

The great food divide

By Dr Martin Caraher and Dr Elizabeth Dowler
Food poverty experts

The stark reality is that living in poverty more often than not leads to poor diet and people dying younger.

In modern Britain, food poverty is different from what people in Victorian times would have recognised - large swathes of the population unable to afford to eat. Instead, the poor of today suffer from lack of access to healthy food.

Compared to the rich, those on low incomes eat less well, often paying more for food.

In addition, they have to endure poorer food quality and, as a result, suffer more diet-related ill health.

All in all, food poverty today is as much to do with dietary imbalance as under-nourishment.

The results of food poverty can be deadly, cutting the life expectancy of Britain's poor.

Gap growing

The gap between the UK's highest and lowest earners has widened over the past generation.

What is more, many of the UK's poorest households have become clustered together in estates suffering from many sources of deprivation.

These poorest communities suffer from high unemployment and inadequate housing.

There is a north-south divide, with the north and Scotland having the greatest concentration of poorer areas and thus food poverty.

These communities have experienced the withdrawal of basic services and amenities, including food retailers.

The big supermarket groups - which offer the widest range of goods at the cheapest prices - have withdrawn from deprived areas, preferring to open up shops in out-of-town locations, for wealthier car-owning consumers, or in areas where richer people live or work.

Generally, lone parents on benefits, the elderly, immigrant groups, the unemployed and those in work but on very low wages are in the food poverty firing line.

In short, the groups most at risk of food poverty are the same as those in danger of falling into income poverty.

Corner shop premium

Moreover, people who live on state benefits or the minimum wage often lack sufficient money to buy enough or appropriate food for a healthy diet, especially if they have to meet other essential expenditure, such as rent or fuel costs, or are in debt.

If they have to rely on small corner stores, they may have to pay anything from 6% to 13% more for a nutritionally adequate diet than they would if they shopped in a big supermarket.

There is also some evidence that healthier foods cost more.

Replacing white bread with wholemeal and high-fat products with low fat products can really hit the household budget.

Peer pressure can also play a major role in food choice.

Families on low incomes are more likely to buy branded food items for inclusion in lunchboxes. This is to help overcome the possible stigma of using own label products.

Similarly, 300,000 children are not taking up free school meals because of stigma and the fear of attracting the attention of bullies.

But having said all this it does not automatically follow that low income leads to poor diet.

Some people manage, through skill and imagination, to eat well, clearly caring about their diet.

They may have to use infrequent public transport to get to larger stores, or in some cases grow their own food.

Food fight

However, most experts agree that a package of measures is needed to ease food poverty for others on low incomes.

The food industry and the National Health Service could take more of a lead in promoting healthy eating, while improvements in public transport would allow people greater access to out-of-town supermarkets where choice and price are often better.

But attitudes to healthier eating have to change at home and in the workplace (or school).

People have to be informed about the importance of healthy eating, what constitutes healthy eating and they even need to learn to accept changes in taste and texture.

While people should be free to eat what they want, many who live on low incomes in practice can exercise very little choice.

Many are effectively excluded from the most dynamic parts of the food retailing sector.

The opinions expressed are those of the author and are not held by the BBC unless specifically stated. Dr Martin Caraher is reader in health and food policy, at the Institute of Health Studies, City University. Dr Elizabeth Dowler is reader in food and social policy at the University of Warwick

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