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Exploring the impact of cost-of-living-crisis on the dietary practices and health impact among immigrant Nigerians in the UK

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Morbidity and mortality from preventable diseases among ethnic minority groups are higher when compared with white population group in the UK⁽¹⁾. Diet is a major modifiable disease risk factor and depends on several factors, including the affordability and availability of foods commonly consumed by these communities. With families now bearing the burden of inflation with an increase in the price of food, and with people adapting to this by adjusting their spending, the widening of health inequality is reported⁽²⁾.

Understanding of the impact of the cost-of-living crisis (COLC) on the dietary practice and health of ethnic minority populations is limited⁽²⁾. This study explored the impact of dietary choices in the immigrant Nigerian community living in the UK, within the context of a COLC.

Using hermeneutic phenomenological design and with the aid of purposive sampling, community networks, and snowballing were leveraged to assist in recruiting participants from the Nigerian population in Manchester and London based on age, gender, and socio-economic factors. Utilising an informed consent process, fifteen one-to-one telephone semi-structured interviews were undertaken, and detailed information about culture, dietary choices, and the cost-of-living crisis was collected.

The six-step guide Braun & Clark's Reflexive thematic analysis of verbatim transcribed data from the audio-recorded interviews revealed adaptive and coping strategies have been adopted⁽³⁾. Participants report what they now eat, and activities adopted to support eating. This includes purchasing cheap, low-quality, and reduced quantities of food, reducing wastage of food through preservation of any excess, bulk cooking, or preparation to minimise energy usage. Other cost savings are being made through, cutting down on social engagements (e.g. eating out and nightlife), A focus on food "needs" and not "wants", a reliance on social networks for support and assistance, the use of food banks, and skipping meals is also reported. One participant: "This has affected our diet. So, it's been very challenging. I mean generally, everywhere the cost of things is high". (GregM61). Another said, "I just cook enough for two days so that I can save some energy and reduce my energy bills". (KhadijatF45). Illustrating the impact on health one participant suggested: "When you have a cheap cost of meat and a cheap cost of carbohydrates, then you are eating badly". (EkongM51).

These findings cause concern since cheap and low-quality diets eaten by ethnic minority communities are known to be unhealthy and are high-risk factors for chronic diseases⁽⁴⁾. The need for long-term support for individuals or groups most at risk of the COLC, and an ongoing need to develop culturally appropriate strategies to support healthy eating on a budget for this ethnic group are paramount to prevent poor health outcomes in this group.

References

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