Influence of Race, Religion and Socioeconomic Status on the Diet and Physical Activity of a Household

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Introduction
Health problems due to childhood obesity are rising every year, and contribute to $127$ billion/year in annual hospital costs. Over fifteen percent of children 6-11 years of age are classified as obese.1 Proper diet and physical activity have been linked to improved health in individuals. There are several social determinants that pose a limitation to proper health. This includes socioeconomic status (SES), education, employment, physical environment, social support, race, and religion. In this current study, the three factors that were mainly investigated were race, religion and SES. In several studies, a significant influence of race was found regarding the diet and weight/BMI of youths, as well as their level of physical activity and promotion of a healthy lifestyle.2 For example, Shatenstein and colleagues found a number of religious practices to be associated with lower rates of mortality due to healthy diets that lower the risk of digestive tract cancers, diabetes, hypertension, uricologic cancer, coronary heart disease, and other chronic diseases.3 Research has shown an inconsistent role of religion affecting the amount of PA a person does. While some studies show PA is more prevalent in religious groups, there is no found true association.4 Verstraeten and colleagues found that a family’s access to healthy foods becomes limited by low SES.5 Kaufman-Shirqui and colleagues have shown that races, SES levels and religions mainly investigated were race, religion and SES. In several studies, a significant influence of race was found regarding the diet and weight/BMI of youths, as well as their level of physical activity and promotion of a healthy lifestyle.2 For example, Shatenstein and colleagues found a number of religious practices to be associated with lower rates of mortality due to healthy diets that lower the risk of digestive tract cancers, diabetes, hypertension, uricologic cancer, coronary heart disease, and other chronic diseases.3 Research has shown an inconsistent role of religion affecting the amount of PA a person does. While some studies show PA is more prevalent in religious groups, there is no found true association.4 Verstraeten and colleagues found that a family’s access to healthy foods becomes limited by low SES.5 Kaufman-Shirqui and colleagues have shown that races, SES levels and religions

Results
28 males and 158 females completed this survey. All of the participants were parents and varied in race, ethnicity, religion and socioeconomic status.

Analysis:
A Likert scale was used to analyze the data collected. Each answer was assigned a number. Descriptive statistical assessment of mean scores were then compared. Correlations were computed assessing associations between SES and consumption of fruits and vegetables as well as frequency of physical activity.

Discussion
The results collected for this study were inconsistent for race and religion because of a small sample size and lack of variety. For this reason, the major limitation in this study was the lack of diversity among respondents. The results found for SES were more reliable because the sample was more varied. Upper classes had a higher consumption of healthier foods and a higher frequency of physical activity. Future interventions should focus on improving the disparity in food and facility access between social classes.

References
1. Sanner M. Salt Out; Cal’ In, Obesity and Risk of Type 2 Diabetes and Cardiovascular Disease in Children and Adolescents. J Clin Endocrinol Metab. 2000;85(10):3313-3316.

Figures
1. Race and religion of respondents.
2. Race and physical activity level of respondents.
3. Religion and physical activity level of respondents.
4. Religion and physical activity level of respondents.