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Contradictions between *Wanting to* and *being Able to* Practice Food Shopping: The Experiences of 'Vulnerable' Young People in the North East of Scotland

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Abstract- In the context of the rise in numbers of people affected by food poverty in the UK, the *Foodways and Futures* (2013-2016) project explores the ways in which vulnerable young people (16-25) experience their relationship to food. In my data analysis, the experience of shopping for food emerged as a particularly pertinent issue for young people, although this remains largely unexplored in the literature. I found that, among other issues, food shopping is not necessarily an enjoyable experience for vulnerable young people, some of whom are anxious about entering food shops and engage in hurried shopping practices. Decision-making was based on budget restrictions as well as the immediate experience of hunger. As a result, food shopping was often rapid and reactive. This vulnerable group of food shoppers do not necessarily purchase the cheapest items, as these may be seen as degrading to self-esteem. Young people also faced physical obstacles of distances to the (larger) shops and the weight of their food shopping. Strongly opposed to public health expectations on healthy eating, I found contradictions in how young people *wanted to* behave when purchasing foods, and how they were *able to* practice their food shop. Drawing on and extending Bourdieu's work on 'habitus' I aim to make sense of these accounts, and show that rather than being deviant, the study participants adapt to an unequal distribution of resources.

Keywords: food choices, young people, vulnerable groups, shopping, shopping behaviour, shopping experience, decision making.

I. Introduction

For so called 'vulnerable' groups and low income families there are several barriers to pursuing a healthy diet, such as limited or no money to buy foods, eating for fullness rather than nutritional value, reliance on day centres for food, and possibly lack of knowledge about healthy eating (Coufopoulus and Mooney, 2012; Davison et al., 2015). In the UK, many households are experiencing food insecurity/poverty due to rising food and fuel prices, and the impact of Welfare Reform (Dowler and Lambie-Mumford, 2015). Although household level data associated with food insecurity is not collected in the UK, the struggles of low income families in adapting food practices to low income have been documented (Dowler and Lambie-Mumford, 2015; Douglas et al, 2015a). This research indicates that people skip meals, buy cheaper foods and foods that do not require cooking, which may be of lower quality. In other cases, people buy only what is needed, become very resourceful, and borrow money (Dowler and Lambie-Mumford, 2015). They may also turn to food banks, which can raise questions of social and mental wellbeing, stigma and feelings of self-worth (Douglas et al, 2015b, Purdam, Garratt and Esmail, 2015). Douglas et al (2015a), in their study of the nature and extent of food poverty in Scotland, note that young people supported by food aid service scan be particularly vulnerable. This is because key informants viewed young people on less stable incomes, compared to older people. Young people may also be more heavily dependent on social security government payment and thus more vulnerable to sudden sanctions and loss of income. Or, if in paid employment, they may struggle with the variability of their income resulting from zero hours contracts. Young people may also be less likely to live in established households, and thus have fewer cooking resources available to them. Young people's planning, budgeting and cooking skills were described as less developed than older people's, which also rendered them more vulnerable to food poverty (Douglas et al, 2015a).

A pilot study, conducted with young people, aged 16 to 25, who had previously been homeless and were now temporarily accommodated by a charitable youth organisation and social enterprise company in the north east of Scotland, found that young people consumed a diet that contained very high levels of sugar and low levels of foods such as meat, fish, fruit and vegetables (Perry, 2013). This research suggested that young people experiencing homelessness and social deprivation were struggling to consume sufficient amounts of healthy foods. If such eating habits persist into later life, adulthood is potentially affected by malnutrition, with broader social and economic consequences (Seipel, 1999; Bharmal, 2000). In light of

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these findings, the *Foodways and Futures* project (2013-2016) was developed to investigate the lived experiences of the young people accommodated by the same organisation, to explore how, why and in what context vulnerable young people make their food choices[1]. Part of that context includes low income: this group of young people receive job seekers allowance (ages 18-25) or income support (ages 16-25), which is currently £57.90 for a young single person (UK Government, 2015). It has been estimated, however, that the minimum income standard for a single, working age person is £195.29 per week (Davis et al., 2014): a significant shortfall.

This paper reports on qualitative research into the food choices of a group of vulnerable, low-income young people, focussing on their experiences of food shopping in particular. Qualitative data, exploring young people's lived experiences around food, were gathered. Methods involved participant observation, in-depth semi-structured interviews, and focus groups. Participatory methods included a peer research group of young people. I used the techniques of thematic network analysis (Attride-Stirling, 2001) to gain a better understanding and picture of the complex and interlinked issues underlying young people's food choices. One such thematic network, that of 'food shopping experience', i.e. what it means to people to buy foods and how to make decisions when being in relevant shops, possessed particular salience in participants' lives. However, food shopping experiences are rarely discussed in research on the food choices of low income people. A rapid literature review on shopping experience of young people in the UK identified a few studies related to the topic, but those focussed on more affluent young people, as the new consumer generation (Mayo, 2005), looking e.g. at online shopping (Ige, 2002), or the coping mechanisms of low income families (e.g. Hamilton, 2012). The experiences and feelings of so called 'vulnerable' young people when doing their food shop remains an under-explored area, although our food shopping practices and access to food stores have a reportedly major effect, within the complexities surrounding our eating behaviours (Wrigley, 2002). Hamilton (2012) highlighted the need to generate better insight into the emotional effects of consumption constraints for low income groups. Our findings, reported below, help shed some light on the complex experiences and emotions surrounding food shopping for a particularly vulnerable group of young people. Drawing on Bourdieu's work on 'habitus' I aim to make sense of the participants' shopping experiences.

Framing our understanding of the participants' shopping experiences through Bourdieu's concept of Habitus Working in between disciplines, here education, sociology and public health, it became clear to me that some public health expectations of healthy food intake do not take into consideration the complex lived experiences of vulnerable groups. The British nutrition foundation (2013) and NHS (2013), among others, provide seemingly easy to follow recommendations stressing the importance of healthy eating in adolescence. But even though these guidelines are widely disseminated, it is known that many young people, especially when from socio-economically rather deprived backgrounds, have erratic eating patterns including high intakes of fast foods and other foods high in fat and sugar, as well as low intakes of fruits, vegetables, and calcium rich foods, or diet unhealthily (Story, Neumark-Sztainer & French, 2001; Jenkins & Horner, 2005; Davison et al., 2015, Shepherd et al., 2005; Larson et al., 2008). Other factors unique for adolescence impact food choices. Bottrell (2009) in this regard refers to theories of adolescence that stress the importance of a sense of belonging within the peer group, socialization, contexts for identity work, and learning skills for life management. However, he also notes that when experiencing conditions of marginalization or disadvantage, "peer groups have predominantly been associated with delinquency, antisocial behavior, educational resistance and failure, and various detrimental health and behavioural consequences for individual members" (Bottrell, 2009). In similar vein, Shugart (2014) notes that the contemporary discourse around "good" foods is a prominent way in which class is rhetorically recreated and reconfigured, specifically to the end of remaking the myth of the middle class.

If we want a better understanding of the food choices and shopping practices of marginalised young people, we need to consider the ways in which their experiences diverge from their non-marginalised peers (Cosner Berzin and De Marco, 2010). Although crucial to understanding the context in which young people make their food choices, the lived experience of food procurement (in the context of other household expenditures) in terms of its impact on dietary goals, is often neglected (Thompson et al, 2013).The complexities of the lives of vulnerable groups with regards to food remain under-reported and their voices unheard (Lister, 2004).

Bourdieu (1973) argued that food choices are strongly influenced by one's social status. Wilkinson and Picket (2010) have since shown a strong relationship between food choice and social determinants with regards to inequality. In *The Spirit Level*, they state that richer people tend, on average, to be healthier and

[1] The organisation provides both supported accommodation for up to 86 young formerly homeless people, at seven housing sites across the North East of Scotland, and services to encourage independent living. The young person's rent is paid by the local authority directly to the organisation. Together with allocated support workers young people develop individual action plans, for example incorporating job search, and budgeting.

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happier than poorer people in the same society. Donald (2009) also argues that, "being in a lower social class or having few years in formal education is more dangerous to one's health than having high cholesterol or exercising little" (p. 240). Also the World Health Organisation (WHO) Commission on Social Determinants of Health emphasises that health inequalities result from the organisation of modern societies through their economic, social and political policies and practices (WHO, 2005). Similarly, Barton and Grant (2006) developed 'a health map for the local human habitat' to explain the relationship between health and the physical, social and economic environment (p. 2). While the influence of the social, cultural and economic environment on health is widely recognised, inequalities still persist. Whilst there are many expectations placed on young people, at the same time, they are excluded from the consumer culture.

In his theory on capital interaction and habitus Bourdieu (1986) aims to explain how an unequal distribution of material and non-material resources might lead to the reproduction of unequal life chances and a limitation of choice. The social context is a choice shaping force, which influences a person's values, determinations, and hopes, within an 'ongoing process of socialisation' (Weaver et al., 2014). When this happens, people develop what Bourdieu calls 'habitus', a habit of acting in a certain way which prefers some choices to others; some choices and behaviours become the norm. Riddoch (2013) draws on Bourdieu's (1986) concept of cultural capital, which is the knowledge, skills, education, and outlooks which combine to determine what people like to do, see, wear, listen to, eat and drink. Taste or habitus may seem individual but, according to Riddoch's reading of Bourdieu, cultural preferences are chosen, even preset by the social class or group we belong to'. Riddoch suggests that, if people feel 'honour bound' to stick to their health behaviours, then self-improvement could feel like an act of 'betrayal'.

II. Research Methods and Participant Recruitment

As noted above, multiple qualitative methods were used. Participant observation took place over a period of ten months at three of the organisation's housing sites, as well as at a community centre. These housing sites were categorised as rural, semi-rural and city, and thus provided a range of different contexts, as well as some differences in working structures across the sites. During the ten months fieldwork, 552 hours of observation hours were spent at the housing sites over 69 days, based on an average of eight hours observation each day. Fieldwork also included another 14 days (112 hours) observation out with the ten months study period. The fieldwork required participation in the daily life of the young people living in the organisation: visiting them, cooking with them, helping them with household cleaning, helping them with job applications, going shopping with them, taking part in social and physical activities such as going for walks, watching TV together, talking over tea, and accompanying them on visits to the doctor. This work represented an extensive commitment to the participants, and intensive full time study of the participants' living environment[2].The study was approved by the Ethics Committee of the Rowett Institute of Nutrition and Health.

Individual in-depth semi-structured interviews were conducted with young people as well as members of staff. Five individual in depth interviews were conducted with young people, five with members of staff, and one with a board member. Two focus groups with young people also contributed to the data. This comparatively small number of interviews was found to be adequate, in light of the substantial amount of data collected during the participant observation phase, as topics and themes started to repeat. The research also involved many hours work with a core researcher group of participants. Although data from the participatory element of our research process did not primarily focus on food decision making or practices, field notes by one young peer researcher did look into food choices and are included in the analysis. It is also important to note that some participants informed more than one research method. There were no direct, e.g. monetary, rewards for participation.

III. Analytical Techniques

All the data collected were transcribed and analysed using the thematic network analysis guide provided by Attride-Stirling (2001). I found the thematic network analysis approach well suited to exploring the richness of qualitative data, as it facilitates the visual display of interlink ages between emerging themes in a web-like manner. I arrived at eight thematic networks after three phases of analysis (Attride-Stirling, 2001). Data management was facilitated by the NVIVO software. Firstly, the text was broken down at a basic level of analysis devising a coding framework – a process of identifying patterns and salient issues emerging from the data, a process which was also guided by our research questions. Secondly, Iexplored the dissected text by identifying higher-level themes, refining these further in order to construct the networks. Thirdly, I integrated the exploration by interpreting the global patterns that emerged, the overarching themes. A reflexive journal was kept throughout the data

[2] This intensive fieldwork with a vulnerable group generated a number of ethical challenges and dilemmas which are documented elsewhere (Gombert et al, 2015).

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generating process and used to reflect on and interpret the rationales behind e.g. naming themes. Figure 1 illustrates this process in relation to the key theme here, that of food shopping experiences, whilst the following paragraphs describe the relationship between elements of this theme.

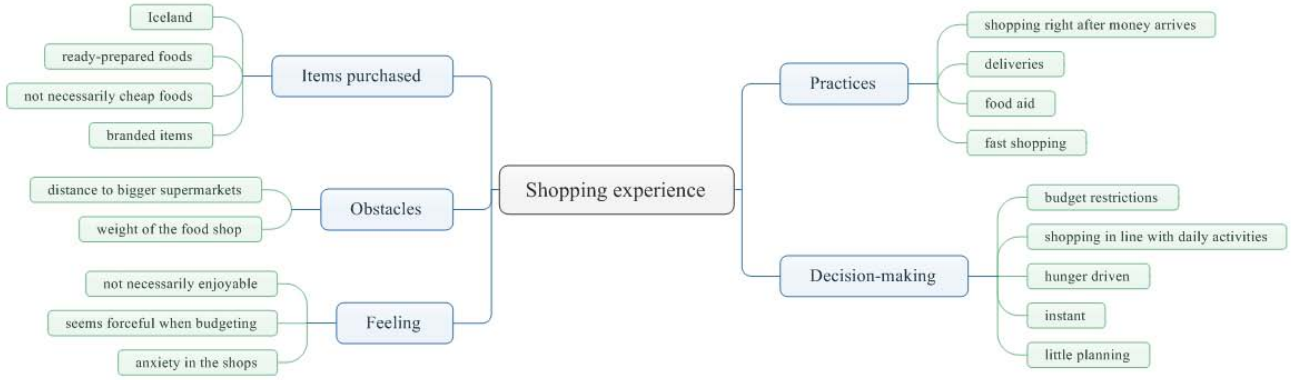


Figure 1: Thematic network 'Shopping experience'

a) Exploring items purchased, obstacles, practices, decision-making and feeling during young people's shopping experience

Items purchased: Shopping at '*Iceland* Foods', a British supermarket chain, specialising in selling frozen foods including prepared meals, was often mentioned by members of staff and young people as a cheap option, providing value for money. Iceland was also located more conveniently, compared to bigger supermarkets. The shop was often considered the best way for a young person to shop with the money allocated to food shopping in their personal budget plans (field note 6.6.2014). In Iceland, young people were observed buying *ready prepared foods* such as cup noodles, pizza, sausages, burgers, or toast (field note 14.6.2014). Financial restriction was, paradoxically, related to participants *not necessarily buying cheap foods*, but *branded items* instead (field note 20.3.2014). This has also been observed by Hamilton (2012), who notes that branded items have a potential role to play in young people's identity construction and help to 'avoid stigma' and 'keep up appearances'.

Obstacles: Our participants reported that the larger food stores were located further away from their flats and hence the *distance to the bigger supermarkets* posed an obstacle for them. In order to get to and from these larger food shops young people had to catch a taxi or a bus, entailing additional cost. In relation to this, the *weight of the food shop* was considered an obstacle. As one participant said,

"Weight (…) is quite important. The biggest barrier I find is the weight of it all. (…) So the biggest barrier is definitely the weight and the distance." (Interview, Young person, 1.7.2014).

Feelings: Being restricted financially around food choices, and in the choice of which supermarket to purchase foods from in the first place, raised questions of self-worth and shame for our participants (as for other people living in poverty [Chase and Walker, 2012]). Food shopping was discussed as something "*not necessarily enjoyable"* for participants, but rather experienced as *forced* on them. I found that one young person aimed to spend £15, allocated for food shopping in a fortnightly budget, in a single shop (field note 14.6.2014). Budgeting and food shopping seems to have represented ticking a box in their 'action plan' of doing the food shopping and budgeting for it; hence, a compulsory experience and one devoid of pleasure.

Some young people displayed, and confessed to, considerable anxiety whilst in food shops. For example, one participant said, *"I do not like going to the shops, there are too many people, it brings my anxiety on"* (field note 5.4.2014). Arguably, this anxiety may be due to young people feeling out with the place of security (i.e. within the organisation's premises) that they have established, following the marked insecurity of homelessness. They were also faced with the consciousness of their financial struggles whilst in food shops, given the vast array of choice on offer, and their own limitations in this respect. Financial restrictions around food shopping, I found, jeopardized self-esteem and self respect, in that these restrictions represent what Chase and Walker (2012:748) categorise as "loss of agency and control". This was linked to our participants' anxieties about failing to comply with the social norms of the food shopping space.

Shopping Practices: Many of our participants spoke of going shopping immediately after they received their benefit payments. One said, "*[O]n the Monday night, it meant that when […] the money just came into the account, that is when I would go shopping."* (Interview, Young Person, 1.7.2014). This comment reveals the urgency of obtaining food, for young people on a low

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income. Some young people would get ready-made meals delivered to their flats. Whilst such food *deliveries* might be perceived as more expensive than buying ingredients and cooking from scratch, for our participants ready to eat foods saved fuel costs, time, reduced waste, were more convenient, and were also palatable. Furthermore, preferring to have foods delivered when possible might reflect young people's reluctance to enter supermarkets, as well as the costs of getting there and back, and the weight of the food shop. Some young people reported relying on *food aid,* and benefited from the charitable organisation's co-operation with local food aid providers. Some visited local food banks, as illustrated in this field note extract:

The young person told me about how he goes along to food [aid] services […] almost every day. People at the food bank would know him and there are many young people who go along. […] He said you would just have to listen to someone preach for a while sometimes, and then you could have a meal afterwards. Many young people would not know about it. (Field note 22.7.2015)

Echoing the findings of Story, Neumark-Sztainer & French, (2001) 'lack of time' was commonly cited by young people in our study as a barrier to healthy eating:

"I can't like always depend on food, especially if I'm a busy guy and I got other stuff to do." (Interview, Young Person, 3.7.2014).

"My average day I have about 2 meals, the recommended is 3-4, but my lifestyle means, I move and do a fair amount, and I can't really stomach breakfast in the morning."(Core researcher notes, June 2014).

Such reported 'busyness' and lack of time was reflected in their '*fast shopping*' practices. Young people rushed through the supermarkets, eager to get out again as fast as possible, as exemplified in these field note extracts:

"I was shopping with one of the boys. He had about £3. He bought white bread, ham and juice. (…) To him, it was getting it as fast as possible and going out again."(Field note 22.3.2014)

"Again, in the shops, we went as fast as possible. I asked if they wanted anything else, but no, they wanted to leave as fast as possible." (Field note 3.4.2014)

Decision-making: The financial cost of healthy foods is clearly crucial in influencing whether Ibuy them or not (Thornton et al., 2014; Ashton, Middleton & Lang, 2014; The Lancet, 2014; Beasley, Hacket & Maxfield, 2014; Davison et al. 2015; Crawford et al., 2014). In our study the cost of food and young people's *budget restrictions* in being able to make food choices was a reoccurring theme when talking to both young people and staff members of the charitable organisation. Our researcher (KG) observed that young people consciously dealt with their financial restrictions and some of them stated they would buy different foods if they had more money. *Interviewer: What do you like to eat? Is there anything you like? […]If you had loads of money, and you could just buy what you wanted.*

Young Person: Then, I would […] go to a whole different scenario. For example, protein stuff. I mean, in some cases, protein stuff is expensive […] But at the end of the day […] that's why I buy junk food […]. (Interview, Young Person, 3.7.2014)

Today is payday, but with £30 going on to electric of the lot, it might be a tough 2weeks. Shopping to last that time will cost around £20 on the usual list, leaving £50 or less for everything else possibly needed for a fortnight. Unfortunately the usual shop is pretty low in nutritional value and I'm getting a bit sickly nowadays. (Extract from Young Person's Research notes, June 2014)

Furthermore, it became obvious that although food is 'primal' (Grayson, 2010), its fundamental importance may take second place, due to finances and individual priorities, *daily activities*, routines and time pressures which may outweigh the necessity of shopping for food. As one staff member observed,

"You know, they can't get it [benefit payments] after the 6 weeks, or the 8 week of whatever, 12, 14 weeks sanction, getting them to pick up and start paying because they are then now in huge debt with council tax because the council tax bill doesn't accept the fact that they are sanctioned and they are in huge debt with (…) their electric and utilities and things, and they haven't had hot water and utilities and things and it creates tremendously demoralized people, and they have just been so used to not having food that it just becomes… it doesn't become a priority anymore, that is the problem." (Interview, Member of staff, 22.6.2014)

This observation was echoed by some of our participants:

"I think it is another reason as to why our nutrition is so poor. A lot of people, they go through hardships and difficulties in life. We all have coping mechanisms. I started drinking when I was fifteen. I used to steal alcohol. When I'm drinking, food just goes out of the window. And when I am drinking money goes towards alcohol as opposed to food." (Interview, Young Person, 1.7.2014)

"At [the] weekend, I drank and ate total crap, Friday had been drinking, rest was stoned." (Core researcher notes, June 2014)

Even though young people's decision-making on food is the outcome of personal complexities (involving, for example, their upbringing), the burden of financial restrictions still seemed to be overarching, dominating all daily activities.

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Young people's food shop was also observed to be *hunger-driven* on several occasions, as the following quote exemplifies:

"I buy anything in the supermarket. I don't know what you mean. Just usually when I'm hungry, I go to the supermarket." (Interview, Young Person, 3.7.2014)

Perhaps because hunger-driven, decision-making about food purchases was *instant*, and with *little planning*. Instead, food was chosen whilst in the shops, based on price, what would be most filling and best value for money, which could mean less healthy, ready to eat foods. This is not to generalise decision making in food shopping for all young people, as "*some of them, they are very able, capable […], on doing weekly shops",* as a member of staff put it (Interview, Member of staff, 2.9.2014).

b) Discussing contradictions in wanting to and being able to pursue food shopping for young people

It became clear to me that the lived experience of food shopping for the vulnerable, low-income people in our study presents a barrier to purchasing foods for a balanced diet. The combination of low income and limited accessibility of supermarkets impacts on shopping behaviour and fosters the purchase of convenient, ready to eat (and lightweight) foods. Moreover, even though restrictions in healthy food choices are due to monetary restrictions in the first place, food shopping is experienced as compulsory, not necessarily enjoyable, and produces some anxieties. This observation is scarcely compatible with young people's stated preferences of exercising autonomy over their dietary intake through purchasing their food, observed by Gaetz et al (2006). As Gaetz et al make clear, food choices impact on developmental factors unique to adolescents. Adolescence is one of the greatest periods of change throughout the lifespan with changes in body shape, cognitive processes, and personal autonomy (Stevenson et al, 2007; Jenkins & Horner, 2005). It is associated with striving for independence, even rebellion. One of the ways in which independence or rebellion may be expressed is through one's own food choices (Stevenson et al, 2007; Jenkins & Horner, 2005). The young people in our study, however, were restricted in what they were able to choose, and sometimes had to look for alternative sources, e.g. food aid. In this sense, influenced through the limitation of resources available to them, their shopping 'habitus', to put it in Bourdieu's words, has become the norm. Chase and Walker (2012) in this regard, argue that feelings of shame co-construct a discourse of 'us' and 'them', whereby people in poverty consciously distance themselves from other (higher) socio-economic groups in their behaviours - an important conception to contexualise public health promotion.

For young people, however, issues of peer acceptance and/or still being in the process of finding one's identity and which social class one wants to belong to and feels accepted by, come into play (Deutsch & Theodorou, 2010). Thus expanding on Bourdieu and Riddoch's ideas, the participants in my study were not necessarily at ease with their habitus, and were not necessarily observed to perceive of a feeling of betrayal if they were to purchase "healthy" food items. Whilst young people in our study never expressed the aim of being accepted through their food choices, it is still plausible that they might perceive *not* being able to choose more expensive food items as degrading to self-esteem. One young person specifically referred to his 'proud self' as sufficient reason not to ask for financial help with foods (field note 20.2.2015). Chase and Walker (2012) note the strong opposition between pride and shame, which can mean not asking for assistance, as with our participant. Nevertheless, my findings, in line with Lloyd et al (2011), point to the fact that people on low incomes may perceive it as cheaper to eat less healthily. However, the availability of more money might not necessarily lead to better nutritional choices. As a member of staff noted:

"At this juncture, I am not sure that giving them the extra money would mean that they would in any way improve their food choices, because I have much doubt that that would happen. I think we would just see a lot more takeaway dishes sitting there if we got more money to be honest." (Interview Member of staff, 22.6.2014).

Share and Stewart-Knox (2011) suggest that, regardless of socio-economic background, the convergence of price and convenience is strongly associated when adolescents make their food choices, whilst sensory items such as taste, texture and smell appeared less salient (Share & Stewart-Knox, 2011). As one of our participants said,

"Most of the times just something from GREGGS[3] […]. Purely because it is right next to the College and it is pretty cheap. And it is quite a tight budget lare on, you know, cheap, close, quite appealing, saves time, saves money." (Interview, Young Person, 1.7.2014)

Related to the importance of convenience our participants' sense of themselves as 'busy', which usually meant spending time with friends (rather than, say, doing domestic chores). Young people applied the lack of time argument to food shopping in particular. Rapid shopping practices are also linked to young people's anxieties and discomfort when in the shops. Hamilton (2012:82) refers to the 'paradox of coping with poverty', where conspicuous consumption becomes a way to mask poverty. However, for young people in our study, this paradox was expressed through avoiding the shops and thus not masking their state of poverty but

[3] UK bakery chain

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masking themselves. Being with friends and keeping busy, which for some young people also meant going to work or College, appeared to create a sense of security and social involvement which was undermined by their experience of food shopping. This is also to say that healthy food choices are only a small part in achieving the health and life transition expected of our participants. In this sense, habitus is not necessarily only the manner in which foods are being purchased, but it extends to different areas of life, which all influence each other. Gaetz et al. (2006) in this regard raise concern over the emergency response of providing homeless people with food through community-based agencies, which might generate assumptions that service users' diets will become more nutritious, and that, through being involved in services, their social and instrumental needs would also be met. Instead, Gaetz et al note that there is a tendency for nutrition-related health promotion messages to give the illusion of other health and social needs being resolved alongside, whilst they are actually not attentive to people's social experiences (ibid.). Rather, they might have an adverse effect on the person (Gaetz et al, 2006): given the clash of what young people would *like to* purchase, but are *unable to*, within the socio-economic context of their lives, 'agency' may be expressed in actions affecting health negatively, such as not eating, eating fast foods and/or taking drugs (Davison et al., 2015).

Contradictions in *wanting to* and being restricted in *being able to* purchase foods also raises questions of mental health for young people. The non-fulfilment of an individual's will to achieve a goal can leave people frustrated, even aggressive (Miller, 1941).These contradictions are also manifest in the non-alignment between health and commercial messages around food. Whilst public health messages seek to promote good nutrition (e.g. '5 a day' or the 'eat well plate'), there are long-standing concerns about the commercially inspired origin of some health messages, which may have a negative health impact (Maibach and Parrott 1995). Health, in this context, may be used more as an entertainment, news or marketing item (Maibach and Parrott, 1995). Distinguishing between public health messages and more commercially-driven health messages is not always easy for consumers, and may be especially difficult for younger consumers. Scully et al (2012) point to the World Health Organization (WHO) (2006) target of intervention in food marketing to help prevent childhood overweight and obesity. The WHO (2010, 2012, 2013) has released a series of recommendations that seek to counter the "powerful marketing techniques" that promote foods high in sugar, fat and/or sodium to children (in Elliott, 2014). 98% of food advertisements viewed by children are for unhealthy foods, high in fat, sugar or sodium (Powell, Szczpka, Chaloupka, & Braunschweig, 2007). This again, speaks to the array of influences around what young people are supposed to do, are incentivised to do, and what they actually can do if on a low income.

The contradictions made evident by our exploration of the thematic network draw a somewhat negative picture of underlying structural problems in relation to young people's ability to engage in healthy food shopping practices. A society which ranks ninth in the world in terms of living standard using GDP (McLaren & Armstrong, 2014), where eating has become a leisure activity for most, and cooking a hobby for many, which wastes 630.000 tons of food every year (*Love food hate waste*, 2015), is also a society where, evidence suggests, more and more people face difficulties in sustaining a healthy food intake. As Sen puts it 'being relatively poor in a rich country can be a greater capability handicap even when one's absolute income is high by world standards. In a generally opulent country, more income is needed to buy enough commodities to achieve the same social functioning.' (In Lansley & Mack, 2015:180)

IV. Conclusions

I have sought to generate a greater awareness of what it is like to be poor, young and vulnerable through exploring the contradictions faced by young people between *wanting to* and being *able to* do their food shop. I find that, within a spiral of feelings of anxiety, shame, and concerns about fitting in with their (new) social environments, young people's food shop and food choices are constrained by lack of money and by physical barriers, such as the locality of food shops. Bourdieu's conception of habitus makes us better understand that patterns of behaviour develop and adapt to our socio-economic circumstances. They are also somewhat constrained (if that is indeed the appropriate term in this context) by their expressed and observed priorities around use of time: social involvement and friendship compete successfully with food shopping and other tasks. Public health efforts need to address not just the underlying structural barriers inherent in our (neoliberal) system, which tends to romanticise the social potential of food, but also need more understanding of the social experiences and priorities of vulnerable young people.

Inadequate nutrition is often associated with homelessness, lack of health care and education (Greenberg, Greenberg & Mazza, 2010). I found that, despite burdens of financial restrictions on a healthy food shop, the cost of healthy food for young people is also linked to its (in) accessibility through shopping and the (negative) experiences that come with it. The contradictions I found between how young people would like to behave around food, and their actual ability to do so when in the shops, is a novel yet challenging insight. It may raise the question of how to create shopping spaces for young people which would be

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more comfortable and less threatening. It clearly poses the challenge to public health to look beyond the nutritional based recommendations and take into consideration the wider social, economic and cultural environment in order to improve people's food choices. Crucially, our insights also point to the structural and cultural problem of a society where the most fundamental constituent of a healthy life, nutritious food, is confined to spaces that are not equally available to, or accessible by, all.

References Références Referencias

1. Ashton, J., Middleton, J. & Lang, T. (2014). 'Open letter to Prime Minister David Cameron on food poverty in the UK'Lancet, 2014 May 10, 383(*9929*), 1631-1631.
2. Attride-Stirling, J. (2001). 'Thematic networks: an analytic tool for qualitative research.' *Qualitative research,* 1(*3*), 385-405.
3. Beagan, B., Power, E. & Chapman, G. (2015). "Eating isn't just swallowing food": Food practices in the context of social class trajectory". *Canadian Food Studies,* Vol. 2, No. 1, p. 75-98.
4. Beasley, L., Hackett, A. & Maxwell, S. (2005). 'The dietary habits and nutritional status of residents in *young* people's homeless hostels'. International Journal of Health Promotion and Education. 43(1), 23-28.
5. Bhramal, F. (2000). 'Inequity and Health Is Malnutrition really caused by Poor Nutrition'. *Journal of Pakistan Medical Association.*
6. Bisogni, C., Devine, C., Connors, M. & Sobal, J. (2002). 'Who we are and how we eat: A qualitative study of identities in food choice'. *Journal of Nutrition Education and Behavior*, 34, 128–139.
7. Bourdieu, P. (1986). *The forms of capital.* In J. Richardson (Ed.) Handbook of Theory and Research for the Sociology of Education (New York, Greenwood), 241-258.
8. Bourdieu, P. (1984/1973). *Distinction: A social distinction of the judgment of taste.* Routledge.
9. Chase, E. & Walker, R. (2012). 'The Co-construction of Shame in the Context of Poverty: Beyond a Threat to the Social Bond.' *Sociology*, 47(*4*), 739-754.
10. Conolly, A. (2008). 'Challenges of Generating Qualitative Data with Socially Excluded Young People', *International Journal of Social Research Methodology*, 11(*3*), 201-214.
11. Cooper, N., Purcell, S. & Jackson, R. (2014). 'Below the Breadline.' Available at https://www.trusselltrust.org/wp-content/uploads/sites/2/2016/01/Below-the-Breadline-The-Trussell-Trust.pdf
12. Coufopoulus, A. & Mooney, K. (2012). 'Food, Nutrition and Homelessness. Guidance for Practitioners' http://www.qni.org.uk/docs/Nutrition_Guidance_web.pdf
13. Crawford, B. et al. (2014). 'Sustaining Dignity? Food insecurity in *homeless young people* in urban Australia.' Health Promotion Journal of Australia, 25(2), 71-78.
14. Dant, T. (2000). 'Consumption Caught in the 'Cash Nexus''. *Sociology*, 34(*4*), 655-670.
15. Davis, A., Hirsch, D. & Padley, M. (2014). 'A minimum income standard for the UK in 2014'. Available at https://www.jrf.org.uk/report/minimum-income-standard-uk-2014
16. Davison, J., Share, M., Hennessy, M. & Stewart Knox, B. (2015). 'Caught in a 'spiral'. Barriers to healthy eating and dietary health promotion needs from the perspective of unemployed *young people* and their service providers'. Appetite, 85, 146-154.
17. Deutsch, N. & The odorou, E. (2010). 'Aspiring, Consuming, Becoming: Youth Identity in a Culture of Consumption'. *Youth & Society,* 42*(2)*, 229-254.
18. Douglas, F., Ejebu, O.-Z., Garcia, A., MacKenzie, F., Whybrow, S., McKenzie, L., Ludbrook, A. and Dowler, E. (2015a). *The nature and extent of food poverty in Scotland*. NHS Health Scotland.
19. Douglas, F., Sapko, J., Kiezebrink, K. & Kyle, J. (2015b). 'Resourcefulness, Desperation, Shame, Gratittude and Powerlessness: Common Themes Emerging from A Study of Food Bank Use in Northeast Scotland'. *AIMS Public Health,* 2(*3*), 297-317.
20. Dowler, E. & Lambie-Mumford, H. (2015). 'How Can Households eat in austerity? Challenges for Social Policy in the UK'. *Social Policy and Society*.
21. Elliott, C. (2014). '*Food* as *people*: Teenagers' perspectives on *food* personalities and implications for healthy eating'. Social Science & Medicine, 121, 85-90.
22. Gaetz, S., Tarasuk, V. , Dachner, N. &Kirkpatrick, S. (2006). 'Managing *Homeless* Youth in Toronto: Mismanaging *Food* Access and Nutritional Well-Being'. Canadian Review of Social Policy/Revue Canadiennede Politique Sociale, 58, 43-61.
23. Gombert, K., Douglas, F., McArdle, K. & Carlisle, S. (2015). 'Reflections on ethical dilemmas in working with so-called 'vulnerable' and 'hard-to-reach' groups: experiences from the Food ways and Futures project'. *Educational Action Research journal.*
24. Grayson, M. (2010). 'Food'. *Nature,* 468*(7327).*
25. Greenberg, M., Greenberg, G. & Mazza, L. (2010). 'Food Pantries, Poverty, and Social Justice'. *American Public Health*, 100(*11*): 2021–2022.
26. Hamilton, K. (2012). 'Low-income Families and Coping through Brands: Inclusion or Stigma?' *Sociology*, 46(*1*), 74.90.
27. Ige, O. (2004).'Electronic shopping: young people as consumers'. *International Journal of Consumer Studies*, 28, 412–427.

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28. Jenkins, S. & Horner, S. (2005). 'Barriers that Influence Eating Behaviors in Adolescents'. *Journal of Pediatric Nursing*, 20(*4*), 258–267
29. Lambie-Mumford, H., Crossley, D., Jensen, E., Verbeke, M. & Dowler, E. (2014). 'Household Food Security in the UK: A Review of Food Aid.' Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283071/household-food-security-uk-140219.pdf
30. Lansley, S. & Mack, J. (2015). *Breadline Britain. The Rise of Mass Poverty.* North America, Great Britain and Australia: Oneworld Publications.
31. Lister, R., (2004), *Poverty*, Chichester:Wiley
32. Lloyd, S., Lawton, J., Caraher, M., Singh, G., Horsley, K. & Mussa, F. (2011). 'A Tale of Two Localities: Healthy Eating on a Restricted Income'. *Health Education Journal*, 70(*1*), 48-56.
33. Loopstra, R., Reeves, A., Taylor-Robinson, D., Barr, B., McKee, M., Stuckler, D. (2015). 'Austerity, sanctions, and the rise of food banks in the UK.' *BMJ.*
34. 'Love food hate waste Scoland' (2015). *The facts about food waste.* Available at http://scotland.lovefoodhatewaste.com/node/2479.
35. National Health Service (NHS) (2015). 'Position Statement on Food Poverty'. Available athttp://www.chex.org.uk/news/article/nhs-food-poverty/
36. Maibach, E. & Parrott, R. (1995). *Designing health messages: Approaches from communication theory and public health practice.* Sage Publications.
37. Mayo, E. (2005). 'Shopping generation', *Young Consumers*, 6(*4*), 43-49.
38. McLaren, J. & Armstrong, J. (2014). 'Scotland's Standard of Living.' Available at http://www.theguardian.com/uk-news/interactive/2014/may/29/scotland-standard-of-living-report.
39. Miller, NE (1941). 'The frustration–aggression hypothesis', *Psychological Review,* 48(*4*), 337-42.
40. Perry, R. (2013). "A study of Diet & Nutrition in Young Homeless People before & after Supported Accommodation at Aberdeen Foyer".
41. Purdam, K., Garratt, E. & Esmail, A. (2015). 'Hungry? Food Insecurity, Social Stigma and Embarrassment in the UK'. *Sociology*, 1-17.
42. Powell, L.; Szczpka, G.; Chaloupka, F.; Braunschweig, C. (2007). 'Nutritional content of television food advertisements seen by children and adolescents'. *Pediatrics*, 120, 576–583.
43. Scott-Samuel, A & Smith, K (2015). 'Fantasy Paradigms of Health Inequalities: utopian thinking?' *Social theory & health*, 13, 418-436.
44. Seipel, MM. (1999). 'Social Consequences of Malnutrition.' *Social Work,* 44*(5),* 416-425.
45. Share, M.& Stewart-Knox, B. (2012). 'Determinants of food choice in Irish adolescents'. *Food Quality and Preference,* 25(*1*), 57-62.
46. Shildrick, T. & McDonald, R. (2013). 'Poverty talk: how people experiencing poverty deny their poverty and why they blame 'the poor'. *The Sociological Review,* 61(*2*), 285-303.
47. Stead, M., McDermott, L., MacKintosh, A. & Adamson, A. (2011). 'Why healthy eating is bad for young people's health: Identity, belonging and food.' *Social Science & Medicine*, 72(*7*), 1131-1139.
48. Stevenson, C., Doherty, G., Barnett, J., Muldoon, OT. & Trew, K. (2007). 'Adolescents' views of *food* and eating: Identifying barriers to healthy eating'. *Journal of Adolescence*, 30(*3*), 417-434.
49. Story, M., Neumark-Sztainer, D. & French, S. (2002). 'Individual and Environmental Influences on Adolescent Eating Behaviors'. *Journal of the American Dietetic Association, Volume,* 102(*3*), 40–51.
50. The Lancet (2014). 'Economic austerity, food poverty, and health'. 383(9929), 10–16 May 2014, 1609.
51. Thornton, T. et al (2014). 'Feeding Britain. A strategy for zero hunger in England, Wales, Scotland and Northern Ireland'. Available at http://bristol-cathedral.co.uk/images/uploads/Food_Poverty_Feeding_Britain_FINAL_PDF.pdf
52. Ward, P, Coveney, J. & Henderson, J. (2010). 'Editorial: A sociology of food and eating. Why now?' *Journal of Sociology,* 46 (*4*), 347-351.
53. World Health Organisation (WHO), (2014). 'Adolescent Nutrition: a neglected dimension'. Available at http://apps.who.int/adolescent/second-decade/files/1612_MNCAH_HWA_Executive_Summary.pdf
54. World Health Organization (WHO), 2006. *'Marketing of food and non-alcoholic beverages to children. Report of WHO forum and technical meeting'*. Oslo: World Health Organization. Available at http://www.who.int/dietphysicalactivity/publications/Oslo%20meeting%20layout%2027%20NOVEMBER.pdf
55. World Health Organization (WHO), (2010). 'Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children'. Available at http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf/
56. World Health Organization (WHO), (2012). 'A Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children'. Available at http://www.who.int/dietphysicalactivity/MarketingFramework2012.pdf
57. Wrigley, N. (2002). ''Food Deserts' in British Cities: Policy Context and Research Priorities'. *Urban Studies,* 39*(11),* 2029-2040.

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