



The Effect of Socio-Economic Status on Food Quality

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DESCRIPTION

The purpose of this study was to investigate the most important factors affecting socioeconomic status in relation to dietary quality. In this study, the average Higher Education Institution (HEI) was close to, reflecting unwanted nutritional status. Of the three HEI groups, the most important difference in dietary quality was associated with socioeconomic status. In general, more reports show the significant impact of Socio-Economic Status (SES) on an individual's dietary quality. Interventions in the general population lead to better nutritional quality in the general population, but differences between socio-economic groups may remain unchanged.

Given the nutritional status of the participants in this study, interventions in all groups focused on people with low socioeconomic status (SES) and villagers were preferred. Changing traditional diets also requires a team of public health professionals and nutrition educators to improve the quality of nutrition. As SES improved, the HEI score for most ingredients, especially dairy products, fatty acids, sodium, whole fruit, and whole fruit increased. People with high SES only consume low amounts of saturated fat. Another interesting point of this study was that people with cardiovascular disease, hypertension, and diabetes had better HEI levels compared to healthy people. Further studies may help assess health status and dietary quality in such condition cases and measure the impact of health education on a healthy diet. Villagers with low SES had a poorer diet than urban dwellers, even after adjusting for all other important factors, especially fruits and vegetables (OR=0.37). With the expansion of arable land, horticulture, and livestock, especially in rural areas, villagers expected sufficient consumption of fruits and vegetables, especially dairy and meat. Nevertheless, according to studies conducted, consumption of these valuable foods was low in most adults. Such differences between people living in rural and urban areas may be related to culture and eating habits.

According to other reports, the main causes of low consumption of high-quality foods are the economic downturn, high prices of such foods, and low education levels. Eating habits are also important. The results suggest that the higher the level of education, the more likely it is to receive a better higher education. The positive effects of education on improving nutritional quality have been reported in various studies. Although there is a direct link between education and knowledge in various disciplines, including nutrition, it is

worth considering the nature of individual knowledge to explain conflicting studies.

In this study, BMI was independent of dietary quality, but it can be inferred that increased food intake led to weight gain, which increased the HEI score in nine factors of consumption validity. Given that 70% of study participants have a BMI>25, which is a significant risk factor for most chronic diseases, the findings show that to promote and educate appropriate nutritional quality in this society. It also takes more effort to be profitable. As a profitable and balanced weight. The main reason for the low ratings of refined and whole grains in the population surveyed was the high consumption of white rice and white bread, the staple foods of the region (above the rating criteria). Since it is a daily diet, even SES did not have a significant effect on refined grains. Subject's score is significantly increased because this component is omitted in the HEI calculation. Following the high-carbohydrate dietary patterns that are common in developing societies may be due to the lower prices of carbohydrate sources than the protein sources in these societies. Diets high in refined grains, fast foods, industrial beverages and low in whole grains are consistent with this pattern found in other reports. According to a study, health-conscious people tend to use whole wheat bread and replace it with white bread. There are some discrepancies between accounts, but there are often consistent reports of refined grain use, especially in developing societies. Interventions aimed at improving eating habits, such as forced use of wheat bran in bakeries and promotion of the use of brown rice, as many of the subjects gained significant weight. It is very important to provide packets of whole grains rather than refined grains. Recognizing the importance of legumes and their role in the prevention of various chronic diseases, legumes have four HEI components: all vegetables, vegetables and beans, all protein foods, seafood, and vegetable protein. In this study, all four factors were consumed primarily by the wealthy. In our study, the average HEI for women was superior to that for men, and the quality of the diet was 1.27 times better than that for men. Previous studies show that women are more concerned about their health than men. Because of employment, men often spend little time choosing and serving snacks, especially at work, while women are often housewives and use healthier snacks. However, the results of another study show that men are in better condition than women in terms of dietary quality.

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Knowledge of nutrition is very effective in improving dietary patterns. A systematic review showed the effect of nutritional knowledge and awareness on improving nutritional quality. The weaknesses and limitations of this study can also be affected by memory bias. However, all these biases are likely to be non-derivative and tend to bias point estimates towards zero. For the purposes of this study, we

used a population-based study with a sufficiently large sample size and standard tools for data collection by trained personnel with less than 1% lack of information. The results of this study showed that the effect of SES on the subject's dietary quality was evident. If study participants have a high prevalence of hypertension, diabetes, and obesity, interventions should be performed to improve quality.