How can obesity prevention policy be more effective and equitable?

Learning from family food practices during the COVID-19 pandemic

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Background

COVID-19 has radically changed life in the UK, reshaping work and social lives and altering relationships with built environments, including the food environment. However neither the pandemic itself, nor its impacts have been felt equally. Investigating how families have engaged with food and food environments in this time provides an opportunity to understand the conditions which shape peoples' ability to consume nutritious diets, and the factors which drive dietary inequalities. This ethnography aims to:

- Investigate how COVID-19 is shaping engagement with food
- Understand how changing food practices might impact long-term nutritional health
- Generate evidence on how different groups of people might respond to policies and actions designed to improve diets



Methodology – Focused Ethnography

Recruitment

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Participant selection



Survey posted in community Facebook groups and mailing lists

> Parents with children at school/nursery fill out initial survey

Responses used to calculate a socioeconomic

status score

Parents contacted for interview, recruiting a representative sample

Data collection: Oct 2020 - Dec 2021



62 parents provided informed consent to participate

They took part in 3 x interviews 6 months apart

Participant details

- Participants (60 women, 2 men) drawn from three districts in England: Folkestone & Hythe (Shepway), London Borough of Brent and Bradford.
- The participants were from a range of socioeconomic backgrounds. Using a measure which considers income, employment, house and car ownership to measure socioeconomic status (SES), the sample included 17 low, 33 middle and 12 high SEP.
- 25 participants reported struggling to pay for things since COVID-19, and over half reported a loss of income.

18 were single parent households.

The sample was recruited to reflect the ethnic make-up of each case study area, resulting in a representative range of ethnicities.

Food work as an individual or collective responsibility

feeding children moved into individual homes, and was largely shouldered by women. Our findings identify how this impacted household nutrition, and the potential benefits of policies

- Households where home chores were shared between two parents or older children found it easier
- encourage fathers participation in food work in the early years, so that father's involvement in children's nutrition is integrated into family routines early on. For example, more equitable parental leave policies.
- breakfast clubs, school, nurseries and after school clubs ensures the provision of one healthy meal a day and helps share the generations.
- Good quality food education in schools can home and relieve some of the pressure on

As the country locked down, most of the work that goes into

which promote the sharing of this work across society.

- to maintain healthier eating practices despite the pressures associated with increases in care work.
- > Policies and interventions should be adapted to
- Increasing access to good quality food at responsibility of supporting the health of future
- enable children to engage with food work at working parents.

How did food practices change? Lockdowns Reopening As parents try to curb

Findings:

Snacking A way to seek comfort, relieve boredom and treat kids. Nutrition was often deprioritised in favour of

snacking, financial resources made it easier to reshape kids preferences boosting family wellbeing towards healthier options

Seen as synonymous with Home cooking healthy eating, some families had more time for home cooking

Less cooking for pleasure & a shift towards 'fitting food in' around other activities

Three key factors intersected to shape these changes

Mental health and wellbeing

Food became one of the few 'allowed' pleasures, as opportunities for social and leisure activities were restricted in lockdowns.



"it definitely seems to be a way of coping with just the fact that you can't do anything and you're so restricted in so many different areas of life, that food is something that you can treat yourself. And it makes you feel good, just for a small amount of time, but I guess, in the long term, actually, it has the opposite effect."- Sarah, middle SES

- Increasing access to activities and spaces for leisure, such as green spaces, provides alternatives to the use of junk food as an 'affordable treat'.
- Restricting marketing of junk foods can help shift the perception of these foods as an aspirational means of treating ourselves and our children.

Financial (in)security

Those with the financial resources found it easier to continually offer fruit when trying to guide children's tastes away from sugary snacks after lockdowns. Conversely, for those experiencing financial insecurity, buying foods children will definitely eat helps avoid wasted food, and thus wasted money. This makes it less appealing to buy foods children may not eat (such as fruit or vegetables).

Financial security enabled families to afford food shopping methods, such as veg box schemes, which solved food procurement problems in lockdowns (transmission risk, supply disruption) and reopening (time pressures) to maintain supply of healthy food.



- Obesity policy must incorporate interventions designed to address levels, variability and predictability of income, so parents have the financial security to prioritise nutrition.
- Promote the accessibility of veg box schemes, food markets, food hubs and other alternatives to supermarkets, which have shorter supply chains and resilience to food system disruption.



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