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Household food insecurity: the missing data

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The rapid rise in demand for food aid, as reflected in routine data collected on food bank usage in the Trussell Trust Foodbank Network, has raised questions about how many people face insecure access to food and experience periods of going without food.

Insecure and insufficient access to enough food to meet needs is not currently measured in any routine survey in the UK. This briefing focuses on this problem of household food insecurity, adopting the definition that this is “when an individual or household has insufficient or insecure access to food due to resource constraints” – in other words, when people do not have enough money for sufficient amounts or quality of food, or the worry that this may happen in the future.

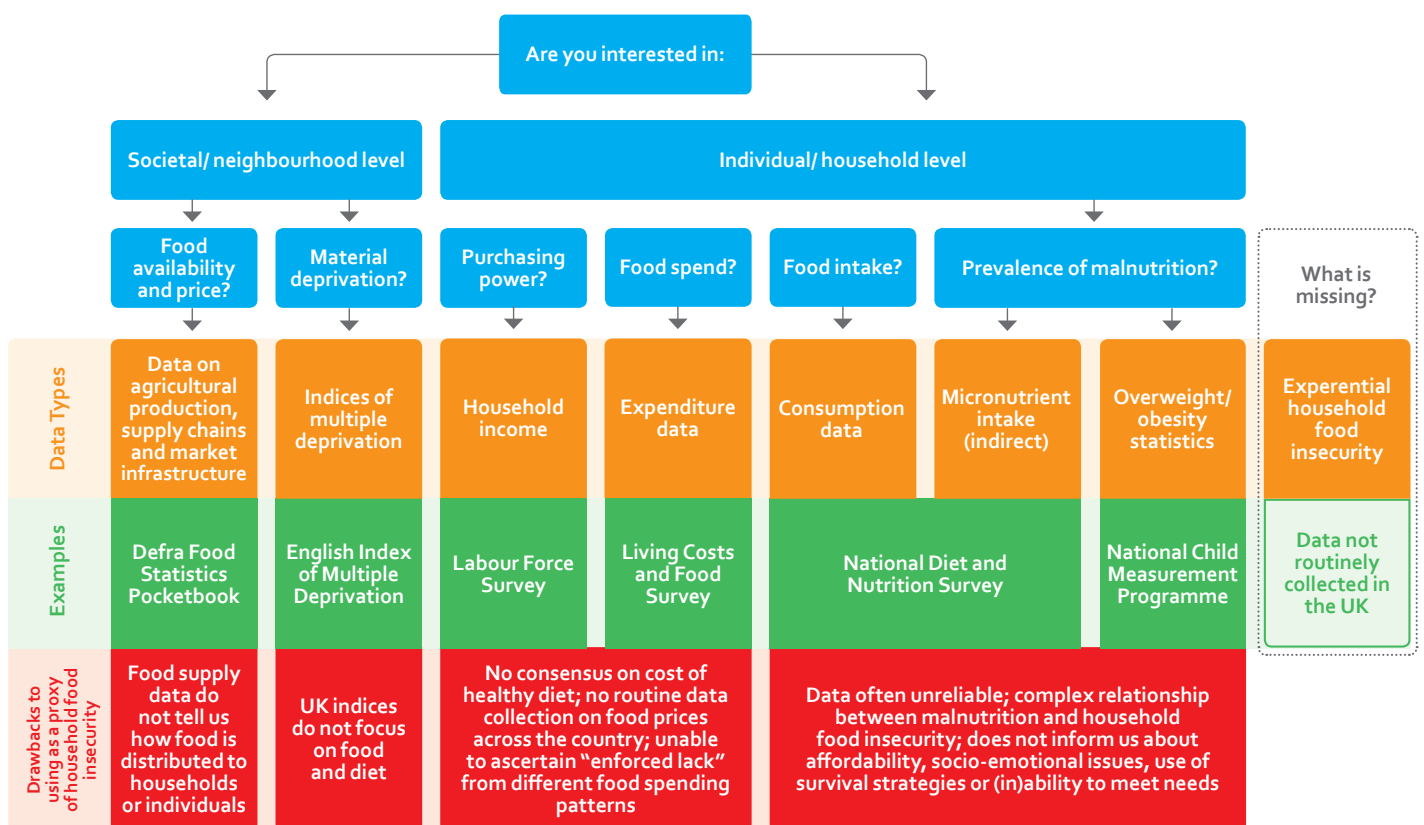
A large body of evidence has shown that household food insecurity increases the risk of poor health. Outcomes associated with household food insecurity include: inadequate nutrient intake, micronutrient deficiencies, malnutrition and diet-related chronic disease. Household food insecurity also compromises disease management. Going without food, or the worry one may do so, also takes a toll on mental health. Unsurprisingly, children who grow up in households where food is scarce have poorer development and poorer health in the long term.

Household food insecurity is closely tied to adequacy of household income and demands on household financial resources; these include housing, health costs, and large families. A lack of savings is also associated with a risk of food insecurity. However, because lower income households manage scarce resources in different ways and have different (often unobserved) demands on these resources, no single proxy measure for income or financial resources captures household food insecurity; this is why measurement tools should focus on asking people directly about their *experiences* of going without food due to resource constraints.

Similarly, while malnutrition and nutrient intake inadequacy are possible outcomes of household food insecurity, these are not necessary outcomes, as these depend on how prolonged and severe experiences of food insecurity are, how individuals and households manage their food insecurity, and when dietary measurements are taken relative to when household food insecurity was experienced. On the other hand, the prevalence of poor nutrition intakes is widespread in the population for reasons other than resource constraint. This is why measures of dietary intake and nutritional status are also insufficient indicators of household food insecurity.

Thus, neither the material nor nutritional status of a household is an adequate proxy indicator of household food insecurity.

Figure 1: Food Insecurity: What data are available?



Data on household food insecurity is not currently collected through any routine national survey in the UK. One of several internationally validated tools could readily be added to existing survey instruments (e.g. the Health Survey for England and devolved equivalents, or the UK-Wide Living Costs and Food Survey) at a marginal cost.

The USDA's Household Food Security Module, routinely used in the United States of America and Canada (with adaptations), consists of 18 questions; 10 aimed at the household/adults in the household, and an additional eight questions that specify children's experiences. The module includes skip patterns, however, so households who are food secure are rarely asked more than three or five questions. The survey tool captures the severity of food insecurity experienced by a household, and by differentiating between the experiences of adults and children can provide critical insights into the environment where nominally food secure children live: if children live in homes where parents/guardians report food supplies running out and being unable to meet their own food needs they will likely suffer the effects of stress.

The United Nations' Food Insecurity Experience Scale - recently applied in the UK as part of the UN's global Voices of the Hungry project but with a small sample size (n = 1,000) - is a similar but more compact tool, which utilises a maximum of eight questions.

The value of qualitative data

Neither of these tools captures all dimensions of food insecurity, particularly those that first impact marginally food insecure households: the inability to acquire the correct mix of foods needed for a healthy or culturally sensitive diet; the ability to participate in the social aspects of meals - such as having children's friends and relatives round to eat; or low-level anxiety which can impact on individuals' physical and mental well-being. The two tools above also do not capture how people meet their dietary needs, and whether they do so in socially acceptable ways.

In order to explore these issues and capture the lived experiences of food insecure people, the routine collection of quantitative data on food insecurity should be complemented with regular qualitative research programmes.

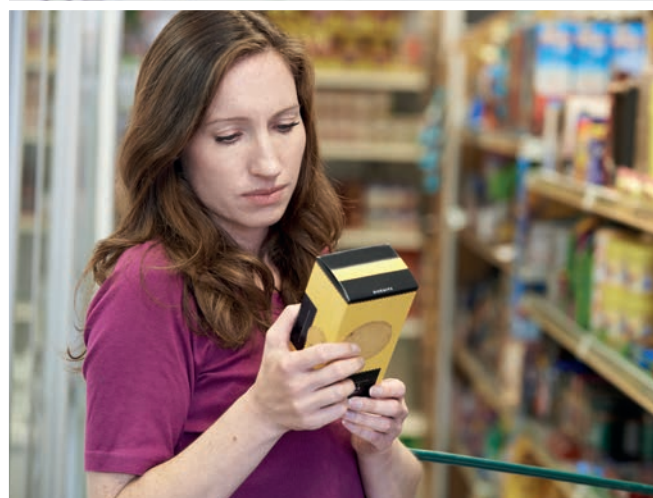


Figure 2: Different measurement tools to assess prevalence and severity of food insecurity

