

Generational and Situational Poverty: Influences on Nutritional Practices and Behaviors

Flora Welsh
Senior Thesis in Anthropology
Colorado College
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Honor Pledge

On my honor, I have neither given, nor received, any unauthorized aid on this thesis. Honor Code Upheld.

Flora Welsh

Table of Contents

Introduction	4
Politics and Class: Issues of Malnutrition and Undernourishment	4
The Food of the Poor and Malnourishment: The Rise of Processed Foods	10
Human Genetics and Biology	12
The Culture of Poverty	15
Generational vs. Situational Poverty	17
Generational and Situational Poverty in Colorado Springs	19
Results	20
Social Capital and Habitus: Food Choice, Food Consumption, Food Knowledge	22
Parental Influence and Environmental Factors on Children's Nutrition	26
Conclusion	30

Introduction

Americans are increasingly developing diseases related to poor nutritional and physical practices that are associated with, “the [rise in] consumption of refined grains, added sugars, added fats, snack, beverages, fast foods, and eating way from home” (Drewnowski 2009:36). Along with poor nutrition, a sedentary lifestyle contributes to these nutritional diseases. While poor eating habits transcend socioeconomic lines, health research has exhibited a clear relationship between those in the lower economic status and poor quality in diet. One of the dominant conclusions in nutritional studies is the existence of a positive correlation between these variables: poor quality diet, physical exercise and lower socioeconomic status (Bhattacharya et al. 2003; Cordain et al, 2005; Drewnowski 2009; Macena 2010; Pelto and Pelto 1983). While physical exercise is crucial in establishing and maintaining over all good health, this study focuses on the poor nutritional patterns amongst the poor in the United States and provides a theoretical interpretation for understanding poor nutritional statuses among poor people (Macena 2010).

This research seeks to define and examine several key nutritional concepts, and discuss historical and environmental factors influencing nutritional habits and practices amongst people experiencing situational and generational poverty. Both of these concepts will be defined along with a discussion on the effects of bad nutrition on human biology. Finally, a closer look at the concepts of social capital and habitus, based on the work of Pierre Bourdieu (1977), will be examined and applied to nutritional deficiencies experienced by people living under situational and generational poverty.

Politics and Class: Issues of Malnutrition and Undernourishment

According to Fitchen (1987), Americans are over consuming calories. More specifically, they are over consuming the *wrong* kinds of calories. The foods consumed are high in energy, high in calories and low in nutritional value because of the prevalence of sugars and fats. The category for this type of food can be loosely termed as junk food (Fitchen 1987). The junk food trend contributes to weight gain and nutritionally related diseases but does not imply starvation. Some of these diseases, as will be briefly explore upon later, include heart diseases, obesity and some cancers (Macena 2010). Today, many Americans are *malnourished* rather than *undernourished* (Bhattacharya et al. 2003; Fitchen 1987; Macena 2010).

Undernourishment is defined as, “conditions of inadequate intake of the essential nutrients that everyone needs in order to thrive” (Dufour et al. 2013:302). For the poor in America, basic and inexpensive staple foods such as soda, chips and frozen foods are popular and considered exceedingly energy dense (high in calories) and easy to purchase because of the prevalence of fast food restaurants and convenience stores in low income neighborhoods (Drewnowski 2009). “With such purchases, low-income people may be seeking to satisfy subjective as well as metabolic aspects of eating” (Fitchen 1987:335). However, people who are undernourished do not have access to these energy-dense foods and have insufficient access to food in general. Many times they are nutritionally restricted as a direct result of exceptional circumstances related to war and famine. These modes of famine usually transpire under the concept of absolute poverty (Fitchen 1987).

Absolute poverty is defined as, “an unequivocal standard necessary for survival” (VISTA, unpublished data, April 2008:34). Situations of absolute poverty predominantly exist in countries where people are not able to gain access to resources such as adequate shelter, proper clothing, and food kitchens (VISTA, unpublished data, April 2008). While many believe the

United States government does not possess an adequate welfare system, Americans are provided with resources that have been proven to diminish the rates of absolute poverty and undernourishment in the United States when compared to many third world countries (Carlock 2013). The Supplemental Nutrition Assistance Program (SNAP), or most commonly known as, Food Stamps, is an example of a government nutrition program with a mission to end hunger and obesity in low income households. If eligible, low income families receive a monthly allowance to purchase food in particular locations. However, while the government does allocate a budget for lower income class, food purchases are not regulated and controlled. Therefore, low income families in the United States are able to purchase junk food items with their SNAP money resulting in unhealthy nutritional practices (United States Department of Agriculture 2015).

Residents in the United States are not undernourished due to lack of calories, but, instead, experience nutrient deficiencies. As a result, a large portion of the American population is malnourished. Again, it is important to bear in mind that one does not have to be in a low socioeconomic status to find themselves malnourished. According to the Healthy People 2010 nutritional report, “75% of Americans do not eat enough fruit, more than half do not eat enough vegetables, and 64% consume too much saturated fat” (Macena 2010:7-2). Despite these numbers, the socioeconomic group appearing to possess the highest rates of nutritional related diseases are people living in the boundaries of poverty: “Poor Americans eat too much of the wrong calories, rather than getting insufficient calories overall” (Bhattacharya et al. 2003:857). For this reason, American poverty should be considered relative. According to Fitchen (1987:335), American poverty should be considered relative because, “compared to the nutritional status and eating patterns of the rest of the American population rather than to the condition of starving refugees in Africa.” To understand the dynamics of poverty, the concepts of

culture of poverty and generational and situational poverty need to be defined. However, to better comprehend poor nutrition amongst these two situations, a discussion of the rise of processed foods and human genetic nutritional capabilities will be covered will be covered in the next section.

The Food of the Poor and Malnourishment: The Rise of Processed Foods

As a consequence of economic restraints, people living in poverty appear limited to what they can choose to enjoy nutritionally. Again, it is crucial to recall that upper class individuals also experience poor nutritional patterns on account of the over consuming junk foods. Simply put, energy dense foods are regarded as convenient and highly palatable (Dwyer et. al 2012; Fitchen 1987). However, people in poverty consume these foods because, “energy-dense foods that are nutrient poor become the best way [perceivably] to provide daily calories at an affordable cost” (Drewnowski 2009:S36).

The rise in energy dense foods have been attributed to the processed food industry that has been a product of agriculture and the Industrial Revolution. Processed foods are primarily defined as,

“Any food other than a raw agricultural commodity, that has been subject to washing, cleaning, milling, cutting, chopping, heating, pasteurizing, blanching, cooking, canning, freezing, curing, dehydrating, mixing, packaging or other procedure that’s that alter the food from its natural state” (Dwyer et al. 2012:537).

This definition also includes the addition of ingredients such as “preservatives, flavors, nutrients, and other food additives...such as salt, sugars and fats” (Dwyer et al. 2012:537). These ingredients are generally cheaper and constitute a longer shelf life compared to produce and deli food items (Cordain et al. 2005; Pendick 2013; Warner 2013). These processed food produce

perceptions of greater convenience which appear as economically excellent nutritional solutions for people living in poverty (Boutelle et al. 2007). However, it is important to recognize that not all processed foods should be demonized for their effects on human health. For example, many canned vegetables and fruits fulfill nutrient recommendations. In fact, these forms of processed foods are cheaper than the produce found in the produce section (Warner 2013). However, people have a high palatability for energy dense foods which promotes addictive behavior, and in turn, contributes to poor health (Dwyer 2012). Another factor that has contributed to the malnourishment among the poor is the consumption of meals and snacks from fast food restaurants that are presumably ‘cheap’. Despite this seemingly positive attribute, the percentage of the nutritional values (e.g, excessive calories and lack of important nutrients) in these meals surpasses the recommended amounts the body requires to fulfill normal, daily human biological function (Boutelle et. al 2007; Pendick 2013).

To present a modern example, it has been confirmed that Chick-Fil-A is one of the most popular fast food restaurant chains in America. When exploring the nutritional information chart, it was discovered that the amount of sodium in a classic chicken sandwich is 1410 milligrams (Fast Food Nutrition 2015). According to current nutritional recommendations, it is suggested that humans consume less than 2,300 mg of sodium per day (Pendick 2013). The classic chicken sandwich, alone, possesses about 61% of the recommended sodium daily requirement. Consuming foods consisting high levels of sodium on a daily basis can lead to increased blood pressure. This can result in a rise to a variety of maladies and chronic illnesses such as “hypertension, stroke, kidney stones, osteoporosis, gastro intestinal tract cancers, asthma...etc” (Cordain et al. 2005:350).

Research reveals, “low-income neighborhoods attract more fast-food outlets and convenience stores as opposed to full service supermarkets and grocery stores” (Drewnowski 2009:36). Prices encountered at fast food restaurants, such as McDonald’s and Wendy’s, are perceived as a cheap way to buy food. This encourages increased consumption of these foods by the poor and, in turn, makes it an attractive option for those in poverty; as a result, there are more fast food restaurants in poor neighborhoods (Pendick 2013). Further, fast food restaurants tend to convey a perfect solution for a busy lifestyle filled with many other daily requirements (Drewnowski 2009).

Lastly, there has been found to be a negative correlation between the frequent eating at fast food restaurants and the food purchased for the home environment. Boutelle et al. (2007:20) states the following, “purchasing fast food for family meals was associated with several potentially unhealthy elements within the home food environment and could be considered a marker from a less optimal food environment at the home.” This implies a direct relationship between choice in restaurant, the restaurant’s product, and every day nutritional practices. As will be elaborated upon in the next section, human biology is ill equipped to handle the over consumption of many ingredients found in several processed foods and fast food restaurants.

Human Genetics and Biology

“Natural selection has provided us with nutritional adaptability; however, human beings today are confronted with diet-related health problems that were previously of minor importance and for which prior genetic adaptation has poorly prepared us” (Eaton and Konner 1985:51).

Many in contemporary American society know, to some extent, what constitutes good and bad nutrition (Karlsrud 2010). However, what is less understood is why the body is not able

to accommodate modern food practices; if our bodies are capable to adapting to different environments, why is it not adapting to nutritional habits? This question is best understood by a brief overview of the initial human diet and the nutritional revolutions that served to drastically alter consumption behavior.

Human biological research has made great strides in the understanding of how human beings evolved in body structure and function, and how this has influenced cognitive capabilities, and in turn, our understanding of culture. Trevathan (2010:17) states, “evolutionary processes have shaped our bodies, but how healthy we are and what diseases and disorders we face in our lives are heavily influenced by the cultural milieu into which we are born and live our lives.” Bipedalism and expanding brain size, both high in metabolic demand, would not have been remotely possible without extensive modifications of the human diet (Trevathan 2007). While the earliest hominids have yet to be discovered, some of the earliest skulls, possess smaller molars than those of the present human. The dental evidence resembles that of a chimpanzee more than modern human, suggesting a diet consisting highly of, “fleshy fruits and soft, young leaves” (Ungar and Sponheimer 2011:31).

Biological anthropologists have stated that there seems to be a strong relationship between the development of tools and the expansion of the human diet (Marks 2011; Ungar and Sponheimer 2011). “The greater value [of tools] was probably in food procurement such as digging for roots and tubers), and processing (such as slicing tendons to remove meat from a carcass” (Marks 2011:209). It is very likely that tool construction and human evolution evolve, to some degree, hand in hand (Trevathan 2007). The Neolithic Revolution, occurring around 1200 years ago, is dubbed the time in which many traditional hunter gatherer lifestyles were set

aside in favor of permanent settlements and a reliable food supply (Cordain 2005; Eaton and Komer 1985).

“Selected Nutrients intake for hypothesized ancestral and contemporary populations” (Trevathan

2007:Table 1)

<u>Nutrient</u>	<u>Hypothesized Ancestors</u>	<u>Contemporary Americans</u>
% Calories from Proteins	33	12
% Calories from Fats	21	42
Fiber (g)	100-150	20
Sodium (mg)	690	2300-6900
Calcium (mg)	1500-2000	740

While only proposing a hypothesis to compare early human diet to modern, the table above provides a clear indication of how drastically nutritional intake has altered. “Human nutritional needs evolved under circumstances dramatically different from contemporary diets and lifestyles, resulting in a ‘discordance’ or ‘mismatch’ between biology and lifestyle” (Trevathan 2007:141). While tool developments and the initiation of agriculture biologically altered the nutritional needs of the adapting human body, other events, such as the Industrial Revolution and modern food processing, only expanded this discordance (Warner 2013).

These nutritional evolutions have occurred only within the past two centuries. They are too recent in human history to have significant revolutionary effects on the genetic capabilities of the human body (Eaton and Konner 1985). Because of the fast changes in human nutrition, the human body is not appropriately genetically equipped to respond to the processed food trends in a positive way. Instead, an increase in nutritional related diseases is observed; some of these diseases were rarely, or never, detected before the introduction of processed foods (Cordain et al.

2005; Trevathan 2007). Contemporary Western diets are, “higher in fats, sodium and simple sugars and low in complex carbohydrates, fiber, and calcium than the diets of recent foraging populations, and perhaps, ancestral populations” (Trevathan 2007:141). Consequently, nutrition related diseases have sky rocketed in the past few hundred years (Drewnowski 2009). A few of these diseases include, diabetes, coronary heart diseases, hypertension, obesity and some types of cancer.

What is most concerning for many in the field of public health is the prevalence of these disease within the American children population. Statistically speaking, obesity is increasing at much higher rates among children than for adults (Macena 2010). This implies a degree of influence related to parental involvement and their perception of the value of nutrition. The cultural environment is also a major influence in the nutritional habits and practices of poor families.

The Culture of Poverty

The concept of poverty is not naturally associate with human beings, “the essence of poverty is shown to be social inequality and relative deprivation in terms of culturally recognized values” (Valetine 1969:181). These social inequalities establish emotional and physical disconnects among the ‘upper’, ‘middle’, and ‘lower’ classes constructed by social rules that guide norms and behavior. The construct of poverty limits access, relations, and resources and through these forms of culture, “men collectively adapt themselves to environmental conditions and historical circumstances” (Lewis 1970:5). Ideologies pertaining to the poor then emerge and create misconceptions influencing the ways in which those in poverty situate and perceive themselves in society (Lewis 1970; Valentine 1969). These misconceptions and perceptions

collectively contribute to the idea of the culture of poverty and the material conditions that give rise to poverty.

Oscar Lewis, an anthropologist who developed the concept of “the culture of poverty” in the mid 1900’, defines the culture of poverty as pertaining to how practices and behaviors influence and perpetuate particular emotions and ideas associated with living in poverty,

“The culture of poverty is both an adaptation and a reaction of the poor to their marginal position in a class-stratified, highly individuated, capitalistic society. It represents an effort to cope with feelings of hopelessness and despair which develop from the realization of the improbability of achieving success in terms of the values and goals of the larger society” (Lewis 1970:69)

Lewis also indicates that not all people living under poverty develop a culture of poverty. However, when it is established, it is commonly passed down generation to generation. When taking generational and situational poverty into consideration, people living in generational poverty are more likely to hold a culture of poverty because it is passed down the family line. People living in situational poverty may not succumb to the culture of poverty because they became impoverished within that lifetime. Nevertheless, if people living in situational poverty eventually develop a culture of poverty, it is likely it will persist in the succeeding generations.

Clearly, poverty in the United States cannot be compared to poverty existing in the poorest of third world neighborhoods. Therefore, the culture of poverty can only be compared to the inequalities relative to those subsiding in the U.S (Lewis 1970; O’Connor 2001; Valentine 1969). Charles Valentine (1969) and Alice O’Connor (2001) emphasize the prevalence of the culture of poverty in highly capitalistic societies because of inequalities generated by economic and infrastructural disadvantages. The poor in the United are relatively disadvantaged because of their lack of access to higher education and higher paying jobs (Beegle 2003).

For the purpose of this paper, the culture of poverty is analyzed in terms of its effect on nutritional behavior and practices. Research and statistics have painted an unhealthy picture of those who live in poverty; presenting a clear correlations between health related problems and poverty (Macena 2010). Furthermore, infrastructural features such as food deserts-lack of super markets and prevalence of cheap fast food restaurants in low income neighborhoods-may provide on explanation for the creation of habits and behaviors associated with poor nutrition. Although people in poverty are aware of middle class values and may claim them as their own, they may not live by them (Lewis 1970). This study investigates two definitions of poverty-generation and situational-that exhibit particular nutritional values in accordance with their situations.

Generational vs. Situational Poverty

The categories of generational poverty and situational poverty are not the only ones existing within the world of academia. It is important to note that the concept of poverty is produced by society; therefore, the boundaries of these categories are not definite and concrete. There have been a few discrepancies on how differing impoverished social groups should be classified. However, because this research calls specific attention to the impact of family history and how the cultural/social environment has on daily nutritional practices, generational and situational poverty are the terms that best describe the scope of this study. Scholars have utilized up to six separate definitions in attempt to differentiate the circumstances existing within poverty: situational, generational, absolute, relative, urban and rural. As previously indicated, relative poverty, versus absolute poverty, predominates in the United States. Therefore this paper consistently refers to the nutritional practices existing in poverty relative to only the United

States. Furthermore, low income families living in urban or rural areas fall under the categories of generational or situational (Jensen 2009; Vista 2008).

Generational poverty is best defined as, “having been in poverty for at least two generations” (Payne 1996:64). This definition includes those who do not possess support systems (of friends or family in higher socioeconomic status) and are not aware, or informed, on how to access referrals to appropriate assistance programs or people (Beegle 2003). This lack of knowledge is associated with the social production of poverty. Without this knowledge, it has been proven difficult to advance and improve social status and overcome generational poverty: the poverty phenomena most prevalent in the United States. A report states, “of the 34 million Americans living below the poverty line, about 75% are in generational poverty” (VISTA, unpublished data, April 2008).

Situational poverty, on the other hand, is defined as “a lack of resources due to a particular event” (Payne 1996:64). Poverty, in this circumstance, can be a consequence of unemployment, chronic illness, disability, divorce, and natural disasters (VISTA, unpublished data, April 2008). According to government poverty resource site, VISTA, loss of employment is the event most commonly associated with entry into poverty. A VISTA government study concluded, “nearly 40% of those entering poverty had a household member lose a job” (VISTA, unpublished data 2008:36). Unlike generational poverty, situational poverty is much more dynamic. Families or individuals in this circumstance obtain better, or greater, access to resources allowing for a higher probability of stepping over the poverty boundaries. Social mobility is best achieved through higher education, or support systems (Beegle 2003; Payne 1996). Because situational poverty refers to a situation in which one is granted knowledge that is

not as readily presented to those in generational poverty, it could easily be deduced that people who fall into this category of poverty may possess better nutritional practices.

Generational and Situational Poverty in Colorado Springs

This research on poverty, nutrition, and cultural interpretations require a qualitative methodological approach with the purpose of providing a theoretical understanding of how people living under generational and situational poverty perceive the concept of nutrition. With the help of Ecumenical Social Ministries and Family Promise of Colorado Springs, both located in Colorado Springs, Colorado, fifteen families were contacted and six permitted interviews. Other methods of study included observational and textual analysis were beneficial in the construction and application of theoretical constructs that lead to a better understanding of nutritional practices among low income families.

Family Promise of Colorado Springs is a non profit organization specifically catering to homeless, or impoverished families. The transitional housing program, where I have been working as an intern for the past three years, provides families with professional case management that helps families get back on their feet. Families reside in the program, on average, three months depending on their immediate needs; for example, paying off debts/loans, finding housing and jobs, etc. Family Promise recommended ten possible families to interview for this research project. Ecumenical Social Ministries is also a non profit organization that provides emergency social services to families and individuals in need. These needs include, rent and utility assistance, food vouchers, and case management. Unlike Family Promise, Ecumenical Social Ministries does not provide any form of shelter. However, they are helpful in providing

other forms of immediate resources. This program recommended five families for me to interview.

The interviews were conducted over the phone and the offices of Family Promise and Ecumenical Social Ministries. They lasted about twenty to thirty minutes each. No children were interviewed. However, they were present during four interviews. The questions asked were formulated to better understand the families' subjective experiences to nutrition. Question examples included: Where did the parents learn about nutrition? What do they eat on a daily basis? And, do they eat out often? All interviews ran in a highly open ended and casual manner. Because of the sensitivity of their situations, a main objective was to make the families as comfortable as possible and have them only answer with what they felt comfortable.

Because of my work with Family Promise, I have access to the pantries and refrigerators utilized by the participants and was able to take note of all of the food kept in the pantry. Most of this food is purchased with Food Stamp money, which the families are required to obtain once they are accepted into the program. I was able to use these observations to compare the interview answers. Textual research was explored through online and secondary sources. These helped to understand, the nutritional habits of those living under poverty. Through the interviews and observations I was able to better understand the attitudes of impoverished families, attitudes towards nutrition and understand their insight into the extent of their nutritional knowledge to make connections with generational and situational poverty.

Results

While the questions asked during the interviews were purposely open ended for the comfort of the families, it was found that families living in both generational and situational

poverty both experienced similar poor nutritional habits. When asked about the types of food consumed on a daily basis, most of the answers included foods high in protein and carbohydrate content. These included sandwiches, chicken and pastas. Very little was mentioned in regards to eating anything vegetable or fruit related, even when asked about side items accompanying their meals. One family from situational poverty mentioned loving beets with their chicken; another expressed serving their children broccoli with dinner. None of the families from generational poverty mentioned the consumption of vegetables or fruit. When asked about eating out and restaurant preferences, all families named a fast food restaurant. Three answered with Chick-Fil-A, two McDonald's and one both Taco Star and Olive Garden. All families responded that they ate outside the home at least once or twice a week. Two families-one from generational and one from situational poverty-mentioned that they are most likely to eat out when the parents have been busy the whole day.

The understanding of what constitutes good and bad nutrition-varied between the families in generational and situational poverty. When asked about what they believed what makes up the concept of healthy nutrition, families in generational poverty were more general and vague in answering. All the families stated the major food groups: vegetables, dairy, meat (two out of three families in generational poverty specified chicken), and bread. Families in situational poverty answered more specifically supplying answers such as broccoli, beets, chicken, yogurt and whole wheat grains. When asked how they learned to cook and about nutrition, the families in situational poverty stated they learned from their parents and school. Two parents in generational poverty stated they cooked minimally and usually provided their children with dinners that were easily heated up or microwaved. The third set of parents in generational

poverty stated that the mom did not cook at all and the father was a chef, an art he learned from his father.

Observations of the foods kept at Family Promise also provided insights to the daily nutritional habits of the families. The foods found in the pantries and refrigerator were all snack foods and prepared, microwavable meals. Some of the consistently present foods included sugary cereals, easy mac, ramen, fruit snacks, boxed juices, and breads. Apples and bananas were the only fruits present. Prepared salads were noted four out of the seven times the observations were conducted.

Families living in both situational and generational poverty exemplify poor nutritional habits on a daily basis. Therefore, it is proposed that nutritional agency is driven more by infrastructure than by knowledge. While knowledge, to some extent, does play a role in the understanding of what constitutes good and bad nutrition, the habitus and the social capitals associated with poverty are believed to play a greater role.

Social Capital and Habitus: Food Choice, Food Consumption, Food Knowledge

The demands of daily life for those living in poverty makes it difficult to plan for the future and strategize efficiently to change life style practices (Payne 1996). To more fully comprehend the influence of the environment and resources, it is crucial to have a better understanding of the social capital and habitus existing for those living in poverty. Pierre Bourdieu, in his 1985 article, defines social capital as, “the sum of resources, actual or virtual, that accrue to an individual or group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance recognition” (Berkman and

Kawachi 2000). Consequently, social capital is constructed by experience, connections, and the structural environment one is exposed to on a daily basis (Woolcock and Narayan 2000). In other words, we are concerned with the material conditions that give rise to particular ideologies, behaviors, and interpretations. These relations are intangible and highly subject to change when one moves up or down the social ladder. James S. Coleman emphasizes the importance of differentiating social capital from physical and human capital; physical capital refers to material objects and human capital takes skills and knowledge acquired by the individual into consideration, “social capital, however, comes about through changes in the relations among persons that facilitate action” (1988:100). While these three forms of capital—social, human, physical—are distinct in their own way, physical and human capital can produce social capital by aiding in the formation of relationships between actors (human or organizational). This research study points to a slight difference in terms of human capital, in this case nutritional knowledge, within both groups. People living under the situational poverty category have a better understanding of what constitutes good nutrition unlike those living under generational poverty who have less access to nutritional knowledge. Because families in generational poverty have always lived in the lower socio economic class, they consistently lack more extensive knowledge of healthy nutritional practices. According to Woolcock and Narayan (2000:227), “the poor, for example, may have a close-knit and intensive stock of ‘bonding’ social capital that they can leverage to ‘get by’, but they lack the more diffuse and extensive ‘bridging’ social capital deployed by the non poor to ‘get ahead’.” As previously stated, those in generational poverty are highly limited by resources to “get ahead” because the lack of access and ‘higher’ social relations that has persisted through generations. However, those in situational poverty are more

likely to possess both “bridging” and “bonding” social capital that contributes to having more access to upward social mobility.

Habitus, unlike social capital, refers to the general system of habitual or typical conditions influenced by past experiences, environment and interactions with others. Pierre Bourdieu defines the term as,

“a systems of durable, transposable dispositions, structured structures predisposition to function as structuring structures, that is, as principles of the generation and structuring of practices and representations which can be objectively adapted to their goals without presupposing a conscious aiming at ends or an express mastery of the operations necessary to attain them and, being all of this, collectively orchestrated without being the product of the orchestrating action of a conductor” (Bourdieu 1985:72). Habitus only exists because and through of the interactions between actors (Jenkins 200).

Capital contributes to the concept of habitus because relations human physical or social, affect every day practices. However, a micro level understanding of social capital and habitus in terms of nutrition differs in generational and situational poverty and requires much more scrutiny. As previously mentioned, there is a distinction in human and social capital for those in generational and situational poverty. Nevertheless, it has been found that they theoretically tend to have one thing in common when considering nutritional practices-prioritization of the present. This priority is brought forth because of financial and emotional hardships faced on a day to day basis (Beegle 2003; Miller 2015). These strains and hardships are highly evident throughout the nutritional course of this study. While social capital may differ in terms of access to resources and relations with others, once one begins to experience the general circumstances of poverty, habitus prioritizing the present rather than future becomes similar. Good nutrition isn't prioritized in the habitus of those in poverty, it has a tendency to be overlooked. It is evident that the knowledge of good nutrition for those in situational poverty is offset by other more important priorities pertinent to survive in modern America. This being said, I want to emphasize that

while generalizing individual behavior based on the group as a whole can be misleading, a better understanding of one's social capital and habitus can be beneficial by considering a social class' access to resources (Berkman and Kawachi 2000; Woolcock and Narayan 2000).

Due to the habitus of this situation and lack of resources to attain higher socioeconomic status, families in generational and situational poverty focus and prioritize how to survive in the present which impacts the way the future is perceived (Payne 1996). A prime example of a priority superseding nutrition lies in the concept income deprivation amongst the poor as a whole. Income deprivation marginalizes and highly influences social/cultural practices and behaviors that emphasizes a more 'present' manner of thinking. This deprivation is a form of social exclusion (Narayan and Parker 1999). Because lack of employment, or employment that pays a sufficient income, psychological stress is often placed on the parent, and consequently, places nutrition at the bottom of the list of priorities. Income is a present necessity. Nutrition, on the other hand, is only perceived as a necessity for biological function and to satisfy hunger pangs rather than a necessity for future health preventative measure (Payne 1996). In general, humans are unable to perceive specific needs when it comes to nutrition, "they only know the general and non specific feelings of hunger or satiety" (Gedrich 2003:232).

This mode of economic structural consciousness influences children behavior and daily practices. Strong habits are established by repeated past performances that are triggered into memory (Neal et al, 2011). Gedrich (2003) reiterates by stating, "an everyday activity like eating can be seen as continuing process of learning." Throughout the ages children increase in brain size and expand in cognition, they begin to most firmly establish nutritional habits and behaviors that become much more difficult to break (Neal et al. 2011). A more thoroughly researched example of influence involves school education. According to Donna M. Beegle, an academic

who grew up in the threads of generational poverty, education is key in achieving success in America. Beegle's study concludes, "education continues to be held up as the best escape route from life of poverty" (2003:11). However, because education is an experience that generates *long term* results, it tends to be overlooked by people living in poverty. Beegle further claims, "for nearly all of them [subjects in the study] early education was just something they 'did' and never knew why" (2013:14). This directly implies parental and environmental influence of priorities on children understanding.

To tie children's behavior towards nutritional education, it is evident that healthy nutrition, like education, is not stressed to possess importance. This is confirmed through the high rates of obesity among children, as previously noted (Macena 2010). Social capitals that are, instead, emphasize are defined by the types of foods eaten that tend to satisfy palatability and eliminate hunger. Because of the cyclical nature of poverty for people living under situational poverty, the social capital for this groups results in high levels of processed food and food without much nutritional values (Wool Cock and Narayan 2000). These practices and habits are highly influenced by the amount of emphasis placed as the individual develops habits and produce their own decisions as they grow into adults. Two major forms of emphasis are parental and environmental.

Parental Influence and Environmental Factors on Children's Nutrition

As children, human beings continually absorb information from their surrounding environment which impacts their physical and mental outcomes as adults (Diemer 2015; Wilcox and Stokes 2015; Sastry 2015). As previously discussed, social capital and habitus develops throughout their life time, and it directly affects nutritional choices as a result of learned

behavior. For example, Gedrich (2003:233) states, “an everyday activity like eating can be seen as a continuing process of learning. It is a recurring training by experiences with high frequency leading to a stable habitual behavior.” Therefore understanding the background of a child can provide some insight to their nutritional behavior as an adult. Children who grow up in generational poverty are subjected to different circumstances than their privileged counterparts. In this case, people who become impoverished because of situational circumstances. According to Wilcox and Stokes,

“The transition toward adulthood is particularly daunting from less privileged homes, insofar as they tend to receive less parental attention, have access to less family income and assets, fewer educational opportunities as children, and are exposed to higher levels of neighborhood disadvantage” (2015:155).

Parental involvement and neighborhood environments are two factors leading to the development and maintenance of nutritional habits. While it would be incorrect to only consider these two determinants as nutritional influences, they are chosen because of the extensive research already conducted implicating their dominant role in the formation of habits. Because social capital is reflected by relations existing between parents and their children, it is crucial to examine parental involvement. Coleman highly emphasizes that the wealth of parental knowledge, or human capital, is irrelevant without an intangible relationship existing between the two actors. Coleman states, “social capital within the family that gives the child access to the adult’s human capital depends both on the physical presence of adults in the family and on the attention given by the adults to the child” (1988:111). Parental involvement includes the amount of time parents spend with their children and what forms of interactions are occurring within these times. These two variables are incredibly influential on the wealth of knowledge the child receives throughout their life time (Miller 2015).

Other anthropology sub disciplines also have focused on the importance of cultural and biological studies of nature vs. nurture also consider the evolutionary importance of adult's role as care takers and teachers for successful transitions from adolescence to adulthood. For hundreds of years, the relationships existing between adults and offspring has resulted in the learning and passing down of behaviors and practices. Differing and changing societal and cultural constructs, ideologies, and infrastructures have altered and shaped the ways in which these relations exists. By focusing on the concepts of generational and situational poverty, a long with social capital and habitus, we realized the importance of these concepts on adults and children's conception of nutrition.

Throughout this research, parents in generational and situational poverty posses differing degrees of nutritional knowledge that is passed down to their children. However, what results from this study is that in both situations of poverty, focus on the present takes precedence, resulting in poor nutritional habits. In both cases, children acquire unhealthy eating norms and incorporate them as a part of their habitus. Also research points to higher levels of psychological stress on parents who find themselves in financial strains (Fitchen 1987: Sastry 2015). Therefore, parents in these circumstances tend to spend less interaction time with their child leading to a decrease in healthy nutritional understandings (Gedrich 2003; Miller 2015). Because good nutrition is not prioritized in stressful situations, keeping children satisfied may provide a remedy to prevent more stress on the parent. Fitchen (1987:341) states, "the necessity of keeping children reasonably satisfied despite the shortage of money may take its toll on nutritious eating." To alleviate the hunger of son or daughter, the parent has one choice, to provide them with unhealthy foods. As the parent focuses their energy on employment and factors directly associated with obtaining capital, nutrition tends to be left at the back burner. The repetition of

this parental behavior may be detrimental by leading to nutritional deficits associated with their children. These poor nutritional habits are difficult to break, even as an adult (Fitchen 1987). It is evident that habitual actions tend to be more comfortable than constant change. When it comes to poor nutritional habits, they are either learned, or established through repeated practice.

Therefore breaking out of the cycle has proven to be incredibly difficult. First, most people don't entirely understand good nutrition, and second, there is a stigma against the 'frail' palatability to healthier meals (Neal et al. 2011).

In general, transition to adulthood is proving to be much more daunting now than it was in the past. Scholars like Wilcox and Stokes (2015:150) state, "largely because young adults face more choices, more complexity, and fewer jobs that will provide them with secure, long term employment and a ladder into a comfortable middle-class." Without parental involvement in the aid of developing the skills necessary for 'adult life', children too, also have many other factors in their life other than healthy nutrition to consider. As a result, it can be deduced that the degree of parental involvement contributes largely to how children handle future situations.

The neighborhood environment also contributes to psychological stress within parents which undermines, "their ability to draw on appropriate parenting skills and behaviors in order to promote better outcomes for their children" (Sastry 2015:105). Many times, people in generational poverty have grown up surrounded by those who share the same structural inequalities. Disadvantage neighborhoods are often associated with high degrees of violence and exposure to crime that forces them to focus more on safety than nutrition (Sastry 2015). Furthermore, extensive research indicates a lack of super markets obtaining varied, and fresh selection of produce and other considerably healthier foods within impoverished neighborhoods. A recent study has found that the presence of supermarkets is associated with healthier

nutritional habits (Boutelle et al. 2007; Drewnowski 2009). Research has indicated, “low income neighborhoods attract more fast food outlets and convenience stores...by contrast more affluent areas generally have access to better restaurants, fresher produce, and more opportunities for physical activity” (Drewnowski 2009:36).

The definition of situational poverty within this study includes adults who were brought up in neighborhoods with lower rates of violence and crime due to their families’ higher socio economic status (Payne 1996:148). This situation emphasizes nutrition more because there is less psychological stress placed on the part of the parent. According to a research study, “a focus on the poorest families and those living in disadvantaged neighborhoods is important because such experiences are likely to be directly detrimental to children’s outcomes and are also associated with adverse effects on parenting quality and children’s outcome” (Sastry 2015). However, parents who develop financial crisis due to situational circumstances can move to more disadvantaged neighborhoods. Further, priorities alter in ways in which nutrition does not play a significant role. In conclusion, poor nutritional habits are incorporated into the lives of the adults and their children determining a change in nutritional future outcomes.

Conclusion

Through this study, it has become evident that prioritization on the present-due to financial and emotional strains-takes precedence over healthy nutritional practices. The agricultural revolution initiated a rapid increase in the availability of energy dense foods which has stunted reflection and pondering of possible food choices. In the United States, the accessibility of processed foods has created a perception of convenience at a reasonable price. However, the human body is simply not capable of withstanding the overabundance of calories

being consumed. Furthermore, there is a relationship between poverty and high rates of obesity and other nutritional related illnesses. Nutritional knowledge is crucial in the understanding and formation of healthier food choices. However this study reveals that even if one obtains the knowledge necessary to obtain a healthier lifestyle, people are still likely to succumb to more unhealthy eating patterns and practices occur. While people living in situational poverty are more likely to attain a higher knowledge on what constitutes good nutrition, the daily hardships that accompany the majority of people living poverty outweigh their knowledge of food choices.

Because only six families agreed to be interviewed, this research study is highly textual and theoretically based. A bigger pool of interviewees is necessary in order to establish a more conclusive stance on the topic. Also, it is important to remember that this research was based on families living in poverty in Colorado Springs. I believe that because we are seeing consistent overweight and obesity trends throughout the United States, prioritization on the present is a theoretical construct that can explain the trend of unhealthy eating among the poor. But in order to enact public health policies according to location, it is crucial that the culture of an area be considered. Policy makers must identify the societal restraints-social capital, human, physical-positioned in the area of interest.

The purpose of this study is to provide the information necessary to understand how nutritional knowledge, and lack of nutritional knowledge, might be utilized in the formation of nutritional habits. While it is deduced that people living in situational poverty do possess more nutritional knowledge, they still succumb to the daily difficulties of poverty, and they shift focus to other aspects in their lives. On the other side, people living in generational poverty tend to lack nutritional knowledge and consistently display poor nutritional practices. So yes, both situations of poverty display poor nutritional habits. However, policy makers can use this

information to explore differing ways in which to approach the curriculum of nutritional programs. The question is how to provide programs that convince a present minded demographic to think in a more future oriented way.

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