

X118/701

NATIONAL TUESDAY, 8 JUNE
QUALIFICATIONS 1.00 PM – 3.20 PM
2010

HOME ECONOMICS
HEALTH AND FOOD
TECHNOLOGY
ADVANCED HIGHER

75 marks are allocated to this paper.

This paper consists of **two** sections.

Candidates should answer the following:

Section A — All questions

Section B — Question 1 and any **one** other question



SECTION A

You should spend approximately 1 hour in total on this section.

Read the report carefully.

Using the information in the report and your own knowledge, answer the questions below.

	<i>Marks</i>
(a) Outline the main issues of the report.	5
(b) Discuss the implications of low income on children's health.	10
(c) Critically discuss the contribution schools can make to the diet of children.	10
	(25)

SECTION B

Answer TWO questions from this section: Question 1 and any ONE other question.

You should spend approximately 40 minutes on each question.

Marks

1. (a) “Low consumption of fruit and vegetables remains one of the most concerning features of the Scottish diet.”

“Healthy Eating in Schools”–The Scottish Government 2008

Discuss the possible reasons for this low consumption.

10

- (b) Critically discuss the implications to health of a diet low in fruit and vegetables.

15

(25)

2. Discuss the properties of carbohydrates and their use in food manufacture.

(25)

3. Discuss the importance of a balanced diet during pregnancy.

(25)

4. Discuss the stages involved in the product development process of a fruit smoothie.

(25)

5. Discuss the issues surrounding the genetic modification of foods.

(25)

[END OF QUESTION PAPER]

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Report

REPORT

For use with SECTION A

Read the following report carefully and then answer the questions in SECTION A of the accompanying question paper.

You should spend approximately 1 hour in total on Section A.



This is Food Poverty

In the Victorian era poverty meant that some people could not afford to eat. Today, although most people are not literally starving, some are still suffering from food poverty. The Department of Health says that food poverty is “the inability to afford to have access to food to make a healthy diet”. Having a poor diet is known to be linked to some of the country’s worst diseases such as cancer, coronary heart disease (CHD) and diabetes. This knowledge has only come to light in the past few years, so many people remain ignorant of the strong link between poor diet and ill health.

There is evidence to show that people with a poor diet—mostly those on a low income—are more likely to die younger than those who have a balanced healthy diet. This is the modern day reality that is known as food poverty. In 2009, statistics from the Save the Children website, stated that one in four children in Scotland was officially living in poverty. It is likely that for many their diet is also poor, which is a concern for their future health.

Researchers from Dundee University interviewed 300 mothers of ten year-old children who live in areas of high deprivation in Dundee and Fife. They found that based on current guidelines, the vast majority of children— 85% —were classed as having a poor quality diet. The study discovered that some mothers living in deprived areas of Scotland are raising their children on poor quality diets despite knowing the benefits of healthy eating. New research on improving the eating habits of young children has found that mothers still serve fatty, sugary foods instead of fresh fruit and vegetables. In addition to poverty, other factors implicated include busy lifestyles, concerns that the child was not eating enough, mothers not wanting to restrict sweets, a lack of regular mealtimes and no breakfast. It is not surprising to discover that obesity levels in Scotland are now the second highest in the developed world, behind America. Figures also show that one in five primary five pupils in Scotland is clinically obese, evidence that food poverty is on the increase.

Research from various groups such as the former National Consumer Council has identified four main factors that lead to food poverty. These are: accessibility, availability, affordability and awareness.

In some areas there is limited access to shops. There may not be any shops local to people’s homes or they might have trouble reaching them due to disability or lack of public transport. In recent years, increasing numbers of local shops have been closed down, leaving some areas without amenities for purchasing a range of healthy foods.

Dr David Haslam, clinical director of the National Obesity forum, argues that more effort has to be made to improve the accessibility and reduce the price of healthy food in deprived areas. “It’s not easy to just jump into the car and nip round to the supermarket if you haven’t got the car or the petrol. Unhealthy food is much cheaper than healthy food,” he said. “At the local chip shop or take-away, you can feed the family very cheaply with unhealthy food, whereas healthy food takes money and getting to the place that supplies it.”

Without adequate transport, many people’s diet will be affected by which shops they can reach and how often. If they can’t get to the shops regularly then they may avoid buying items such as fruit which will not last as long as other products. This could make achieving the government’s recommended 5 a day dietary target difficult.

Even if people can get to the shop, not all local shops stock ranges that can be found in most major supermarkets. Shopkeepers may not stock fresh fruit and vegetables because of their limited shelf life which may make them seem unprofitable. Commonly stock is limited to the least healthy foods.

Unfortunately, food is often the last thing to be considered in household budgets. For someone on a low income, essential bills are usually paid first and the food is bought with whatever is left, so cheap brands and economy foods often feature largely in the family diet. The National Consumer Council's report on supermarkets' economy brands found that low income consumers were often buying products that were less healthy than their standard ranges. Higher levels of salt, fat and sugar were the common problems with these ranges. There also appears to be a perception by many in this income group that fresh fruit and vegetables are expensive, so they will avoid buying them.

John Dickie, head of the Child Poverty Action Group Scotland, said that underlying causes of poverty had to be addressed to ensure that parents had sufficient money to provide "the best possible start in life" for their children. Low earners eat less high fibre cereals, fish and vegetables. The fact that 58% more male manual workers die prematurely from heart disease than non manual workers is largely attributed to diet. In lower income families babies are generally born lighter, diabetes rates are higher, people are less likely to survive cancers and obesity levels are higher.

Even people who may understand the type of food to eat in order to achieve a healthy diet often lack the ability or knowledge of how to cook food. Having survived for years on packaged foods, cooking something from scratch, with fresh ingredients, seems beyond them.

Since so many packaged foods are high in salt, sugar and fat, low quality diets often lead to people being overweight and obese. This is known as "modern malnutrition" and is more prevalent in people on lower incomes.

So despite the progress made in our society since Victorian times, it seems those on lower incomes still suffer from food poverty.

Adapted from
"This is Food Poverty" *Food File*, Caryl Press, 2008
Poor Diet in deprived Children is Not Down to Ignorance, Judith Duffy,
Sunday Herald, 2007

[END OF REPORT]

ACKNOWLEDGEMENTS

Report—Article is adapted from “Poor diet in deprived children is not down to ignorance” by Judith Duffy, taken from *The Sunday Herald*, 29 September 2007. Reproduced by kind permission of The Herald and Times Group.

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