Informal assistance to urban families and the risk of household food insecurity

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ABSTRACT

Rationale: Food insecurity is a persistent social problem affecting one out of eight households in the United States. While evidence shows that public assistance programs (formal assistance) are effective in reducing food insecurity, there is more limited evidence documenting how informal support, through social capital, affects food insecurity.

Objective: To examine the role of informal support (through instrumental social support, social cohesion, social control, and social participation) on food insecurity transitions using longitudinal data of a sample of disadvantaged urban mothers from the Fragile Families and Child Wellbeing Study. In addition, the study examines whether these associations vary by participation in the Supplemental Nutrition Assistance Program (SNAP) using interaction terms.

Method: The sample includes 2481 mothers of children between ages three and five. The analysis uses unadjusted and adjusted logistic regressions. Interaction terms are included to examine formal and informal support. In addition, the analysis uses structural equation modeling to examine direct and indirect associations of the informal support variables on food insecurity.

Results: Social support and social cohesion reduce the risk of food insecurity, reduce the risk of remaining food insecure, and reduce the risk of becoming food insecure. Social control has an indirect effect on food insecurity, which is mainly through social cohesion. Social participation also has an indirect effect through social support and social cohesion. SNAP participation for mothers with little to no informal support did not reduce the risk of food insecurity.

Conclusion: Instead of focusing on improving the food access of households, interventions should be expanded to the neighborhood level. Building social capital for low-income residents would increase the cohesiveness of their neighborhoods and their access to social support, which would increase the availability of resources to prevent or overcome food insecurity and other hardships.

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1. Introduction

Food insecurity, the inability to access enough food to maintain a healthy and active life, affected one out of eight households (or 12.7 percent) in the United States in 2015 (Coleman-Jensen et al., 2016). Food insecurity has been found to have many negative consequences on health such as diabetes, chronic disease, poor health, sleep disruptions, asthma, as well as behavior and cognitive problems in children (e.g., Gundersen and Ziliak, 2015, for a review of the literature).

Food insecurity affects households differently. For example, food insecurity is more prevalent in households with children, households with a single parent, households headed by Blacks and Hispanics, and households with incomes below 185 of the poverty threshold (Coleman-Jensen et al., 2016). Public assistance programs that are specifically targeted to reduce food insecurity, such as the School Breakfast Program (SBP) and the Supplemental Nutrition Assistance Program (SNAP), have been found to be effective in improving the food security of low-income children and their families (Bartfeld and Ahn, 2011; Gundersen et al., 2012; Ziliak, 2015). While there is mounting evidence that formal assistance provides much-needed assistance to households, the role of informal assistance, through social capital, has been understudied in the literature in comparison. A handful of studies provide evidence that social capital, the “actual or potential resources inherent in social connections to individuals and organizations” (Story and Carpiano, 2017), reduces the risk of food insecurity (e.g., Dean
2.2. Social cohesion and food insecurity

Nevertheless, studies on informal support and food insecurity leave important research gaps. For example, the impact of informal support on food insecurity transitions remains mainly unknown. Not all food insecure households share the same food hardships experience. For some households, food insecurity is an omnipresent and recurring hardship. For other households, food insecurity is a short-term hardship and these households are able to improve their situation to become food secure (Burke et al., 2012; Hernandez and Jacknowitz, 2009; Kimbro and Denney, 2015). No studies have examined the relationships between informal support and these different food insecurity outcomes. This study uses longitudinal data from a nationally representative sample of fragile families in large urban cities in the United States. One advantage of this source of data is that the study oversampled low-income and unmarried mothers. These populations are most relevant to the issue of food insecurity as they are at high risk of poverty and unstable family structure.

2.1. Social capital and food insecurity

The concept of social capital originated from several researchers such as Bourdieu (1986), Coleman (1990), and Putnam (1995). There is a lack of consensus on a precise definition due to the interdisciplinary nature of the research on social capital (Kawachi et al., 2008). Kawachi et al. (2008) argue that the public health literature has conceptualized social capital in two different ways. One view, which they label social cohesion, considers social capital as the resources (trust, norms, and exercise of sanctions) available to members of social groups. The other view of social capital takes a social network approach and defines it as the resources (e.g., social support) embedded within someone’s social networks (Lin, 1999). In addition, they discuss the argument as to whether social capital ought to be conceptualized as an individual or group attribute. They argue that all these conceptualizations are not necessarily mutually exclusive and have merit in pointing out the importance of social relationships on health. Many studies on social capital have shown that a higher level of social capital is associated with better health outcomes (e.g., Kawachi et al., 2008). This study borrows from both views to examine the associations between social capital and food insecurity.

2.2. Social cohesion and food insecurity

Kawachi and Berkman (2000) describe social cohesion as part of the social environment in a neighborhood that can affect health and health-related behaviors. Social cohesion has two components: 1) the absence of latent social conflict, and 2) the presence of strong social bonds. Neighborhoods exhibiting low social conflict and strong social bonds would have strong (or high) social cohesion. This would translate into residents feeling connected to others in their communities and helping one another in acquiring food supplies or seeking available social services (Denney et al., 2017). A handful of studies have examined the association between social cohesion and food insecurity. While studies generally find that high social cohesion reduce the risk of food insecurity (Carter et al., 2012; Denney et al., 2017; Martin et al., 2004; Walker et al., 2007), two studies find no associations (Chung et al., 2012; Kirkpatrick and Tarasuk, 2010). The contradicting findings from these two studies could be potentially due to their limited generalizability. The first examined a sample of older adults living in senior centers in New York City while the second sampled several low-income neighborhoods in Toronto. In those two contexts, social cohesion may not be a strong determinant of food insecurity. Social cohesion is strongly correlated with social control (Sampson et al., 1997), which is not often accounted for in studies on social cohesion. It is unclear how the findings from these studies would change after accounting for social control.

2.3. Social control and food insecurity

Sampson et al. (1997) consider social cohesion and social control as part of collective efficacy, which they refer to as the “linkage of mutual trust and the willingness of residents to intervene on behalf of the common good.” Social control refers to a mechanism to maintain social norms (Warner, 2007), and has often been used to examine criminal and deviant behaviors (Sampson et al., 1997). Joseph et al. (2007) argue that social control promotes the individual and collective leveraging of external resources. This would improve the ability of a community to secure services, which would reduce the material hardship of residents. One study finds that social control is not associated with material hardship while social cohesion reduces it (Brisson and Altschul, 2011). No studies have examined how social control—in addition to social cohesion—affects food insecurity. This study uses Sampson’s et al. (1997) operationalization of social cohesion and social control.

2.4. Social support and food insecurity

Social support is a form of social capital that residents can draw upon to cope with daily problems (de Souza Briggs, 1998; Dominguez and Watkins, 2003). Similarly, Kawachi et al. (2008) consider social support as the network aspect of social capital. Research makes the distinction between three different types of social support available to residents: 1) instrumental; 2) emotional; and 3) informational (Harpham, 2008). Instrumental support could reduce the risk of food insecurity through the provision of resources from friends and family. Emotional support may help coping with stressful events (Heaney and Israel, 2008). Informational support includes advice or information that help residents find resources to address potential hardships (Lin, 1999). A handful of studies provide evidence that social support reduces the risk of food insecurity (dos Santos Interlenghi and Salles-Costa, 2015; Garasky et al., 2006; Morton et al., 2005; Swanson et al., 2008; Tsai et al., 2016). However, one study using a sample of residents in Oregon found no association between these three types of social support and food insecurity (De Marco and Thorburn, 2009). The limited generalizability of the study and the small sample size (343 residents) could potentially explain the contradicting findings. The current study focuses on the instrumental aspect of social support.

2.5. Social participation and food insecurity

Social participation refers to the level of engagement in formal
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