signified rather more, and included reference to the freshness of foods, whether or not vegetables were to be eaten raw or cooked, and the quality of ingredients.

Unlike some urban working class women of Pill’s study, Lupton’s rural respondents claimed to have a high degree of control over their diet, and those who grew their own vegetables judged their diets to be especially healthy since ‘they knew that it was fresh and free from preservatives and chemicals’.34 In this respect, public understandings of nutrition extend to encompass what for certain formal or official policy purposes is liable to be categorised as food safety rather than construed as nutrition. Such an extension of notions of healthfulness is found, too, among the motives of vegetarians and those declaring themselves committed to more ‘natural’, ‘organic’ foodstuffs or so-called ‘health’ foods.36–40

Lacking are studies which build on the findings of such smaller-scale qualitative investigation to examine the social distribution of the plurality of public understandings and uncover their relation to health inequalities. Currently, the studies available can only suggest, but cannot unequivocally establish, that an alignment of types of lay theories of nutrition with various aspects of health inequalities is likely.

INEQUALITIES IN TASTE

The point of departure for a different approach under the heading inequalities in taste, notes that taste does not solely belong to the realm of the physiological, nor is it solely to be investigated via the sensory sciences. Not solely an attribute of the individual, taste has also to be studied as a matter of shared social attitudes and cultural conventions. In both literal and metaphorical terms, taste is to be understood as socially produced and socially distributed27 and, as Mennell has indicated,41 can be shown for several centuries to be aligned with socio-economic variations.

This observation receives its most elaborate theoretical treatment for the modern case in the extensive work of Pierre Bourdieu, notably his book Distinction.42 His work, it must be said, is complex and densely written whether in the original or translation, one reason for a growing secondary literature.43–45 Defying simple summary, Bourdieu maintains that taste, as an integral element of consumption behaviour and styles of living, is a vehicle for the display by the various social classes of their non-material capital – i.e. a combination of their education and their capacity to express discrimination that recognises shared judgements of quality. Such discrimination is expressed in the selections they make and thereby marks their place in a socially hierarchical system.

While Bourdieu’s work continues to attract both adulation and scepticism, examples of the social differentiations he discusses, aligned particularly in terms of socio-economic variation but also gender, can be found through the sociological literature. A small, but undeservedly neglected, instance which antedates Bourdieu’s book is found in a study of a small parish on the Scottish border. It includes a case study which illuminates the manner in which tastes in food presentation at meals, together with the social organisation of the domestic production and serving of those meals, vividly exemplifies the contrasting styles of display between the social classes.46

Many discussions follow Bourdieu’s lead in remaining abstract and ranging across many examples of taste, in fashion, cars, interior design, music, theatre, etc. in addition to food.47–50 An exception is the recent work of Alan Warde.51 His latest study is of the display of taste in, as well as frequency of, ‘eating out’ and confirms a clear socio-economic gradient in terms of occupational class, income and level of education, that also indicates the complexity of statistical associations with other variables including age, city of residence, and marital status.

CONCLUDING REMARKS – AN IMPLICATION FOR PRACTICE

In the hope that this article will prompt future researchers to develop further the lines of enquiry sketched, one of its purposes is to introduce approaches to nutrition and inequalities in addition to ‘political arithmetic’. Work on public understandings of nutrition and the social distribution of taste in relation to food and eating is not always primarily geared to the solution of public health problems posed by persisting inequalities in health. Instead, the two additional approaches introduced above derive from basic, rather than applied sociological research of political arithmetic. In, for instance, the case of the third approach discussed, the social hierarchical distinctions and distributions of taste is an established sociological topic of enquiry which has developed independently of the applied studies of poverty and of class gradients in a well-advised diet. Certainly there remain important and as yet incompletely considered implications for social inequalities in nutritional intake.

At the same time such work also demonstrates what might simply be described as the ordinary workings of society. So saying leads to the second purpose of this discussion, which is to provide, by way of conclusion, a brief comment on one of the implications of the approaches sketched above. It concerns the vocabulary commonly used in...
proposals for public health interventions addressing inequalities in nutrition. Receiving prominent policy attention, inequalities in nutrition and food intake is frequently operationalised for practical purposes in terms of ‘barriers’ to nutritionally well-advised dietary intake. As a result interventions are inevitably designed with images of their demolition or reduction in mind. Insufficient resources may un-controversially be well described as a barrier – too often one that is very large indeed. In this respect, it can be argued that an image with strongly negative connotations is appropriate.

On the other hand, the wisdom – let alone the ethics and politics – of describing as a barrier other socio-cultural phenomena aligned with inequalities in nutritional intake, is not quite so obvious. Regarding hierarchical distinctions in taste in this negative fashion may, in practical applications, unintentionally prompt rejection or provoke resistance. Sociological approaches to the matter suggest that in the case of industrialised societies at least, such inequalities are likely to be an enduring social structural feature, and thus not readily amenable to demolition. As a consequence, these non-material aspects are more likely to be regarded as normal features of ordinary life presenting no problem, where inadequacies in material circumstances, notably lower incomes, are liable to be treated as distinct problems and difficulties.

The practical implications of approaches introduced in this presentation are, then, twofold. First the negative vocabulary and imagery of ‘barriers’ is likely to be most usefully confined to the consequences of the maldistribution of material resources. Second, incorporating attention to non-material resources, e.g. public understandings of nutrition and socio-economic variations in the distribution of taste, in positive terms, is more likely to strengthen policies designed to reduce inequalities in nutrition.

This article is a revised version of an invited oral presentation ‘European Public Health Association Congrés 2000: Health inequalities in Europe’ Paris, 14–16 December 2000. I am indebted to Nicky Britten and Myfanwy Morgan for helpful discussions during preparation of this presentation.

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Received 21 March 2001, accepted 21 March 2001