Current Online First Articles: A Digest

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This digest provides a personal selection of articles shortly to be published in a range of relevant journals relevant to medical sociology. The articles are drawn from ‘Articles in Press’ on the Social Science and Medicine (SSM) website; ‘Early View’ on the Sociology of Health & Illness (SHI) website and ‘Online First’ on the Health website. The wide range of articles available makes the selection for review a challenging and complex activity; is it best to focus on a few themes or include a diverse range of topics or methodological studies? I concluded it was more effective to focus on themes. Thus the themes underpinning my choices were food and alcohol for no other reason than I was struck by the number of articles related to consumption of both. From a possible 23 articles for inclusion, 11 were related to the consumption of alcohol or food.

I start with an article from SSM reporting on an interesting study funded by the Joseph Rowntree Foundation. Townshend’s (2013) article ‘Youth, alcohol and place-based leisure behaviours: A study of two locations in England’ draws on an 18 month qualitative study that focused on the lives and drinking behaviours of ‘ordinary’ 15 and 16 year olds (n=125). While the author, points out that the majority of young people do not regularly drink excessively, heavy sessional drinking e ‘binge’ drinking is associated with negative health and social consequences for those who do. The author found that most participants in both locations had first tried a small amount of alcohol from the age of 11-13 usually at a special family occasion such as Christmas, a wedding, or a relative’s birthday. Attempts made by parents to control their alcohol consumption often failed and as young people grew up, the family centred nature of alcohol consumption quickly changed to one that was focused on friendships and socialisation and having fun. Adults seemed to be complicit in this pattern of consumption and didn’t have serious health concerns; being more concerned about young people being sick or vomiting at parties than their health.

Another article from SSM ‘The spatial and temporal development of binge drinking in England 2001-2009’ by Twigg and Moon (2013) uses secondary analysis of the Health Survey for England, to make observations about the development of binge drinking. Defined as brief periods of heavy drinking (one day or evening) within a longer period of several weeks of lower consumption or even abstinence, binge drinking has been associated with acute and chronic health problems and premature mortality. The authors found that single people are more likely to binge drink than married or co-habiting couples; non-white ethnicity decreases the risk of binge drinking; students are at less risk of binge drinking . Young men are more likely to binge drink than older men and women are less likely to binge but are more likely to concentrate their high intake on a single day. The study shows that there are marked regional variations in binge drinking with levels in North East England much higher than those in London and the South. In general, binge drinking is higher for those living in urban areas compared to suburban or rural areas. The authors suggest that there is something about living in the north of England that increases the likelihood of binge drinking that is not easily explained by the characteristics of respondents.
A third article from SSM addresses alcohol consumption but focuses on the American experience. In ‘Associations of Occupational Attributes and Excessive Drinking’, Barnes et al (2013) use a quantitative approach to conduct a secondary analysis of two large data sets to determine whether occupation attributes were associated with alcohol use. Using a representative sample of 6,426 workers aged 41-49 years, the authors found that physical demands, job autonomy, and levels of social engagement explained variations in consumption. Men working in physical demanding occupations drank more frequently and consumed more yet women in similar jobs did not. This remained true irrespective of socio-economic variables that were factored in. Low levels of job autonomy were not associated with higher levels of drinking. Men and women, working in more socially engaging occupations such as health care practitioners, drank less frequently. The authors suggest that male workers in physically demanding occupations could be suitable targets for employee-assistance programmes to prevent alcohol misuse.

In Health there is an article entitled ‘Men give in to chips and beer too easily’: How working-class men make sense of gender differences in health’. I selected the article on the basis that it too would focus on the concept of alcohol or food but instead Dolan (2013) provides evidence that the construction and enactment of hegemonic masculine identities may come at a considerable cost to men’s health. Dolan’s study explores how white heterosexual males (N=22) from two working class areas in England, make sense of class and its impact on health. He found that regardless of their socio-economic position, men’s responses concentrated on perceived gender differences in attitude towards health and health-related behaviours, such as smoking, drinking and poor diet. Study participants did not consider the enactment of working-class masculinity to be health-enhancing. They believed that factors associated with working-class employment, individual behaviour and psychosocial environment, impacted upon men differently compared to women. Many also believed the stresses associated with unemployment had a greater intensity and were potentially more harmful to men than women. Distinctions were made based upon biological and evolutionary characteristics, exemplified by aggression and courage, were driven by powerful male hormones, which ‘hardwired’ certain attributes into men’s brains and bodies. Women, in contrast, were programmed for social interaction and predisposed to pay more attention to the well-being of others. These characterisations were used to explain why potentially health-damaging beliefs and behaviours were far more prevalent among men than women. Thus, while men were not entirely blameless, respondents felt that men should not be held entirely responsible for their poorer health. Dolan (2013) concludes that men may engage in damaging practices in order to achieve and stabilise their dominance over women, as well as other groups of men and that because of broader structural influences on men’s health, further research in this area needs to include the field of political economy.

Another paper that looks at the relationship between food and health is featured on the SSM website. This is by Carroll-Scott et al. (2013) and is entitled ‘Disentangling neighborhood contextual associations with child body mass index, diet, and physical activity: The role of built, socioeconomic, and social environments’. This reports on a large chronic disease prevention study conducted by the Yale School of Public Health carried out in the USA. Focusing on pre-adolescent children living in New Haven, Connecticut, the study examined associations between built, socioeconomic and social characteristics of a child’s residential environment on body mass index, diet, and physical activity. The authors found that unhealthy behaviours were associated with built environment inhibitors such as easy access to fast food outlets; students living within a 5 minute walk of a fast food outlet had a higher BMI and ate more unhealthy food. Healthy behaviours were linked with built, social, and socioeconomic environment assets such as easy access to parks, social ties and
affluence; students with easy access to parks, playgrounds, and gyms were associated with more frequent healthy eating and exercise and a lower BMI. Students living in more affluent neighbourhoods also reported more frequent healthy eating. The authors conclude that interventions to prevent childhood obesity need to focus on local environments rather than individual factors.

The final paper, ‘Precursors to Overnutrition: The Effects of Household Market Food Expenditures on Measures of Body Composition Among Tsimane’, continues to address the topic of food and obesity, but focuses on the Bolivian experience. In this paper Rosinger et al (2013) addresses the relationship between household expenditure on “market” foods and body composition among the Tsimane’, a forager-horticulturalist indigenous group in the Bolivian Amazon, who are in the early stages of a nutritional transition. Drawing on data from a survey of adults (n=1129) aged over 16 years, from 563 households in 40 Tsimane villages, the study found that the majority of respondents were overweight rather than obese; that men living in more affluent households had significantly higher BMI than men in households where market foods were not bought or consumed; having the resources to purchase foods such as noodles, deep fried foods and soft drinks from a market, was associated with higher BMIs. The authors suggest that household spending on market foods may be precursors to overnutrition among rural men. For the Tsimane, a population living with high prevalence of infectious diseases, market foods provide additional sources of fat and calories that may buffer against nutritional deficiencies in the short-term, but may lead to chronic diseases in the long-term. This is a lesson that the developed western economies know only too well.

REFERENCES


Carroll-Scott, A., et al., Disentangling neighborhood contextual associations with child body mass index, diet, and physical activity: The role of built, socioeconomic, and social environments, Social Science & Medicine (2013), http://dx.doi.org/10.1016/j.socscimed.2013.04.003


