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STUDENT FEEDBACK FORM

This section details the *extent* to which the assessment criteria are demonstrated by you, which in turn determines your mark. The marks available for each category of skill are shown. Lecturers will use the space provided to comment on the achievement of the task(s), including those areas in which you have performed well and areas that would benefit from development/improvement.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills		
	20	
2. Knowledge and Understanding Skills		
	20	
3. Cognitive and Intellectual Skills		
	30	
4. Practical Application Skills		
	20	
5. Transferable Skills for Life and Professional Practice		
	10	

Assessment Mark (Assessment marks are subject to ratification at the Exam Board. These comments and marks are to give feedback on module work and are for guidance only until they are confirmed.)	Late Submission Penalties (tick if appropriate)		%
	Up to 1 week late (40% Max)		
	Over 1 week late (0%)		

Is there a malnutrition crisis in the United Kingdom or are they exaggerating the issue? A Discussion and critically analysis of malnutrition in the United Kingdom

Within the last decade cases of malnutrition has doubled and quadrupled since 2007/8 in the UK, with numerous doctors reporting a rise to the “Victorian illnesses” including scurvy and rickets. Malnutrition, often refer to as ‘poor nutrition’(Murphy, Mayor and Forde, 2018) can be defined as a condition where there is a deficiency, excess or imbalance of nutrients in the body (Saunders and Smith, 2010; NHS, 2023) that affects the body’s composition, function or clinic outcome(Siddiqui *et al.*, 2020). Malnutrition is a multifaceted condition that can be categorized into two(WHO, 2021). Firstly, there is undernutrition which is commonly referred to as malnutrition(Scrinis, 2020) protrude itself low weight for height also known as acute malnutrition (Dipasquale, Cucinotta and Romano, 2020), stunt growth and low height for age-chronic malnutrition (Kerac *et al.*, 2020) and occurs. Additionally, there is over-nutrition (Black *et al.*, 2016) which manifest itself as being either as being obese or overweight (Bracher *et al.*, 2019) Malnutrition is a public health problem that affects everyone especially vulnerable groups including children and older adult (Dukhi, 2020) and the people of lower incomes(Siddiqui *et al.*, 2020). Apart from the detrimental and physiological effects on the body it also imposes financial burden on a countries healthcare system(Nugent *et al.*, 2020). Malnutrition accounts for 2.4 million of children death worldwide who are below the age of five equating to 45% of the children population (WHO, 2018; Khaliq *et al.*, 2022) and 38 million are overweight. In adults 2 in 5 adults are obese (Abarca-Gómez *et al.*, 2017) and 480 million are underweight (Seenivasan, Talukdar and Nagpal, 2023). Although malnutrition is commonly associated with developing countries (Dukhi, 2020) it is also prevalent in developed countries with developed economies such as the United Kingdom (Loopstra, 2018). Malnutrition is prevalent in the United Kingdom and is currently a significant public health issue in the United Kingdom. The current statistics highlights that current problem. Malnutrition is influenced by several factors including socio-cultural and socio-economic. There are several policies put in place by the government. However, there are still more work to be done to address this.

In the UK current malnutrition statistics provides an overview of the situation. Approximately 1.3 million adults (11%), 65 and over are malnourished (Payne *et al.*, 2021). According to Deaney and Hoggard (2022) & Allen and Saunders, 2023) 93% of malnutrition cases in older adults occurs in community setting which includes homes. When comparing residential care

homes (27%) to nursing homes (41%), the prevalence is lower (BAPEN, 2018). Although malnutrition is popular and is said to be an increasing health problem due to man-made factors such as the economy (Nugent *et al.*, 2020). Norman, Haß and Pirlich, (2021) and Vural *et al.*, (2020) emphasize several factors why it is common phenomenon for older adults to be malnourished (undernutrition) due to decreased appetite, decreased hunger and decreases their food intake. This correlates to their psychological and inevitable physiological changes that occur (O’Keeffe *et al.*, 2019). On the contrary (Maseda *et al.*, 2016) conducted a cross-sectional study in Spain and found that less than 10% of the community's older adults who resides at home independently suffer from malnutrition. this prevalence was considerably lower. A possible explanation for this can be due to the small sample size results can be limited and the most participants were healthy with no complication reported among them. Whilst the evidence from this study shows a low prevalence of malnutrition rates in older adults, this endpoint cannot be used to draw conclusion. Other studies such as (Ferede, Derso and Sisay, 2022) concluded two sets of data where 9.9% and 25.2% in urban and rural areas. Therefore, location should be taken into account. In addition, (Boulos, Salameh and Barberger-Gateau, 2016) cross-sectional study saw a difference in numbers between malnourished frail older adults and healthy older adults and they were 63.9% and 1.8% respectfully based on the sample size. Similarly, in the United States (US) adults in community settings malnutrition rates equate to 6.5% (Crichton *et al.*, 2018). It has commonly assumed that malnutrition only means undernutrition which previous mention studies have described due to the fact that malnutrition usually implies undernutrition (Nugent *et al.*, 2020).

An important point to note is that (NHS Digital, 2023) published the health survey for England, statistics shows 63.8% of adults in England were either overweight or obese, with 25.9% of them being obese and 37.9% being overweight. In 2021/22, 10.1% of children ages 4-5 are considered obese, and an additional 12.1% were overweight. 14.3% ages 10 to 11 were overweight people and 23.4% obese (NHS Digital, 2023). In addition, in 2021 (BAPEN, 20) (British Association for Parenteral and Enteral Nutrition) published a report from a survey conducted, it reveals that malnutrition cost 15% of health and social care expenditure annually equating to £23.5. What is interesting is that in England the expenditure is approximately £18.6.

Sociocultural factors play a critical role in the prevalence of malnutrition. Malnutrition is interlinked to environmental, social (Besora-Moreno *et al.*, 2020) and educational factors (Charles Shapu *et al.*, 2020). The Social Cognitive Theory is one possible psychological theory that might be useful in explaining the influences of malnutrition (Anderson, Winett and

Wojcik, 2007). The theory suggests that self-efficacy beliefs(Patrick and Williams, 2012), as well as surroundings, norms and personal factors, all have an effect on behaviour(Grønhoj and Thøgersen, 2012). Children's eating habits are usually influenced by the home environment, and it is usually where beliefs, knowledge, and eating habits are formed. In addition, it has been widely recognised that traditional foods and dietary practises of minority ethnic groups in the UK have a significant sociocultural impact on malnutrition(Goff *et al.*, 2015). In 2010, Donin *et al.*, conducted a cross-section study using a 24hr recall method which reveals the different dietary composition across various ethnic groups such as the south Asian, white Europeans and black-African Caribbean in the United Kingdom has implications for the risk of chronic diseases based.

(Scaglioni *et al.*, 2018; Mahmood *et al.*, 2021) Bzostek and Berger, (2017) and Yani *et al.*, (2023) points out the vitality of family characteristics, such as obesity, level of education, and family structure. These factors could impact a child's overall dietary habits, level of physical activity, and lifestyle choices. For example, children from homes where obesity is more prevalent may be more likely to lead sedentary lives and adopt unhealthy eating patterns(Paduan *et al.*, 2021). Bahreynian *et al.*, (2017) and Fuemmeler *et al.*,(2013);) found an association between obese parents having obese or over-weight children with statistics from a cross-sectional study showing it equate to 58% of parents had this outcome (McLoone and Morrison, 2014). It is important to note that a parents influence on a child can also be positive when they've modelled positive habits(Wirthlin *et al.*, 2020). Furthermore, there are other factors that influences malnutrition prevalence such as the role of culture and religious food customs.

The role of poverty linked with income inequality, food insecurity and nutritional status acts as a major determinant in the prevalence of malnutrition. Kia *et al.*, (2019) shed light on socioeconomic disparities in malnutrition by highlighting how living circumstances, healthcare access, and education affect nutritional outcomes especially in children. The research conducted by Pool and Dooris, (2022) provide insight on the impact of socioeconomic class on access to appropriate nutrition by highlighting the prevalence of food insecurity in the UK. Food insecurity is defined as the inability to access or afford good quality food or sufficient amount of food(Cambridge Advanced Learner's Dictionary & Thesaurus, 2023).

Additionally, Brown, Mills and Albani, (2022) and Thomas *et al.*, (2022)) discussed the socioeconomic problems associated with food insecurity during the Covid-19 pandemic, concentrating on the influence of low income, family composition, and employment status had

negative effects including not having enough food or had to go without meals which is also inline to what is being reported currently by news outlet(The Guardian, 2022). It is important to note that food insecurity was already on the rise and covid 19 did not cause food insecurity. Paslakis, Dimitropoulos and Katzman (2021) stated that covid-19 has been the reason for the global food insecurity, but the pandemic only exacerbates the issue that was already there, focussing more emphasis on the issue of children malnutrition(Thacker *et al.*, 2022). It was revealed that 3% of the UK adults who participated in a study reported to having severe food insecurity, equating to more than 66.7% from the prior comparable UK analysis from 2016 to 2018 (Pool and Dooris, 2022). The rise in food bank reflects the food insecurity problem. Sosenko *et al.*, (2022) highlighted the rapid increase of food banks and emergency food parcels which has doubled since 2010 indicating a reliance of external means for food assistance(Nugent *et al.*, 2020). This result in persons having to make tough decisions including staying hungry, skipping meals(The Guardian, 2022). This contradicts Maslow's theory(Taormina and Gao, 2013) since it directly negatively impacts human's basic needs which is essential for a sustainable life and health(Popkin, Corvalan and Grummer-Strawn, 2020). Interestingly, the Food & Agriculture Organization of the United nation (FAO) (FAO, 2018) reported that the UK had the highest food security throughout Europe. Furthermore, income inequality is one of the main causes of malnutrition in the United Kingdom. When compared to children from families with higher socioeconomic backgrounds, research has shown that children from lower socioeconomic backgrounds are more likely to have poorer dietary habits and engage in less physical activity due to limited resources and opportunities. This can have a direct impact on the risk of obesity. It can be difficult for families from lower socioeconomic backgrounds to prioritise improving their health through dietary choices and increased physical activity because they frequently lack financial backing. Furthermore, geographic location can also play a pivotal role in both children and adult nutritional inequalities. Families living in rural areas appear to experience malnutrition or are at greater risk or experience due to barriers limiting them to nutritious and fresh food when compared to those living in urban areas(Thacker *et al.*, 2022). Nonetheless, the government has taken steps to address and manage the issues that influences malnutrition.

The government of the United Kingdom has launched several types of programmes and policies to address the urgency of the malnutrition crisis. In order to combat malnutrition, the UK government has put in place a variety of policies and strategies(Mozaffarian *et al.*, 2018; Theis and White, 2021). For tackling childhood obesity, the UK Government introduced several initiatives to try combat this issue. (Cabinet Office *et al.*, 2017) introduced the soft drinks

industry Levy was introduced in 2016 but came into effect in 2018. The soft drinks industry levy was the addition of more tax on drinks that were high in sugar.

(Pell *et al.*, 2021) controlled interrupted time series analysis to see if the implementation was effective. However, results showed that whilst there was reduction in sugar drinks purchase, the volume of drinks bought did not decrease despite that prediction which is similar to (Bandy *et al.*, 2020) findings. Conversely, Jones *et al.*, (2023) qualitative descriptive study using elite interviews findings contradicts previous findings suggest it was a successful policy. And they've found that the initiative was very successful as it had decreased not only the sugar consumption but also the beverage purchasing. Previous study of Jones *et al.*, (2023) has some discrepancy where there is a time varying confounding factor, making his claim questionable. In addition, in the literature done by Briggs *et al.*, (2017) made clear on the potentially great benefits the soft drinks industry Levy has to offer once continued even though at the start the initiative received a strong opposition from the media (Penney *et al.*, 2023).

In addition, a (Mahdi, Buckland and Chilcott, 2023) health promotion done by the government that emphasises on the importance of proper nutrition and healthy eating habits which will aid in the combatting of malnutrition in both adults and children is the Change4life which was done in England. Through preventive measures, these campaigns seek to address the underlying causes of malnutrition by promoting healthier food choices and increased physical activity for everyone. However, (Day *et al.*, 2022) highlighted in his study that more than half of the parents were unaware of the campaign or what it was about. In 2020 during the pandemic, the government created a new campaign with the same concept, merged it with change4life and called it the better health (Talbot and Branley-Bell, 2022).

Currently, the government has placed a high priority on the nutritional value of school meals, regulating the food served in classrooms and encouraging students to adopt healthy eating practises (Lucas *et al.*, 2017). This strategy is in line with the concept showing that raising the nutritional value of school meals can have a positive effect on kids' dietary intake (Saunders and Smith, 2010) and general health (Frisvold, 2015). Furthermore, Welfare programmes and social support networks, such as the Universal Credit system and food vouchers are implemented into addressing the financial issues (Pool and Dooris, 2022) that lead to food insecurity (Thomas *et al.*, 2022). A major criticism of this method is that it is like a short time fix and not a long-term solution. While these initiatives aim to alleviate economic barriers. It still does not solve the issues that low-income families experience such as acquiring nutritious

foods regularly (Bunn & Hooper, 2018). The government is currently committed to educating the public about recommended dietary practises and promoting healthier food options, which is demonstrated by its focus on developing and updating nutritional guidelines and enforcing regulations on food labelling and advertising (Brambila-Macias et al., 2011). In addition, in Wales, the Welch Government, (2021) have started to tackle the malnutrition problems. They have implemented the whole-school approach(Welch Government, 2021), which focusses on implementing healthy eating and lifestyle and it involves all the stakeholders including parents, the community(Wang and Stewart, 2013).

Healthcare interventions provided by the National Health Service (NHS) also includes initiatives to detect and treat malnutrition in populations that are more susceptible, like the elderly(Bracher *et al.*, 2019). In healthcare settings, nutritional support is offered to patients, and healthcare professionals are trained to diagnose and treat malnutrition(Murphy, Mayor and Forde, 2018). However, the key problem with this is the NHS has an ongoing staff shortage with many unfilled vacancies (British Medical Association, 2023)and staff have reported a burn out(Deakin, 2022).

To conclude

In conclusion, the prevalence of malnutrition is a pressing issue that requires immediate attention. The current statistics highlights how prevalence the issue is and that it is affecting everyone. In addition, it is important to note that malnutrition is influenced by socio cultural factors such as norms, lifestyle, family influences. As well as socio-economic factors such as income inequality, food insecurity and lack of education. Addressing the social determinants of malnutrition is essential. This includes interventions aimed at decreasing food insecurity, decreasing VAT (Value Added Tax), lowering tax on the lower and middle income, increasing access to education and employment opportunities. Implementing Community-based initiatives, such as nutrition workshops and cooking classes, can play a crucial role in educating families about healthy eating habits and empowering them to make informed choices and providing home meal delivery services for the elderly is immobile. Furthermore, the use of validated screening tools, such as the Malnutrition Universal Screening Tool, can aid in the early identification of individuals at risk and enable the implementation of timely interventions. However, it is important to go beyond identification and focus on the fact that there are staff shortage. Additionally, there is a need for the development and implementation of comprehensive nutritional care pathways in community settings. To address this problem there is a need for filled vacancy to fill staff shortages to avoid not receiving a thorough healthcare check because staff are either non-existent or burnt out. Finally, I recommend that the UK

government stick to a long-term initiative focussing on how to combat income inequality which is remove the need to have the many initiatives they currently have going forward.

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