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DECLARATION

I, Akash Baria, declare that this dissertation has been composed entirely by me. The work presented is my own, except where specific acknowledgement is made within the text. No part of this dissertation has been submitted previously for any other degree or academic qualification, either in whole or in part, unless explicitly stated.

Signed:.....Akash Baria

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STATEMENT ON AUTHENTICITY & A.I

I hereby confirm that this dissertation is my own original work and has been completed in accordance with the academic regulations, ethical standards, and integrity policies of the institution. All ideas, data, information, and published materials drawn from external sources have been fully acknowledged and referenced using the appropriate academic conventions. Any direct quotations, paraphrased content, or interpretations of existing research have been cited accurately to ensure transparency and avoid plagiarism.

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I affirm that this dissertation represents an honest, accurate, and authentic account of the research undertaken and complies fully with the institution's expectations regarding academic integrity and the responsible use of Artificial Intelligence technologies.

ABSTRACT

Introduction: Obesity remains a major public health concern in the United Kingdom (UK), with significant socioeconomic inequalities influencing obesity outcomes. Young adults aged 18–25 are particularly vulnerable due to transitions in education, employment, housing and independent living. Despite increasing concern, research focusing specifically on socioeconomic inequalities and obesity among young adults in the UK remains limited.

Aim: This study aimed to examine how socioeconomic status (SES) influences obesity outcomes among young adults aged 18–25 in the United Kingdom and to identify key structural, behavioural and healthcare-related factors contributing to obesity inequalities.

Methodology: A systematic literature review was conducted using peer-reviewed studies published between 2012 and 2026. Databases including PubMed, Scopus, Web of Science and Google Scholar were searched using keywords related to socioeconomic status, obesity, young adults and the UK. Studies were screened using PRISMA principles and critically appraised using the MMAT framework. Findings were analysed through narrative synthesis.

Results: The review identified several interconnected factors influencing obesity outcomes among young adults. Lower socioeconomic status was associated with higher obesity risk through structural determinants such as food insecurity, insecure employment, poor housing and limited access to healthy environments. Behavioural mediators including unhealthy diet, low physical activity, stress and disrupted sleep patterns further contributed to obesity inequalities. Barriers to healthcare access among disadvantaged young adults were also identified.

Conclusion: The findings demonstrate that obesity among young adults in the UK is strongly shaped by socioeconomic inequalities rather than individual behaviour alone. Structural and behavioural factors interact to increase obesity risk among disadvantaged groups, highlighting the need for integrated public health interventions and more targeted UK-focused research.

Keywords: Socioeconomic status; Obesity inequalities; Young adults (18–25); Structural determinants; Behavioural pathways; United Kingdom.

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CHAPTER 1: INTRODUCTION

1.1 Background of the Study

Obesity is one of the most significant public health challenges facing the United Kingdom, with prevalence continuing to rise despite national health promotion strategies (WHO, 2024). According to NHS Digital (2023), 64% of adults in England are classified as overweight or obese, while 26% are living with obesity. The Health Survey for England (2024) reported a further 1.3% increase in obesity prevalence within a single year, marking the fastest annual rise since 2010 (Robinson et al., 2023). Obesity places an annual cost of more than £6.5 billion on the NHS, with overall societal costs exceeding £27 billion (House of Commons Library, 2025).

Obesity is not distributed equally across society. Adults living in the most deprived areas experience substantially higher obesity prevalence than those in the least deprived areas (OHID, 2024). Rates exceed 35% in the most deprived communities compared with around 20% in the least deprived. The Index of Multiple Deprivation (2024) shows that adults in lower income groups are more than twice as likely to have obesity. NHS Digital (2024) also reports higher obesity prevalence among individuals with lower educational attainment and household income, demonstrating a clear socioeconomic gradient (Marmot et al., 2020).

Socioeconomic status (SES), commonly measured through income, education and occupation, influences access to financial, social and environmental resources (Marmot et al., 2020). Structural determinants such as poverty, housing conditions, food environments and employment insecurity significantly affect obesity risk (Bambra et al., 2023). Healthier diets remain substantially more expensive than processed foods, while rising food prices continue to affect food purchasing decisions among lower-income households (Food Foundation, 2024). Deprived neighbourhoods also tend to contain more fast-food outlets and fewer opportunities for physical activity, shaping health behaviours and obesity outcomes (OHID, 2024).

Young adulthood (18–25 years) represents a critical stage for understanding obesity inequalities. This period involves transitions into higher education, employment and independent living, during which long-term dietary and physical activity behaviours are established (Arnett, 2020). The Health Survey for England (2024) reported that 29% of adults aged 18–24 were overweight or obese, representing a 6% increase since 2018.

Socioeconomic pressures during young adulthood may further increase obesity risk. ONS (2024) reported that 38% of individuals aged 18–24 experienced difficulties meeting everyday

living expenses during the cost-of-living crisis. Rising housing costs, food insecurity and financial instability may reduce access to healthier diets and recreational opportunities (Evans and Carter, 2023). These pressures can contribute to unhealthy dietary behaviours and reduced physical activity among disadvantaged young adults.

Despite growing recognition of obesity inequalities, young adults remain relatively under-researched. Existing studies frequently focus on children or broader adult populations, often overlooking the distinct socioeconomic pressures experienced during early adulthood (NIHR, 2025). Consequently, examining the relationship between socioeconomic status and obesity among young adults aged 18–25 in the UK remains important for informing targeted public health interventions.

1.2 Problem Statement

Obesity remains a major public health challenge in the United Kingdom despite national strategies aimed at improving diet and physical activity (NHS Digital, 2023). More than 1 million obesity related hospital admissions were recorded in 2023/24, with obesity-related admissions among 18–25 year olds increasing by 12%, representing the largest rise across adult age groups (House of Commons Library, 2025).

Socioeconomic inequalities contribute significantly to obesity risk through financial insecurity, food affordability, neighbourhood conditions and reduced opportunities for healthy lifestyles (Bambra et al., 2023). NHS Digital (2024) reported higher obesity prevalence among younger adults with lower educational attainment and economic disadvantage. Similarly, the Active Lives Survey (2024) found that young adults from lower-income households were substantially less likely to meet recommended physical activity guidelines than those from higher-income households.

Young adulthood is a critical life stage during which long-term health behaviours are established (Arnett, 2020). However, limited evidence specifically examines how socioeconomic disadvantage influences obesity outcomes among individuals aged 18–25. Many studies continue to group young adults within broader adult populations, limiting understanding of the unique structural and behavioural factors affecting obesity during early adulthood (Cronin et al., 2022).

As a result, there remains insufficient age-specific evidence to inform targeted obesity interventions for young adults in the UK. Therefore, a systematic review is required to synthesise existing evidence on the relationship between socioeconomic status and obesity outcomes among young adults aged 18–25.

1.3 Research Aim

The aim of this study is:

To systematically review and critically evaluate how socioeconomic status influences obesity outcomes among young adults aged 18–25 years in the United Kingdom.

1.4 Research Objectives

The objectives of this study are:

1. To examine the relationship between socioeconomic status and obesity outcomes among young adults aged 18–25 in the United Kingdom.
2. To analyse structural determinants, including income, education and neighbourhood environment, influencing obesity outcomes among young adults.
3. To evaluate behavioural pathways, including diet, physical activity and stress, linking socioeconomic status and obesity among young adults.
4. To critically assess the strengths and limitations of existing evidence relating to socioeconomic inequalities and obesity in the UK context.
5. To identify gaps within the existing literature and provide recommendations for future research and public health practice.

1.5 Research Question

How does socioeconomic status influence obesity outcomes among young adults aged 18–25 in the United Kingdom, and what structural and behavioural factors explain this relationship?

1.6 Rationale / Justification

Health inequalities remain a major public health concern in the United Kingdom, with socioeconomic disadvantage strongly associated with poorer health outcomes across the life course (Marmot et al., 2020). Obesity represents one of the clearest examples of these inequalities. Recent UK data show that adults living in the most deprived areas are significantly more likely to experience obesity compared with those living in the least deprived areas (Office for Health Improvement and Disparities, 2024). In England, obesity prevalence among adults in the most deprived communities is estimated to be approximately 13–15% higher than in the least deprived groups (NHS Digital, 2024). Socioeconomic inequalities are also reflected in food insecurity, with around 9 million adults in the UK experiencing food insecurity in 2023, limiting access to healthy diets and increasing reliance on low-cost energy-dense foods (Food Foundation, 2024).

Young adulthood represents a particularly important stage in the life course because long-term health behaviours are often established during this period (Arnett, 2020). Evidence suggests that substantial weight gain frequently occurs between the ages of 18 and 25, increasing the likelihood of long-term obesity and future chronic disease risk (Bann et al., 2022). However, despite increasing obesity risk among young adults, this population remains comparatively under-researched within obesity literature. Existing studies frequently combine individuals aged 18–25 within broader adult populations, limiting understanding of how socioeconomic factors specifically shape obesity outcomes during early adulthood (Lake et al., 2022).

A systematic literature review is therefore justified because existing evidence relating socioeconomic status and obesity among young adults remains fragmented across public health, sociology and epidemiology research. Synthesising current evidence enables identification of consistent findings, contradictions and research gaps while providing a broader understanding of how structural and behavioural factors interact to influence obesity outcomes (Tricco, Langlois and Straus, 2021). Therefore, this study provides a timely and evidence-based synthesis to support more targeted and equitable public health interventions in the UK.

1.7 Significance of the Study

This study is significant because it provides a focused understanding of how socioeconomic inequalities influence obesity outcomes among young adults in the United Kingdom (Marmot et al., 2020). The findings may help policymakers and public health professionals develop more targeted and equitable obesity prevention strategies for individuals aged 18–25, a group that is often overlooked within wider obesity research (Christiansen et al., 2023).

The study has practical relevance for NHS weight management services, local authority public health programmes and university health promotion initiatives (NHS England, 2024). For example, the findings may support the development of targeted interventions for young adults living in deprived communities, including subsidised healthy food schemes, affordable physical activity programmes and mental health support linked to obesity prevention (Food Foundation, 2024). The evidence may also help local councils identify how neighbourhood deprivation, food environments and housing insecurity contribute to obesity risk among young adults (OHID, 2024).

In addition, the study is relevant to higher education institutions and employers seeking to promote healthier lifestyles among students and young workers through wellbeing programmes and healthier food environments (Brown et al., 2021).

Academically, the study contributes to existing literature by synthesising fragmented evidence relating to socioeconomic status and obesity among young adults in the UK (Page et al., 2021). It also identifies important gaps within current research, particularly the limited availability of age-specific evidence, thereby providing direction for future public health and epidemiological research (NIHR, 2025).

1.8 Dissertation Structure

This dissertation is organised into five chapters. Chapter 1 introduces the study by outlining the background, problem statement, research aim, objectives, rationale and significance. Chapter 2 critically reviews existing literature on socioeconomic status and obesity among young adults. Chapter 3 explains the methodology, including the systematic review design, search strategy, inclusion and exclusion criteria and quality appraisal. Chapter 4 presents the results and discussion through thematic analysis. Chapter 5 concludes the dissertation by

summarising key findings and providing recommendations for policy, practice and future research.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter critically reviews the literature examining the relationship between socioeconomic status (SES) and obesity outcomes among young adults aged 18–25 in the United Kingdom. The review focuses specifically on how socioeconomic inequalities influence obesity risk within this population and evaluates the evidence relevant to the research question.

Recent UK evidence demonstrates a clear socioeconomic pattern in obesity, with adults living in the most deprived areas significantly more likely to experience obesity than those in the least deprived areas (Pearce et al., 2021). These inequalities highlight the importance of examining obesity beyond individual lifestyle choices and considering the wider social and economic conditions that shape health behaviours and outcomes.

Young adulthood represents an important stage of the life course because individuals experience transitions related to education, employment, financial independence and living arrangements, all of which may influence obesity risk (Nelson et al., 2022). Socioeconomic pressures during this period may therefore contribute to long-term health inequalities.

This chapter explores the main themes relevant to the study. It first examines the socioeconomic gradient in obesity before reviewing structural determinants such as income, food environments, employment and housing. The chapter then evaluates behavioural mediators including diet, physical activity, stress and sleep, followed by discussion of healthcare access among young adults. Finally, the chapter considers methodological limitations, gaps and inconsistencies within the existing literature and presents the conceptual framework underpinning this study.

By critically evaluating current evidence, this chapter identifies key debates and gaps in knowledge regarding how socioeconomic status shapes obesity outcomes among young adults in the UK.

2.2 Socioeconomic Gradient in Obesity

Recent evidence consistently demonstrates a clear socioeconomic gradient in obesity across the United Kingdom, with several studies identifying higher obesity prevalence among socioeconomically disadvantaged populations (Pearce et al., 2021). In England, obesity prevalence among adults living in the most deprived areas exceeds 35%, compared with approximately 22–24% among those in the least deprived areas, highlighting persistent health

inequalities linked to deprivation (OHID, 2024). Similarly, NHS Digital (2023) reported that adults in deprived communities are around 14–15% more likely to experience obesity than individuals living in affluent areas.

These inequalities are increasingly evident among young adults aged 18–25. Young adults experiencing insecure employment, low income and unstable housing conditions are more likely to adopt unhealthy dietary behaviours and experience reduced physical activity opportunities (Pearce et al., 2021). For example, individuals classified as not in education, employment or training (NEET) often experience higher levels of financial insecurity and poorer health outcomes compared with young adults engaged in higher education or stable employment (Thompson et al., 2022). Similarly, young adults living in private rented accommodation or temporary housing may face limited access to affordable healthy food and safe recreational environments (McDaid et al., 2024).

Differences are also visible between students and non-students. Although, university students may temporarily experience low income, access to university facilities, structured routines and health promotion services may partially protect against obesity risk (Bann et al., 2022). In contrast, young adults outside higher education may experience earlier exposure to full-time employment pressures, irregular working hours and financial instability, increasing vulnerability to unhealthy lifestyle patterns (Virtanen et al., 2022).

Socioeconomic status is measured through indicators such as income, education, occupation and area deprivation, although these measures do not always capture the complexity of young adulthood (Matthews and Gallo, 2020). For example, students may appear economically disadvantaged despite having future socioeconomic advantages linked to educational attainment. Nevertheless, evidence consistently suggests that deprivation remains strongly associated with higher obesity risk.

The socioeconomic gradient is also influenced by wider economic pressures. Rising living costs and inflation have disproportionately affected younger populations, particularly those entering the labour market, increasing reliance on low-cost energy-dense foods and limiting opportunities for healthy living (O'Connell, Smith and Taylor, 2023). These patterns demonstrate that obesity inequalities are shaped by structural socioeconomic conditions rather than individual choice alone (Bambra et al., 2023).

Overall, current evidence strongly supports the existence of a socioeconomic gradient in obesity within the UK (NICE, 2022). However, much of the existing evidence focuses on

broader adult populations, while limited research specifically examines young adults aged 18–25 within the UK context.

2.3 Structural Determinants of Obesity

Recent literature increasingly conceptualises obesity as a condition shaped by structural determinants, including income inequality, food environments, housing conditions and access to health-promoting resources, rather than solely individual behaviour (Marmot et al., 2020). These structural factors contribute significantly to socioeconomic inequalities in obesity across the UK population.

Consistent with previous findings, income inequality remains one of the strongest structural determinants of obesity. The recent cost-of-living crisis has disproportionately affected lower-income households, particularly young adults facing rising rent, transport and energy costs (Rydzik and Bal, 2024). The Food Foundation (2024) reported that healthier foods in the UK cost more than twice as much per calorie as less healthy alternatives, making nutritious diets less affordable for disadvantaged groups. Consequently, many young adults, particularly students and low-income workers, rely on cheaper convenience foods and takeaway meals due to financial pressures (Griffith et al., 2024).

The food environment also plays a major role in shaping obesity risk. Research shows that deprived communities in the UK often have a significantly higher density of fast-food outlets and fewer affordable healthy food retailers compared with affluent areas (Maguire, Burgoine and Monsivais, 2021). Some urban areas described as “food deserts” have limited access to fresh and affordable food options, increasing reliance on processed and energy-dense foods (Wilkins et al., 2022). These conditions may particularly affect young adults living independently for the first time or those without stable cooking facilities.

Built environment inequalities further contribute to obesity risk (NICE, 2022). Deprived neighbourhoods frequently have reduced access to safe green spaces, recreational facilities and active transport infrastructure such as cycling routes and walkable streets (Smith et al., 2021). Young adults in low-income urban areas may therefore face barriers to regular physical activity. In addition, gym memberships and organised physical activities may be financially inaccessible for many individuals aged 18–25 experiencing insecure employment or low wages (Dodd-Reynolds et al., 2024).

Employment conditions are another important structural determinant. Young adults are increasingly represented within insecure forms of employment, including temporary contracts, shift work and gig economy jobs (Rydzik and Bal, 2024). Irregular working hours can reduce time available for meal preparation, disrupt sleep patterns and increase stress levels, all of which are associated with obesity risk (Virtanen et al., 2022). In contrast, individuals in more secure employment often have greater financial stability and healthier living conditions.

Housing conditions also contribute to inequalities in obesity outcomes. Young adults from disadvantaged socioeconomic backgrounds are more likely to experience overcrowded housing, unstable renting arrangements and accommodation with limited cooking or recreational space (McDaid et al., 2024). These conditions can encourage unhealthy eating behaviours and sedentary lifestyles while increasing psychological stress.

Importantly, these structural determinants interact rather than operate independently. Low income, poor housing, insecure employment and obesogenic environments often cluster together, creating cumulative disadvantage that increases obesity risk among young adults (Adams, 2020). This demonstrates that obesity inequalities are strongly shaped by broader social and economic systems rather than individual choice alone (Puhl and Lessard, 2020).

Overall, current evidence strongly supports the role of structural determinants in shaping obesity outcomes within the UK (Marmot et al., 2020). Despite consistent findings, differences in socioeconomic measurements and study populations reduce comparability across existing studies.

2.4 Behavioural Mediators

Behavioural factors including diet, physical activity, sleep and stress are widely recognised as important contributors to obesity; however, recent literature emphasises that these behaviours are strongly shaped by socioeconomic conditions rather than individual choice alone (Drewnowski, 2020). This suggests that behavioural patterns should be understood as mediators linking socioeconomic disadvantage to obesity outcomes among young adults.

Dietary behaviours are significantly influenced by financial circumstances. Recent UK evidence indicates that lower-income households are more likely to rely on low-cost, energy-dense and ultra-processed foods because healthier alternatives remain substantially more expensive (Food Foundation, 2024). Young adults experiencing financial pressure may also

skip meals or prioritise cheaper convenience foods due to limited budgets and rising living costs (Loopstra, 2020). In particular, students and young renters often report increased dependence on takeaway foods and food delivery services because of limited cooking facilities, lack of time and economic constraints (Morris et al., 2022).

Physical activity is also shaped by socioeconomic inequalities. Young adults from lower socioeconomic backgrounds may face barriers including unaffordable gym memberships, limited leisure time and reduced access to safe recreational spaces (Dodd-Reynolds et al., 2024). Deprived urban communities often have fewer accessible green spaces and lower-quality active transport infrastructure, reducing opportunities for regular exercise (Smith et al., 2021). In contrast, individuals from more advantaged backgrounds are generally more able to access structured physical activity opportunities and supportive environments.

Sleep patterns represent another important behavioural pathway. Young adults engaged in shift work, zero-hour contracts or multiple low-paid jobs may experience disrupted sleep routines and irregular working hours, which are associated with increased obesity risk (Khan et al., 2020). Financial insecurity and unstable employment can further contribute to chronic stress and fatigue, negatively affecting metabolic health and eating behaviours.

Stress is increasingly recognised as a significant mediator between socioeconomic disadvantage and obesity. Financial anxiety, housing insecurity, student debt and employment instability are common stressors among young adults and may contribute to emotional eating and unhealthy coping behaviours (Jackson et al., 2021). Evidence shows that prolonged stress influences hormone regulation and appetite, making people more likely to seek out and eat calorie dense comfort foods (Tomiya et al., 2020).

Recent research also highlights the growing influence of digital environments on behavioural patterns among young adults. Exposure to online food marketing through social media platforms has been associated with increased consumption of energy-dense foods, while higher levels of screen time contribute to sedentary behaviour (Buchanan et al., 2022). Emerging evidence suggests that targeted advertising may disproportionately affect lower socioeconomic groups due to differences in media exposure and online engagement.

Overall, behavioural mediators play an important role in explaining how socioeconomic inequalities influence obesity outcomes among young adults. However, these behaviours are strongly shaped by structural and economic conditions, reinforcing the need for public health approaches that address both behavioural and wider socioeconomic determinants simultaneously.

2.5 Young Adults as a Population

Collectively, current evidence recognises young adulthood (18–25 years) as a critical life stage during which long-term obesity risk may become established (Poobalan and Aucott, 2020). In the United Kingdom, this period is characterised by major transitions involving higher education, employment, financial independence and changes in living arrangements, all of which can influence dietary behaviours, physical activity and overall health outcomes (Winpenny et al., 2020).

Recent UK evidence indicates that obesity prevalence among young adults continues to increase, with approximately 24% of adults aged 18–24 classified as overweight or obese in recent national surveys (NHS Digital, 2024). Weight gain during early adulthood is strongly associated with persistent obesity later in life and increased risk of long-term chronic conditions including type 2 diabetes and cardiovascular disease (Viner et al., 2021). Despite this, young adults remain comparatively underrepresented within obesity research compared with children and older adults.

Socioeconomic inequalities appear to significantly shape obesity risk during this life stage. Young adults from disadvantaged socioeconomic backgrounds are more likely to experience insecure employment, low income and unstable housing conditions, all of which may limit opportunities for healthy lifestyle behaviours (Williams et al., 2021). Recent data suggest that young adults are among the groups most affected by temporary employment and zero-hour contracts in the UK labour market, increasing financial insecurity and stress (Rydzik and Bal, 2024). Furthermore, private renting among young adults has risen substantially in recent years, with many individuals facing high housing costs and overcrowded accommodation (Hoolachan and McKee, 2021). These conditions may contribute to unhealthy dietary patterns, stress-related eating and limited physical activity.

Differences also exist between young adults engaged in higher education and those outside education or stable employment. University students may benefit from access to structured environments, recreational facilities and health promotion initiatives that can support healthier behaviours (Plotnikoff et al., 2020). However, students from lower-income backgrounds may still experience financial pressures that affect food quality and wellbeing. In contrast, young adults not engaged in education, employment or training (NEET) may face greater exposure to socioeconomic disadvantage and obesogenic environments, increasing obesity risk (Thompson et al., 2022).

Recent evidence further suggests that young adults are among the highest users of food delivery platforms and digital food services, increasing exposure to energy-dense takeaway foods and targeted online food marketing (Poelman et al., 2020). At the same time, sedentary behaviours linked to screen time and digital media use have increased within this population, potentially contributing to reduced physical activity levels.

However, evidence examining socioeconomic inequalities and obesity specifically among young adults remains inconsistent. Some studies suggest that socioeconomic differences in obesity become more pronounced later in adulthood, while others indicate that inequalities begin to emerge during early adulthood itself (Hanson et al., 2021). These inconsistencies may reflect differences in study design and challenges in measuring socioeconomic status during this transitional life stage.

Overall, young adulthood represents a distinct and important population group within obesity research. Socioeconomic inequalities experienced during this period may have long-term consequences for health outcomes across the life course. Nevertheless, limited research specifically focuses on young adults aged 18–25 within the UK context, reinforcing the need for further systematic investigation.

2.6 Access to Healthcare

Access to healthcare is an important factor influencing obesity outcomes, even within the context of the United Kingdom's universal healthcare system. Although the NHS provides broad access to healthcare services, recent evidence suggests that socioeconomic inequalities continue to affect engagement with obesity prevention and weight management support (NHS England, 2024).

The NHS currently provides several obesity-related interventions, including GP referral pathways, Tier 2 lifestyle weight management programmes, Tier 3 specialist obesity services and the NHS Digital Weight Management Programme (Astbury et al., 2021). However, utilisation of these services is often lower among disadvantaged groups despite higher obesity prevalence within these populations (Morris et al., 2022). This indicates that service availability alone does not eliminate inequalities in healthcare access and engagement.

Young adults may experience additional barriers to accessing preventive healthcare services. Irregular working hours, insecure employment and changing living arrangements can reduce

continuity of care and limit engagement with GP services (French et al., 2020). Many young adults also demonstrate lower use of preventive healthcare compared with older adults, often accessing healthcare only when problems become more severe (Saunders et al., 2022). As a result, opportunities for early intervention and obesity prevention may be missed.

Financial and structural barriers also remain important. Young adults from lower socioeconomic backgrounds may face transport costs, limited awareness of available services and competing financial priorities that reduce engagement with weight management support (Saunders et al., 2022). Digital obesity services have expanded in recent years; however, inequalities in digital literacy and internet access may limit participation among disadvantaged groups (Islam et al., 2022). These challenges may be particularly relevant for young adults living in deprived communities.

Regional inequalities in healthcare provision further contribute to disparities in obesity support across the UK. Access to specialist obesity services and preventive programmes is often more limited in deprived areas, where obesity prevalence is highest (McGill et al., 2023). Young adults living in these communities may therefore experience reduced access to both healthcare services and wider health-promoting resources.

Health literacy also influences healthcare utilisation. Individuals with higher educational attainment are generally more likely to engage with preventive interventions and understand health information effectively (Jessup et al., 2021). In contrast, lower health literacy among disadvantaged populations may reduce awareness of obesity risks and available support services.

Overall, recent evidence demonstrates that access to healthcare is shaped by wider socioeconomic conditions rather than healthcare availability alone. These inequalities highlight the need for more targeted, accessible and young-adult-focused obesity interventions that improve engagement among disadvantaged populations (Falconer et al., 2021).

2.7 Methodological Limitations

Recent research examining socioeconomic inequalities and obesity continues to face several important methodological limitations. However, much of the existing evidence continues to rely on cross-sectional study designs, limiting causal interpretation between socioeconomic status

and obesity outcomes (Bann et al., 2022). While these studies can identify associations, they cannot determine how socioeconomic disadvantage influences obesity over time. Therefore, a systematic review is necessary to synthesise findings across multiple studies and identify broader patterns within the evidence base.

Although some longitudinal studies have emerged using UK population datasets, relatively few focus specifically on young adults aged 18–25 (Viner et al., 2021). Much of the available evidence combines young adults with wider adult populations, limiting age-specific understanding of obesity inequalities. This lack of focused evidence reinforces the importance of the present systematic review, which specifically examines young adults as a distinct population group.

Another methodological challenge involves inconsistent measurement of socioeconomic status. Recent studies continue to use different indicators, including income, educational attainment, occupation and area-level deprivation measures (Galobardes et al., 2020). These indicators capture different dimensions of inequality and may produce varying findings, making comparison across studies difficult. A systematic review is therefore valuable in identifying how differences in SES measurement influence reported outcomes.

Reliance on self-reported data also remains a significant limitation within obesity research. Studies using self-reported height, weight and behavioural data may underestimate obesity prevalence and introduce reporting bias (Ng et al., 2021). Although objective measures are increasingly used, they are not consistently applied across studies. Synthesising evidence from multiple sources allows clearer evaluation of the strengths and weaknesses associated with different methodological approaches.

Selection bias further limits current understanding of obesity inequalities among young adults. Many studies rely heavily on university student samples, which may not accurately represent the broader young adult population, particularly individuals from disadvantaged socioeconomic backgrounds (Advance HE, 2022). Young adults who are unemployed, engaged in insecure work or not involved in higher education are often underrepresented within existing research.

In addition, limited use of mixed-methods approaches reduces understanding of the lived experiences underlying obesity inequalities. Quantitative studies provide statistical associations but often fail to capture how financial stress, housing insecurity and employment instability shape behavioural patterns among young adults. Greater integration of qualitative

evidence may therefore improve understanding of the mechanisms linking socioeconomic disadvantage and obesity.

Finally, much of the evidence remains based on international studies, which may not fully reflect the UK context because of differences in healthcare systems, welfare policies and socioeconomic conditions. This highlights the importance of a UK-focused systematic review that critically evaluates evidence relevant to young adults within the UK specifically (Hoare et al., 2021).

Overall, these methodological limitations reduce the consistency and comparability of existing evidence. Consequently, the present systematic review is necessary to synthesise fragmented findings, evaluate methodological strengths and weaknesses and provide a clearer understanding of how socioeconomic inequalities influence obesity outcomes among young adults in the UK.

2.8 Gaps and Inconsistencies

Despite extensive research examining socioeconomic inequalities and obesity, important gaps remain within the existing literature. The most significant limitation is the lack of UK-focused research specifically examining young adults aged 18–25 as a distinct population group (Stevenson, Inskip and Barker, 2020). Much of the current evidence combines young adults within broader adult populations, limiting understanding of how socioeconomic status uniquely influences obesity during early adulthood.

Another key gap involves the limited integration of structural and behavioural perspectives. Existing studies often examine factors such as income, food environments and housing separately from behavioural mediators including diet, physical activity, stress and sleep (Dahlgren and Whitehead, 2021). As a result, there is insufficient understanding of how these pathways interact to shape obesity outcomes among young adults.

Inconsistencies also exist regarding the strength and timing of socioeconomic inequalities in obesity. Some studies suggest that obesity inequalities emerge during early adulthood, whereas others indicate that the socioeconomic gradient becomes more pronounced later in life (Pearce et al., 2021). These variations may reflect differences in study design, population characteristics and measurement of socioeconomic status.

Furthermore, emerging influences such as digital food environments, social media marketing and changing economic conditions remain underexplored within UK-based young adult

research (Buchanan et al., 2022). Given the increasing role of digital and economic pressures in shaping health behaviours, these areas require greater attention.

Overall, the literature lacks an integrated UK-focused synthesis examining how structural and behavioural pathways collectively link socioeconomic status and obesity among young adults (Viner et al., 2021). This gap highlights the need for the present systematic review, which aims to critically synthesise existing evidence and provide a clearer understanding of obesity inequalities within this population.

2.9 Conceptual Framework

This study adopts a conceptual framework that integrates socioeconomic status (SES), structural determinants and behavioural mediators to explain obesity outcomes among young adults in the United Kingdom. The framework is informed by contemporary public health perspectives, which recognise that obesity is shaped by broader social and economic conditions rather than individual behaviour alone (Solar and Irwin, 2021).

Within this framework, socioeconomic status—measured through factors such as income, education and occupation—acts as a fundamental determinant influencing access to resources, opportunities and living conditions (Braveman et al., 2022). SES shapes structural determinants including food environments, employment conditions, housing quality and access to healthcare services. These structural conditions subsequently influence behavioural mediators such as diet, physical activity, stress and sleep, which directly contribute to obesity outcomes.

The framework also recognises the concept of “constrained choice,” whereby health-related behaviours are shaped and limited by socioeconomic circumstances rather than entirely determined by personal choice (Frohlich and Potvin, 2020). For example, limited financial resources may restrict access to healthy foods while simultaneously increasing stress levels and reliance on low-cost, energy-dense diets.

Importantly, this framework adopts a life-course perspective by recognising young adulthood as a critical developmental stage during which long-term health behaviours and obesity risk may become established (Ben-Shlomo et al., 2020). Socioeconomic inequalities experienced during this period may therefore have lasting consequences for future health outcomes.

2.10 Chapter Summary

This chapter has critically reviewed the literature examining the relationship between socioeconomic status and obesity among young adults in the United Kingdom. The evidence consistently demonstrates that obesity follows a clear socioeconomic gradient, with higher prevalence observed among individuals experiencing greater socioeconomic disadvantage (OHID, 2024).

The review highlighted the important role of structural determinants, including income inequality, food environments, employment insecurity, housing conditions and healthcare access, in shaping obesity outcomes. These structural influences interact with behavioural mediators such as diet, physical activity, stress and sleep, demonstrating that obesity cannot be understood solely through individual lifestyle choices (Marmot et al., 2020).

The chapter also identified several important gaps within the current literature, particularly the limited UK-focused evidence specifically examining young adults aged 18–25 and the lack of integrated analysis combining structural and behavioural pathways. In addition, methodological limitations including cross-sectional study designs, inconsistent measurement of socioeconomic status and reliance on self-reported data reduce the strength and comparability of existing evidence.

Overall, the literature demonstrates the need for a more focused and integrated understanding of how socioeconomic inequalities influence obesity outcomes among young adults in the UK. This provides a clear justification for the present systematic review.

To address the gaps identified within the literature, Chapter 3 outlines the systematic review methodology used in this study, including the search strategy, inclusion and exclusion criteria, data extraction process and quality appraisal methods used to synthesise UK-focused evidence on socioeconomic inequalities and obesity among young adults.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methodology used to conduct the systematic literature review examining the influence of socioeconomic status (SES) on obesity outcomes among young adults aged 18–25 in the United Kingdom. The methodology was designed to ensure a structured, transparent and reliable review process.

The study adopts an interpretivist perspective, which is appropriate for understanding how social and economic inequalities influence obesity outcomes within different social contexts (Fletcher, 2017). Although the review includes quantitative, qualitative and mixed-methods studies, the analysis focuses on interpreting patterns and relationships across the literature rather than statistically testing hypotheses.

A systematic literature review design was used to identify, evaluate and synthesise relevant studies related to socioeconomic inequalities and obesity among young adults. Narrative synthesis was adopted to analyse findings across the included studies and identify key themes and patterns within the evidence base (Campbell et al., 2020).

This chapter outlines the research philosophy, research approach and systematic review strategy used in the study. It also explains the search strategy, study selection process, inclusion and exclusion criteria, quality appraisal methods, data extraction procedures and narrative synthesis approach. Ethical considerations and methodological limitations are also discussed to ensure transparency and academic rigour throughout the research process.

3.2 Research Philosophy

This study adopts an interpretivist informed approach, which focuses on understanding social phenomena within their social and economic context (Creswell and Creswell, 2023). Interpretivism is appropriate for this research because obesity is influenced by wider socioeconomic conditions rather than biological factors alone. Factors such as income, education, employment and deprivation shape health behaviours and obesity outcomes differently across population groups.

The study aims to understand how socioeconomic inequalities influence obesity among young adults aged 18–25 in the United Kingdom. Therefore, the interpretivist approach supports the

exploration and interpretation of patterns across existing research rather than focusing solely on objective measurement or statistical testing.

Although the review includes quantitative, qualitative and mixed-methods studies, the analysis focuses on interpreting relationships, trends and recurring themes within the literature. This aligns with the use of narrative synthesis, which enables comparison of findings across studies while considering social context and methodological differences (Popay et al., 2020).

To reduce subjectivity, the review follows a systematic and transparent process, including predefined search strategies, inclusion criteria and quality appraisal methods. This helps ensure consistency and reliability throughout the research process.

3.3 Ethical Considerations

This study is based entirely on secondary research using publicly available peer-reviewed literature. As no primary data collection or direct interaction with participants was involved, formal ethical approval was not required (Saunders et al., 2023).

Despite this, ethical principles were maintained throughout the study. Academic integrity was ensured by accurately presenting findings from included studies and avoiding selective reporting or misinterpretation of evidence (Resnik, 2020). All sources were appropriately referenced to prevent plagiarism and maintain transparency.

In addition, the review aimed to provide a balanced synthesis of both consistent and conflicting findings. This was important to reduce bias and improve the credibility of the analysis (Page et al., 2021). Only peer-reviewed studies were included to ensure the reliability and quality of the evidence used within the review.

3.4 Research Approach

This study adopts a narrative synthesis approach within a systematic literature review design, supported by an inductive reasoning strategy. The approach was selected because the review includes quantitative, qualitative and mixed-methods studies examining socioeconomic influences on obesity among young adults.

An inductive approach was considered appropriate as the study aims to identify patterns and themes emerging from the literature rather than test predefined hypotheses (Nowell et al.,

2017). This enables a broader understanding of how socioeconomic inequalities influence obesity outcomes across different social and environmental contexts.

Narrative synthesis was used to compare and interpret findings across studies with different methodologies, populations and measures of socioeconomic status and obesity (Mays et al., 2019). This approach supports the identification of recurring themes, inconsistencies and relationships within the evidence base.

The analysis focused on key themes including the socioeconomic gradient in obesity, structural determinants, behavioural mediators and access to healthcare services. Findings from the included studies were compared critically to identify similarities, differences and gaps within the literature.

Overall, this approach provided a structured and flexible method for synthesising diverse forms of evidence relevant to the research question.

3.5 Research Strategy

A systematic literature review strategy was adopted to ensure that the research process was structured, transparent and reproducible. Systematic reviews are widely recognised as rigorous approaches for identifying, evaluating and synthesising existing evidence, particularly within public health research (Siddaway et al., 2019).

This strategy was selected because the study aims to examine a broad range of evidence relating to socioeconomic inequalities and obesity among young adults in the United Kingdom. Using a systematic approach helped ensure that relevant studies were identified and screened using predefined procedures, reducing the risk of selection bias and improving the reliability of the findings (Booth et al., 2021).

The review followed PRISMA principles to support transparency throughout the identification, screening and selection stages of the review process (McKenzie et al., 2021). The PRISMA flow diagram will be presented in Chapter 4 to illustrate the number of records identified, screened, excluded and included within the final review.

In addition, the systematic review strategy enabled the inclusion of quantitative, qualitative and mixed-methods studies, allowing a broader understanding of how socioeconomic factors influence obesity outcomes among young adults. Overall, this approach provided a robust framework for synthesising evidence and addressing the research question systematically.

3.6 Study Design

This study is based on secondary research using peer-reviewed literature to examine the relationship between socioeconomic status (SES) and obesity among young adults aged 18–25 in the United Kingdom. Secondary research is appropriate because it allows the analysis of existing evidence from a wide range of studies without the need for primary data collection (Johnston, 2020).

A systematic literature review design was adopted to ensure that studies were identified, selected and analysed in a structured and transparent manner (Aromataris and Munn, 2020). The review focused on studies that directly examined socioeconomic inequalities and obesity-related outcomes among young adults.

Studies were selected using predefined inclusion and exclusion criteria rather than purposive sampling. This ensured consistency throughout the screening process and improved the relevance of the included evidence (Moher et al., 2020).

The study design enabled comparison of findings across quantitative, qualitative and mixed-methods research, supporting a broader understanding of structural and behavioural factors influencing obesity outcomes among young adults in the UK.

3.7 Search Strategy

A systematic search strategy was conducted in April 2026 to identify studies examining the relationship between socioeconomic status and obesity among young adults in the United Kingdom. Searches were carried out using PubMed, Scopus, Web of Science and Google Scholar. Only peer-reviewed English-language studies published between 2012 and 2026 were included. Boolean operators (“AND”, “OR”) were used to combine search terms and improve search precision (Haddaway et al., 2020).

Table 3.1 Search Strategy Results

Database	Search Query/Format	Search Date	Inclusion Years	Search Results
PubMed	("socioeconomic status" OR SES OR income OR deprivation) AND (obesity OR overweight OR BMI) AND ("young adults" OR "18–25") AND ("United Kingdom" OR UK OR England)	April 2026	2012–2026	420
Scopus	("socioeconomic status" AND obesity AND "young adults" AND UK)	April 2026	2012–2026	510
Web of Science	("SES" OR deprivation) AND ("obesity" OR overweight) AND ("young adults") AND ("United Kingdom")	April 2026	2012–2026	380
Google Scholar	socioeconomic status obesity young adults UK	April 2026	2012–2026	200

3.8 Framing of Search Query

For a structured and focused review, the search query was developed using the SPIDER framework (Sample, Phenomenon of Interest, Design, Evaluation and Research type), which is considered appropriate for qualitative and mixed-evidence systematic reviews examining experiences, relationships and social influences rather than interventions (Methley et al., 2014). The SPIDER framework helped ensure that the search strategy remained aligned with the research aim of examining the influence of socioeconomic status on obesity among young adults in the United Kingdom.

Table 3.2 SPIDER Framework

SPIDER Element	Search Terms/Criteria
Sample (S)	Young adults aged 18–25 living in the United Kingdom
Phenomenon of Interest (PI)	Influence of socioeconomic status, income, education, deprivation and employment on obesity outcomes
Design (D)	Quantitative, qualitative and mixed-methods research studies
Evaluation (E)	Obesity prevalence, BMI, overweight, diet, physical activity, behavioural risk factors and healthcare access
Research Type (R)	Peer-reviewed empirical studies published between 2012–2026 in English

The use of the SPIDER framework improved the clarity and precision of the search process by ensuring that all major concepts relevant to the research question were systematically incorporated into the search strategy (Cooke et al., 2012). In addition, the framework supported consistency during study screening and selection by aligning the search terms with the predefined inclusion and exclusion criteria.

3.9 Database Search Procedure

The database search process identified a total of 1,510 records across all selected databases. Specifically, 420 records were identified through PubMed, 510 through Scopus, 380 through Web of Science and 200 through Google Scholar.

Following the initial search, duplicate records were removed. A total of 410 duplicate studies were excluded, leaving 1,100 unique records for screening. The removal of duplicates improved organisation within the dataset and reduced the risk of reviewing the same study multiple times (Page et al., 2021).

Title screening was then conducted to identify studies relevant to the research topic. Studies clearly unrelated to socioeconomic status, obesity or young adults were excluded at this stage. The remaining records proceeded to abstract screening and full-text review using the predefined inclusion and exclusion criteria.

The use of multiple databases increased the likelihood of identifying a broad range of relevant literature, while the structured screening process improved transparency and reproducibility (Gusenbauer and Haddaway, 2020). The PRISMA flow diagram presented in Chapter 4 will provide a detailed overview of each stage of the screening and selection process.

3.10 Inclusion and Exclusion Criteria

Clear inclusion and exclusion criteria were established using the SPIDER framework to ensure that selected studies were directly relevant to the research question and objectives of the review (Cooke et al., 2012).

Table 3.3 Inclusion and Exclusion Criteria

SPIDER Element	Inclusion Criteria	Exclusion Criteria
Sample (S)	Young adults aged 18–25 in the United Kingdom	Studies focusing only on children, adolescents or older adults without separate analysis of young adults
Phenomenon of Interest (PI)	Studies examining the relationship between socioeconomic status and obesity outcomes	Studies not examining socioeconomic factors or obesity-related outcomes

Design (D)	Quantitative, qualitative and mixed-methods peer-reviewed studies	Reviews, editorials, conference papers, grey literature and non-peer-reviewed studies
Evaluation (E)	Studies reporting obesity outcomes such as BMI, overweight prevalence, obesity prevalence, diet or physical activity	Studies without clear obesity-related outcomes
Research Type (R)	Empirical studies published in English between 2012–2026	Non-English studies and studies published before 2012

The review focused specifically on UK-based studies to ensure relevance to the UK public health and socioeconomic context. Studies from other countries were excluded unless findings were directly applicable to the UK population.

The 2012–2026 timeframe was selected to ensure that the review reflected current socioeconomic conditions and recent public health trends. This was considered particularly important due to rapid changes in digital environments, social media exposure, food delivery services and economic pressures affecting young adults in recent years (WHO, 2024).

The use of predefined inclusion and exclusion criteria improved consistency throughout the study selection process and ensured that only relevant and methodologically appropriate studies were included within the review.

3.11 Selection of Studies

Following the removal of duplicate records, 1,100 studies proceeded to the screening stage. The study selection process followed the PRISMA 2020 guidelines to ensure transparency, consistency and methodological rigour throughout the review process (Page et al., 2021).

Title and abstract screening were conducted simultaneously in accordance with the PRISMA framework. During this stage, 970 records were excluded because they did not meet the predefined inclusion criteria. Common reasons for exclusion included lack of relevance to

obesity outcomes, absence of socioeconomic variables, focus on populations outside the young adult age group, or studies conducted outside the United Kingdom.

Following the screening stage, 130 full-text articles were assessed for eligibility. Each study was evaluated against the inclusion and exclusion criteria outlined earlier in this chapter. During full-text assessment, 124 studies were excluded due to factors including non-UK study settings, absence of obesity-related outcomes, insufficient analysis of socioeconomic determinants, lack of age-specific relevance to young adults, or methodological limitations affecting study quality.

Ultimately, six studies met all eligibility criteria and were included in the final systematic review. The relatively small but focused evidence base enabled detailed comparison and critical synthesis of findings relevant to the research question. Furthermore, the structured selection process provided a transparent audit trail of how studies were identified, screened, assessed and selected, thereby reducing the risk of selection bias and enhancing the overall credibility of the review (Page et al., 2021).

3.12 Quality Appraisal Using MMAT

The quality of included studies was assessed using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). The MMAT was selected because the review included quantitative, qualitative and mixed-methods studies, making it more suitable than using separate appraisal tools for different study designs.

The appraisal process evaluated key methodological aspects including study design, sampling strategy, data collection methods, validity of measurements and potential sources of bias. Each study was assessed systematically to determine the overall methodological quality and credibility of the evidence.

Studies were categorised as high, moderate or low quality based on their overall methodological strength. High-quality studies demonstrated clear research design, appropriate methodology and reliable analysis. Moderate-quality studies met most criteria but contained some limitations, while low-quality studies showed significant methodological weaknesses.

Studies were assessed against the relevant MMAT criteria according to their methodological design. The appraisal process considered the extent to which each study met established quality standards relating to sampling, data collection, measurement validity and analytical

rigour. This approach supported consistent evaluation of methodological quality while recognising that limitations may exist within individual studies.

The quality appraisal informed the interpretation of findings during the narrative synthesis process. Greater emphasis was placed on evidence from high-quality studies, while findings from lower-quality studies were interpreted more cautiously. This helped improve the reliability and credibility of the overall review findings (Booth et al., 2021).

A summary table of study quality ratings will be presented in Chapter 4 to provide transparency regarding the appraisal outcomes.

3.13 Quality Assessment of Studies

Quality assessment was conducted to ensure that the findings included within the review were based on credible and methodologically sound evidence. Assessing study quality is an important component of systematic reviews because it helps identify the strengths, weaknesses and reliability of included research (Aromataris and Munn, 2020).

The quality assessment process also considered differences in study design. Longitudinal studies were generally viewed as methodologically stronger because they provided greater insight into long-term obesity trajectories and socioeconomic inequalities over time. Cross-sectional studies remained useful for identifying associations between socioeconomic disadvantage and obesity outcomes but were more limited in establishing causal relationships.

Using the Mixed Methods Appraisal Tool (MMAT), studies were evaluated according to criteria relevant to their methodological design, including sampling procedures, validity of measurements, data collection methods, analytical techniques and potential sources of bias (Hong et al., 2018). Particular attention was given to how socioeconomic status and obesity outcomes were measured, as inconsistencies in these variables may affect comparability across studies (Elhakeem et al., 2020).

Studies classified as high quality demonstrated clear methodological design, robust data analysis and appropriate measurement of variables. Moderate-quality studies generally met most methodological criteria but contained some limitations, such as smaller sample sizes or

limited discussion of bias. Low-quality studies demonstrated significant methodological weaknesses, including unclear sampling procedures or insufficient validity of measures.

Rather than excluding lower-quality studies entirely, they were retained to provide a broader overview of the available evidence. However, greater weighting was given to findings from higher-quality studies during the narrative synthesis process. This approach ensured that conclusions were informed primarily by the most methodologically reliable evidence.

A summary table presenting the quality rating of each included study will be provided in Chapter 4 to improve transparency and demonstrate how methodological quality influenced interpretation of the findings.

3.14 Data Extraction and Study Characteristics

Data extraction was conducted using a structured and standardised framework to ensure consistency and transparency across all included studies. A data extraction table was developed to systematically record key information from each study, allowing comparison of methodological approaches, socioeconomic measures and obesity-related outcomes.

The extraction process focused on several core variables relevant to the research question, including author and year of publication, study design, sample size, participant characteristics, measures of socioeconomic status, obesity outcomes, key findings and study limitations. Recording these variables supported the identification of recurring themes, patterns and inconsistencies across the literature.

A standardised extraction process also helped reduce bias by ensuring that all studies were analysed using the same criteria. The extracted information formed the basis for the narrative synthesis presented in Chapter 4 and supported critical comparison across the six selected studies examining socioeconomic inequalities and obesity outcomes among young adults in the United Kingdom.

Table 3.4 Characteristics of Included Studies

Author/Y ear	Study Design	Sample Size/Populat ion	SES Measure	Obesity Outcom e	Key Findings	Limitation s
Bann et al. (2022)	Longitudi nal study	UK adults including young adults	Income and education	BMI and obesity prevalen ce	Lower socioecono mic groups showed higher obesity risk across adulthood	Some BMI data self- reported
Woodfield et al. (2021)	Cross- sectional study	1,200 young adults aged 18–25	Income and deprivatio n	Physical activity and BMI	Lower- income groups demonstrat ed lower physical activity levels and higher BMI	Limited regional representat ion
O'Hara et al. (2025)	Cross- sectional study	2,100 young adults aged 18–25	Area deprivatio n	Obesity prevalen ce	Obesity prevalence was significantly higher in deprived communitie s	Cross- sectional design limits causality

Cronin et al. (2022)	Systematic review	Adults including young adults	Income and education	Obesity prevalence	Persistent socioeconomic inequalities in obesity were identified across studies	Limited young adult-specific evidence
NHS Digital (2024)	National dataset	UK adults including young adults	Deprivation and employment	Overweight and obesity prevalence	Young adults in deprived groups reported higher obesity prevalence	Reliance on survey self-reporting
OHID (2025)	Public health report	England population	Area deprivation	BMI and obesity prevalence	Higher obesity prevalence observed in deprived communities	Population-level data limited age-specific interpretation

The inclusion of six studies enabled detailed comparison while maintaining relevance to the research objectives. The structured extraction process provided a strong foundation for the subsequent narrative synthesis by enabling systematic comparison of study findings, methodological quality and socioeconomic indicators across the evidence base.

3.15 Data Analysis (Narrative Synthesis)

A narrative synthesis approach was used to analyse and integrate findings from the included studies. This method was considered appropriate because the studies varied in research design, sample characteristics, socioeconomic measures and obesity outcomes, making statistical meta-analysis unsuitable (Popay et al., 2020). The narrative synthesis enabled the integration of quantitative, qualitative and mixed-methods evidence into a coherent interpretation of socioeconomic inequalities and obesity among young adults in the United Kingdom.

The synthesis process followed several stages. First, findings from each study were reviewed systematically and preliminary codes were developed to identify recurring concepts and patterns within the literature (Thomas, 2021). In the second stage, similar codes were grouped into broader thematic categories. Through continuous comparison and refinement, the final themes were generated. These themes included the socioeconomic gradient in obesity, structural determinants shaping obesity outcomes, behavioural pathways linking socioeconomic status and obesity, and young adulthood as a critical and distinct life stage.

The final stage involved examining relationships and contradictions between studies. Differences in findings were analysed in relation to study design, sample characteristics and the measurement of socioeconomic status and obesity outcomes (Braun and Clarke, 2021). Greater emphasis was placed on evidence from higher-quality studies identified during the appraisal process. This approach strengthened the analytical depth, transparency and reliability of the synthesis process.

3.16 Limitations of the Methodology

Several methodological limitations should be acknowledged. First, the review included only studies published in English, which may have excluded relevant research published in other languages and introduced language bias.

Second, the restriction to studies published between 2012 and 2026 may have excluded earlier research relevant to socioeconomic inequalities and obesity. However, this timeframe was selected intentionally to ensure that the review reflected recent social, economic and technological changes influencing young adults, including social media use, food delivery behaviours and changing employment conditions.

Variations in the measurement of socioeconomic status and obesity across studies also reduced comparability between findings (Booth et al., 2021). Different studies used varying indicators such as income, education, deprivation indices and BMI classifications, making direct comparison more difficult.

Additionally, limited UK-specific research focusing exclusively on young adults aged 18–25 restricted the availability of highly targeted evidence. Publication bias may also be present, as studies reporting statistically significant findings are more likely to be published than studies reporting non-significant results (Ioannidis, 2020).

Furthermore, the screening and selection process was conducted by a single reviewer, which may introduce some degree of selection bias.

Despite these limitations, the use of systematic search procedures, predefined inclusion criteria, structured quality appraisal and transparent narrative synthesis helped improve the reliability and credibility of the review findings.

3.17 Chapter Summary

This chapter has outlined the methodological framework used to conduct the systematic literature review examining the influence of socioeconomic status on obesity outcomes among young adults in the United Kingdom. A systematic literature review design supported by an interpretivist perspective and narrative synthesis approach was adopted to provide a structured and transparent analysis of existing evidence. The methodology supported the identification and critical synthesis of six selected studies examining socioeconomic inequalities and obesity outcomes among young adults in the United Kingdom.

The chapter explained the research philosophy, research approach, search strategy, study selection process, inclusion and exclusion criteria, quality appraisal procedures, data extraction methods and narrative synthesis process. Ethical considerations and methodological limitations were also discussed to ensure transparency and academic rigour throughout the review.

Overall, the methodology provides a systematic and reproducible framework for examining how socioeconomic inequalities influence obesity outcomes among young adults. The

combination of structured search procedures, quality appraisal and thematic synthesis strengthens the reliability and credibility of the findings presented within the study.

Chapter 4 will present the PRISMA flow diagram, characteristics of included studies, quality appraisal outcomes and detailed thematic findings generated through the narrative synthesis process.

CHAPTER 4: RESULT AND DISCUSSION

4.1 Introduction

This chapter presents the findings and discussion of the systematic literature review examining the relationship between socioeconomic status (SES) and obesity outcomes among young adults aged 18–25 in the United Kingdom. As this study is based on a systematic review methodology, the chapter focuses on the outcomes of the study selection process and the thematic synthesis of evidence gathered from the included studies rather than the presentation of original participant data. A total of six studies met the final inclusion criteria and were included within the review.

The chapter begins by outlining the results of the systematic database search and PRISMA-guided study selection process. This includes the number of records identified, screened and included within the review, alongside reasons for study exclusion at different stages (Page et al., 2021). The characteristics and methodological quality of the included studies are then summarised to provide context for the interpretation of findings.

Following this, the chapter presents a narrative thematic discussion exploring how socioeconomic inequalities influence obesity outcomes among young adults in the UK. The discussion is organised into four major themes including the socioeconomic gradient in obesity, structural determinants shaping obesity outcomes, behavioural pathways linking SES to obesity and young adulthood as a critical and distinct life stage. These themes were developed to address the research objectives and examine how socioeconomic disadvantage contributes to obesity inequalities among young adults.

Overall, the chapter critically synthesises the evidence to demonstrate that obesity inequalities among young adults are closely connected to broader social and economic conditions rather than individual behaviour alone.

4.2 Study Selection Results

The study selection process followed the PRISMA 2020 framework to ensure transparency, consistency and methodological rigour throughout the systematic review process (Page et al., 2021). A systematic database search was conducted across PubMed, Scopus, Web of Science and Google Scholar to identify studies examining socioeconomic status and obesity outcomes among young adults in the United Kingdom.

The initial search identified 1,510 records. Duplicate records were removed using Mendeley reference management software followed by manual checking to ensure accuracy. After duplicate removal, 1,100 records remained for screening.

Title and abstract screening were conducted simultaneously in line with the PRISMA 2020 framework. During this stage, 970 records were excluded because they focused on unrelated health conditions, childhood obesity, non-UK populations or did not examine socioeconomic determinants of obesity. Studies involving broader adult populations were retained only where findings relevant to young adults aged 18–25 could be identified and interpreted separately.

Following screening, 130 full-text articles were assessed for eligibility against the inclusion and exclusion criteria outlined in Chapter 3. Full-text review excluded 124 studies due to lack of UK-specific focus, absence of obesity-related outcomes, insufficient analysis of socioeconomic variables or weak methodological quality.

Ultimately, 6 studies met all inclusion criteria and were included within the final systematic review. These studies formed the basis of the thematic synthesis presented throughout the remainder of the chapter.

PRISMA Summary

- Records identified through database searching: 1,510
- Duplicate records removed: 410
- Records screened (title and abstract): 1,100
- Records excluded during title and abstract screening: 970
- Full-text articles assessed for eligibility: 130
- Full-text articles excluded: 124
- Final studies included in review: 6

4.3 PRISMA Flow Chart

The study selection process is presented in Figure 4.1 using the PRISMA 2020 flow diagram framework (Page et al., 2021). The PRISMA flow chart provides a transparent visual summary of the identification, screening, eligibility assessment and final inclusion of studies within the systematic review.

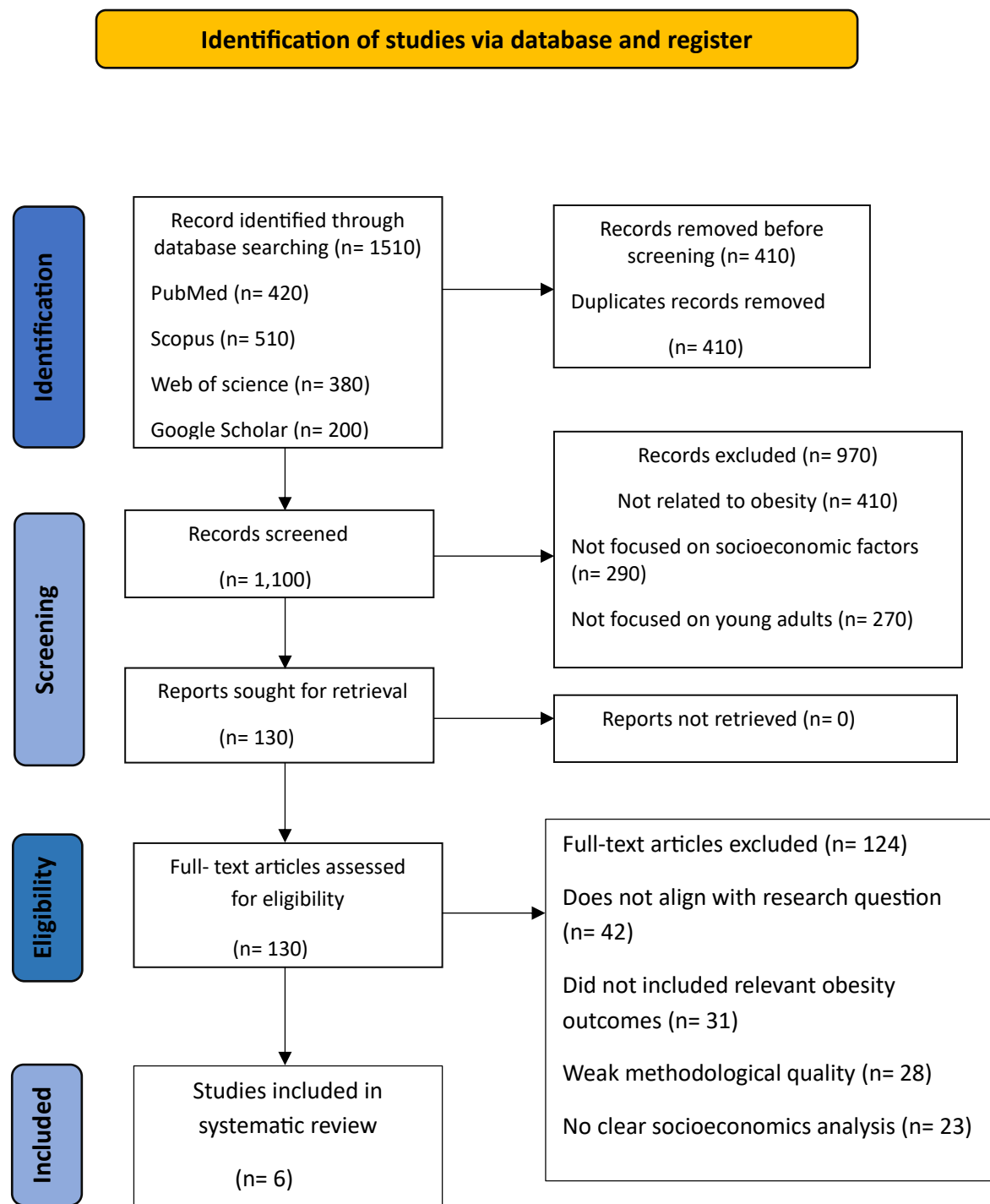
The initial database search identified studies from PubMed, Scopus, Web of Science and Google Scholar using predefined search terms related to socioeconomic status, obesity and young adults in the United Kingdom. Following the database search, duplicate records were removed using Mendeley reference management software alongside manual checking procedures to improve accuracy and reduce repetition within the screening process.

The remaining studies progressed through title and abstract screening stages, where records were assessed according to the predefined inclusion and exclusion criteria. Studies unrelated to obesity outcomes, socioeconomic determinants or young adults within the UK context were excluded during this stage. Full-text articles were then assessed for eligibility based on methodological quality, relevance to the research objectives and applicability to young adults aged 18–25.

Although some studies included broader adult populations, these were retained where findings relevant to young adults could be extracted or interpreted within the context of early adulthood transitions including education, employment and independent living. The final review included six studies considered most relevant to the research objectives and strongest in methodological quality.

Overall, the PRISMA flow chart strengthened methodological transparency by clearly documenting each stage of the systematic review process and ensuring consistency between the search strategy, screening process and final study selection.

Figure 4.1 PRISMA Flow Diagram



4.4 PRISMA Methodology

The study followed the PRISMA 2020 framework to improve transparency, consistency and methodological rigour throughout the systematic review process (Page et al., 2021). The PRISMA methodology provided a structured approach for identifying, screening, assessing eligibility and selecting studies relevant to the research question examining the relationship between socioeconomic status and obesity outcomes among young adults in the United Kingdom.

A systematic database search was conducted across PubMed, Scopus, Web of Science and Google Scholar using predefined search terms related to socioeconomic inequalities, obesity, BMI, young adults and the United Kingdom. Boolean operators including AND and OR were used to combine keywords and refine the search strategy. The search process aimed to identify studies examining both structural and behavioural determinants of obesity among young adults.

Duplicate records were removed using Mendeley reference management software followed by manual checking to ensure accuracy and prevent repeated studies from progressing through the screening stages. Inclusion and exclusion criteria were applied consistently throughout the review process to ensure methodological transparency and reduce selection bias.

Studies were included where they focused on obesity outcomes or BMI, examined socioeconomic determinants and provided findings relevant to young adults aged 18–25 within the UK context. Peer-reviewed journal articles, national datasets and public health reports published in English were considered eligible for inclusion. Studies were excluded where they focused exclusively on childhood obesity, older adult populations, non-UK settings or lacked relevant socioeconomic or obesity-related findings.

Although some selected studies included broader adult populations such as “adults aged 18+” or “UK adults aged 16+”, these studies were retained where findings relevant to young adults could be identified or interpreted within the context of early adulthood transitions including education, employment and independent living.

The PRISMA methodology strengthened the credibility and reproducibility of the review by ensuring that study selection decisions were applied systematically and consistently across all stages of the review process.

4.5 Titles and Abstracts Screening

Following duplicate removal, the remaining studies progressed through title and abstract screening stages to assess their relevance to the research objectives. The screening process aimed to identify studies examining socioeconomic inequalities and obesity outcomes among young adults within the United Kingdom while excluding research unrelated to the focus of the review.

During title screening, studies were initially reviewed based on their relevance to obesity, socioeconomic status and young adult populations. A large proportion of studies were excluded at this stage because they focused on unrelated health conditions, childhood obesity, clinical interventions or non-UK populations. Studies lacking clear socioeconomic measures or obesity-related outcomes were also removed during the screening process.

The remaining studies progressed to abstract screening, where abstracts were assessed in greater detail against the predefined inclusion and exclusion criteria. At this stage, studies were excluded where they did not specifically examine obesity outcomes, lacked sufficient methodological detail or failed to provide findings applicable to young adults aged 18–25. Additional exclusions included studies focusing primarily on biological or genetic explanations for obesity without consideration of socioeconomic determinants.

The title and abstract screening stages were conducted systematically to ensure consistency throughout the review process. The PRISMA chart combined title and abstract exclusions within the overall screening stage to align with PRISMA 2020 reporting guidance and improve clarity between the written methodology and the flow diagram (Page et al., 2021).

Overall, the screening process ensured that only studies directly relevant to the research objectives progressed to full-text eligibility assessment.

4.6 Selection of Studies

Following title and abstract screening, full-text articles were assessed for eligibility against the predefined inclusion and exclusion criteria. The eligibility assessment focused on methodological quality, relevance to obesity outcomes and applicability to young adults within the United Kingdom. Studies were reviewed carefully to determine whether they provided sufficient evidence relating to socioeconomic inequalities and obesity among individuals aged 18–25.

During the full-text review stage, several studies were excluded because they lacked clear obesity-related outcomes, failed to examine socioeconomic determinants or contained insufficient methodological detail. Additional studies were excluded where the primary population was outside the UK context or where findings could not be applied meaningfully to young adults. Studies focusing exclusively on childhood obesity, older adults or highly clinical interventions were also removed at this stage.

The final review included six studies considered most relevant to the research objectives and strongest in methodological quality. The selected studies represented a range of evidence including longitudinal studies, cross-sectional studies, national datasets and systematic review evidence. This smaller and more focused evidence base strengthened the depth of comparison and critical synthesis throughout the thematic analysis.

Although some included studies examined broader adult populations such as “adults aged 18+” or “UK adults aged 16+”, these studies were retained because they contained findings relevant to young adults aged 18–25. Where possible, age-specific findings were extracted directly from the studies. In cases where separate young adult data were unavailable, findings were interpreted cautiously within the context of early adulthood transitions including higher education, insecure employment, financial instability and independent living. This approach allowed broader adult evidence to contribute to understanding obesity inequalities during young adulthood while maintaining focus on the dissertation aims.

Overall, the final six selected studies provided sufficiently robust and relevant evidence to support analysis of the relationship between socioeconomic status and obesity outcomes among young adults in the United Kingdom.

4.7 Characteristics of Studies

The final review included six evidence sources comprising four peer-reviewed studies and two authoritative UK public health reports. Together, these sources examined the relationship between socioeconomic status and obesity outcomes among young adults in the United Kingdom. NHS Digital (2024) and OHID (2025) were included because they provide nationally representative evidence on obesity prevalence and socioeconomic deprivation within the UK population.

Table 4.1 Characteristics of Included Studies

Author/Year	Study Design	Population	SES Variables	Obesity Outcomes	Main Findings
Bann et al. (2022)	Longitudinal	UK adults including young adults	Income, education	BMI	Lower SES associated with higher BMI
Woodfield et al. (2021)	Cross-sectional	Young adults aged 18–25	Income	BMI and physical activity	SES influenced obesity risk
O’Hara et al. (2025)	Cross-sectional	Young adults aged 18–25	Area deprivation	Obesity prevalence	Higher obesity in deprived groups
Cronin et al. (2022)	Systematic review	Adults including young adults	Education, income	Obesity prevalence	Persistent SES inequalities identified
NHS Digital (2024)	National dataset	UK adults including young adults	Deprivation	Obesity prevalence	Strong socioeconomic gradient
OHID (2025)	Public health report	England population	Area deprivation	BMI and obesity prevalence	Higher obesity levels in deprived areas

The included studies represented different forms of evidence. Two studies used cross-sectional designs, one study used longitudinal analysis, one was a systematic review and two were national public health datasets or reports. This variation strengthened the review by allowing comparison across multiple forms of evidence.

Longitudinal evidence generally provided stronger insight into long-term obesity inequalities because it allowed examination of obesity trajectories over time (Bryman, 2021). In comparison, cross-sectional studies were more limited in establishing causality but remained useful for identifying socioeconomic associations and behavioural patterns.

Income, educational attainment and area-level deprivation were the most commonly used indicators of socioeconomic status. Obesity outcomes were primarily measured using body mass index (BMI) and obesity prevalence rates.

A key limitation across the evidence base was the relatively small number of studies focused exclusively on young adults aged 18–25. Several studies included broader adult populations. However, these studies were included because they provided findings relevant to early adulthood and supported understanding of socioeconomic inequalities during the transition into adult life.

Overall, despite methodological variation, the selected studies provided sufficient evidence to support thematic synthesis and critical discussion regarding obesity inequalities among young adults in the UK.

4.8 Thematic Analysis of Studies

Following the selection and appraisal of the included studies, a thematic analysis was conducted to identify recurring patterns and key findings relating to socioeconomic inequalities and obesity outcomes among young adults in the United Kingdom. The thematic analysis allowed evidence from the six selected studies to be critically synthesised and compared rather than simply described individually.

Themes were developed through repeated reading and comparison of the included studies. Similar findings, concepts and patterns relating to socioeconomic disadvantage, obesity risk and health inequalities were grouped together to generate broader analytical themes. The thematic analysis focused particularly on how socioeconomic conditions influenced obesity outcomes during young adulthood and how structural and behavioural factors interacted across the evidence base.

The analysis identified four major themes within the selected studies. These included the socioeconomic gradient in obesity, structural determinants shaping obesity outcomes, behavioural pathways linking socioeconomic status and obesity, and young adulthood as a critical and distinct life stage. Together, these themes addressed the research objectives by

exploring how social and economic inequalities contribute to obesity risk among young adults in the UK.

The thematic approach also allowed comparison between different study designs including longitudinal, cross-sectional and public health evidence. Longitudinal studies generally provided stronger evidence regarding long-term socioeconomic inequalities and obesity trajectories, whereas cross-sectional studies were more useful for identifying behavioural and environmental associations. Public health datasets and reports further strengthened understanding of wider population-level inequalities.

Overall, the thematic analysis demonstrated that obesity inequalities among young adults are multidimensional and strongly influenced by wider structural and socioeconomic conditions rather than individual behaviour alone.

4.8.1 Theme 1: Socioeconomic Gradient in Obesity

The included studies consistently demonstrated the existence of a socioeconomic gradient in obesity among young adults in the United Kingdom. Across the selected evidence, lower socioeconomic status was associated with higher obesity prevalence, increased BMI and greater exposure to obesity-related risk factors. However, the strength of this relationship varied depending on the socioeconomic measures and study designs used.

The findings suggested that obesity inequalities were more pronounced among socioeconomically disadvantaged populations and tended to persist across the life course (Bann et al., 2022). Similar patterns were identified within the wider evidence base, where socioeconomic disadvantage remained consistently associated with increased obesity risk (Cronin et al., 2022). National surveillance data also demonstrated higher obesity prevalence among individuals living in more deprived communities (NHS Digital, 2024). Likewise, public health evidence indicated that obesity rates remained disproportionately higher within deprived populations across England (OHID, 2025).

However, some variation emerged across the included studies. After adjustment for behavioural and educational factors, the relationship between socioeconomic disadvantage and obesity became less pronounced, suggesting that lifestyle and environmental influences may partially mediate obesity outcomes during young adulthood (Woodfield et al., 2021).

Differences were also evident between area-level deprivation measures and individual socioeconomic indicators. Stronger obesity inequalities were generally observed in studies

using deprivation-based measures, indicating that neighbourhood conditions and wider environmental factors may play an important role in shaping obesity risk (O'Hara et al., 2025).

Collectively, the findings suggest that obesity among young adults is socially patterned and influenced by wider socioeconomic disadvantage rather than individual circumstances alone.

4.8.2 Theme 2: Structural Determinants Shaping Obesity Outcomes

The selected studies consistently suggested that obesity among young adults is strongly shaped by wider structural determinants rather than individual behaviour alone. Structural factors including food affordability, neighbourhood deprivation, employment insecurity and access to physical activity environments were repeatedly associated with unequal obesity outcomes across the included evidence.

Evidence from the included studies indicated that young adults living in deprived communities experienced higher obesity prevalence and greater exposure to environmental barriers affecting healthy lifestyles (O'Hara et al., 2025). Similarly, broader evidence identified persistent socioeconomic inequalities in obesity outcomes across disadvantaged populations (Cronin et al., 2022).

Woodfield et al. (2021) found that lower-income young adults reported lower physical activity participation and greater barriers to healthy lifestyle behaviours. Financial limitations reduced access to organised exercise facilities and contributed to unhealthy dietary patterns, reflecting the financial constraints experienced by disadvantaged young adults. Bann et al. (2022) similarly suggested that cumulative disadvantage across education, employment and income contributed to sustained obesity risk over time.

The included studies also highlighted the influence of neighbourhood conditions and wider environmental factors in shaping obesity outcomes. Findings suggested that disadvantaged communities were more likely to experience environmental barriers to healthy living, increasing exposure to obesity-related risk factors and reinforcing existing health inequalities (O'Hara et al., 2025).

Although all studies identified structural influences, food affordability and deprivation appeared more consistently supported across the evidence than housing insecurity or employment instability, which were discussed more indirectly. Overall, the findings challenged explanations of obesity based solely on personal responsibility and instead highlighted the importance of wider socioeconomic and environmental inequalities.

4.8.3 Theme 3: Behavioural Pathways Linking Socioeconomic Status and Obesity

The included studies identified several behavioural pathways linking socioeconomic disadvantage with obesity outcomes among young adults. However, the evidence consistently suggested that behaviours such as diet, physical activity and sedentary lifestyles are strongly shaped by broader socioeconomic conditions rather than representing purely individual choices.

Dietary behaviour emerged as one of the most consistently supported behavioural pathways across the selected studies. Lower socioeconomic status was associated with poorer dietary patterns and greater exposure to obesity-related risk factors, indicating that financial disadvantage may influence food choices and healthy eating behaviours among young adults (Woodfield et al., 2021). Similar patterns were reflected within wider evidence examining socioeconomic inequalities and obesity outcomes (Cronin et al., 2022).

Physical activity also varied according to socioeconomic status. Woodfield et al. (2021) demonstrated that higher socioeconomic groups generally reported greater participation in exercise and recreational activities due to improved access to facilities and healthier neighbourhood environments. In contrast, disadvantaged young adults often experienced barriers including cost, lack of time and limited access to safe recreational spaces, restricting opportunities for sustained physical activity.

The evidence linking stress and sleep to obesity was less consistent across the selected studies but remained relevant within broader discussions of socioeconomic disadvantage. Long-term socioeconomic inequalities may contribute indirectly to obesity through financial insecurity, unstable living conditions and associated disruptions to health behaviours (Bann et al., 2022). However, compared with dietary behaviours and physical activity, evidence relating to sleep and psychosocial stress was less directly explored, suggesting that behavioural explanations alone may not fully explain obesity inequalities.

Overall, the findings indicate that behavioural risk factors are closely intertwined with wider socioeconomic circumstances, reinforcing the importance of considering both behavioural and structural influences when examining obesity among young adults.

4.8.4 Theme 4: Young Adulthood as a Critical and Distinct Life Stage

The selected studies consistently identified young adulthood as a critical and distinct life stage influencing obesity risk and socioeconomic inequalities. The transition between ages 18 and 25 involves significant social, educational and economic changes that may shape long-term health outcomes and behavioural patterns.

Woodfield et al. (2021) highlighted that young adults often experience major lifestyle transitions including entry into higher education, employment and independent living. These transitions frequently influence dietary behaviours, physical activity participation and financial stability. Young adults from disadvantaged socioeconomic backgrounds were more likely to experience financial insecurity and unstable living conditions during this period, increasing vulnerability to obesity-related risk factors.

Higher obesity prevalence among young adults living in deprived communities further suggests that socioeconomic disadvantage during early adulthood contributes to unequal obesity outcomes (O'Hara et al., 2025). Similar patterns were reported within national evidence showing higher levels of overweight and obesity among individuals from more deprived socioeconomic groups (NHS Digital, 2024).

Consistent with these findings, Bann et al. (2022) suggested that socioeconomic inequalities established during early adulthood may continue accumulating across later life stages, reinforcing long-term obesity risk. The longitudinal nature of the study provided stronger evidence regarding the lasting influence of socioeconomic disadvantage compared with cross-sectional research.

A significant issue identified across the evidence base was the limited number of studies focused exclusively on young adults aged 18–25. Several included studies examined broader adult populations, including Cronin et al. (2022), NHS Digital (2024) and OHID (2025). However, these studies were retained because they contained findings relevant to young adults or provided evidence applicable to early adulthood transitions.

The selected studies also suggested that traditional socioeconomic indicators may operate differently during young adulthood compared with later adulthood. Temporary low income among university students, for example, may not always reflect long-term disadvantage (Woodfield et al., 2021). This may partly explain some variation in the strength of obesity inequalities identified across the studies.

Overall, the evidence demonstrated that young adulthood represents an important and under-researched life stage in the development of obesity inequalities. Across the included studies, early adulthood transitions, socioeconomic disadvantage and changing health behaviours were consistently associated with obesity outcomes among young adults in the United Kingdom (Bann et al., 2022).

4.8.5 Theme 5: Access to Healthcare and Preventive Support

The included evidence suggested that socioeconomic disadvantage may influence obesity outcomes through unequal opportunities for prevention, early intervention and long-term weight management among young adults in the United Kingdom. Although healthcare access was not the primary focus of all selected studies, patterns of socioeconomic inequality identified across the evidence indicate that disadvantaged groups may face greater barriers to engaging with preventive health behaviours and obesity-related support.

OHID (2025) reported that young adults living in deprived communities experienced higher obesity prevalence despite ongoing public health initiatives aimed at reducing health inequalities. Similarly, NHS Digital (2024) demonstrated consistently higher obesity rates among socioeconomically disadvantaged populations, suggesting that existing preventive strategies may not be equally effective across all groups.

Woodfield et al. (2021) found that lower-income young adults faced greater barriers to maintaining healthy diets and participating in regular physical activity. These barriers may limit opportunities for obesity prevention and increase the likelihood of weight gain during early adulthood. Bann et al. (2022) further suggested that socioeconomic disadvantage experienced during young adulthood may contribute to long-term obesity risk, reinforcing health inequalities across the life course.

O'Hara et al. (2025) similarly identified higher obesity prevalence among young adults living in deprived areas, highlighting the continued influence of socioeconomic disadvantage on health outcomes. Overall, the findings suggest that inequalities in access to preventive support and healthy lifestyle opportunities may contribute to the persistence of obesity inequalities among young adults in the United Kingdom.

4.9 Discussion of Thematic Analysis of Studies

The thematic analysis demonstrated that obesity inequalities among young adults in the United Kingdom are strongly influenced by socioeconomic and structural factors rather than individual behaviour alone. Across the six included studies, socioeconomic disadvantage was consistently associated with increased obesity risk, higher obesity prevalence and greater exposure to obesity-related risk factors. Bann et al. (2022) identified persistent socioeconomic inequalities in obesity outcomes, while Woodfield et al. (2021) highlighted the influence of financial insecurity and key life transitions on health-related behaviours. Similarly, NHS Digital (2024) and OHID (2025) reported higher obesity prevalence among individuals living in more deprived communities. Collectively, the findings support the view that obesity is closely linked to wider socioeconomic disadvantage.

The strongest evidence emerged regarding the relationship between deprivation and obesity prevalence. Bann et al. (2022) suggested that socioeconomic inequalities established during early adulthood may accumulate over time, increasing long-term obesity risk. Similarly, NHS Digital (2024) and OHID (2025) demonstrated a clear socioeconomic gradient in obesity, with higher prevalence observed among deprived populations. However, the studies varied in their measurement of socioeconomic status, with some focusing on individual indicators such as income and education, while others relied on area-level deprivation measures. This suggests that both personal circumstances and neighbourhood environments contribute to obesity outcomes.

The findings also highlighted the interaction between structural and behavioural influences. Woodfield et al. (2021) demonstrated that financial insecurity and independent living transitions affected dietary behaviours and physical activity participation. O'Hara et al. (2025) similarly identified higher obesity prevalence among young adults living in deprived communities, reinforcing the influence of wider socioeconomic conditions.

Overall, the evidence suggests that obesity among young adults is multidimensional and shaped by interacting socioeconomic disadvantages. Reducing obesity inequalities is therefore likely to require public health strategies that address both structural inequalities and behavioural risk factors.

4.10 Summary of Selected Studies

The six selected studies collectively provided valuable evidence regarding the relationship between socioeconomic status and obesity outcomes among young adults in the United Kingdom. Although the studies varied in research design, socioeconomic measures and obesity indicators, the evidence consistently suggested that obesity inequalities are socially patterned and strongly linked to socioeconomic disadvantage.

The selected evidence included longitudinal studies, cross-sectional studies, public health datasets and systematic review evidence. Longitudinal studies such as Bann et al. (2022) provided particularly strong evidence regarding the long-term influence of socioeconomic disadvantage on BMI trajectories and obesity risk. In contrast, cross-sectional studies including Woodfield et al. (2021) were useful for identifying behavioural and environmental associations but were more limited in establishing causality.

National public health datasets such as NHS Digital (2024) and OHID (2025) strengthened the review by providing large-scale evidence of deprivation-related obesity inequalities across the UK population. However, these studies often included broader adult populations rather than focusing exclusively on young adults aged 18–25. Findings relevant to young adults were therefore interpreted cautiously within the context of early adulthood transitions and socioeconomic instability.

Several methodological limitations were also identified across the selected studies. Cross-sectional evidence dominated much of the literature, limiting understanding of long-term obesity trajectories. Variation in socioeconomic measures and obesity indicators also reduced direct comparability between studies. In addition, relatively few studies explored the lived experiences of young adults through qualitative or mixed-methods research approaches.

Despite these limitations, the selected studies provided sufficiently robust evidence to support meaningful thematic synthesis and critical discussion of socioeconomic inequalities and obesity among young adults in the United Kingdom.

4.11 Chapter Summary

This chapter presented the findings and thematic discussion of the systematic review examining the relationship between socioeconomic status and obesity outcomes among young adults in the United Kingdom. The chapter outlined the systematic database search process, PRISMA-guided study selection, methodological appraisal and thematic synthesis of the six selected studies.

The findings consistently demonstrated a clear socioeconomic gradient in obesity, with disadvantaged young adults experiencing higher obesity risk and greater exposure to obesity-related inequalities. Structural determinants including deprivation, food affordability and unequal access to healthy environments strongly influenced behavioural pathways such as diet and physical activity. The review also highlighted young adulthood as a critical and under-researched life stage during which socioeconomic disadvantage may contribute to long-term obesity risk.

Although the selected studies varied in methodological quality and research design, the evidence collectively demonstrated that obesity inequalities among young adults are shaped by cumulative socioeconomic disadvantage rather than individual behaviour alone. These findings provide the foundation for the conclusions and recommendations presented in Chapter 5.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter concludes the dissertation by summarising the key findings of the systematic literature review examining the relationship between socioeconomic status (SES) and obesity among young adults in the United Kingdom. The chapter is based on a systematic review of six selected studies examining socioeconomic inequalities and obesity outcomes among young adults in the United Kingdom. The chapter draws together the main arguments emerging from the review and evaluates their implications for public health policy and practice. Previous research has consistently demonstrated that obesity inequalities are strongly associated with wider socioeconomic conditions including deprivation, income inequality and unequal access to health-promoting environments (Swinburn et al., 2019). Therefore, this chapter discusses how the findings contribute to current public health debates surrounding structural determinants of health and obesity prevention strategies. The chapter also builds upon the thematic findings presented in Chapter 4, including the socioeconomic gradient in obesity, structural inequalities, behavioural pathways and young adulthood as a distinct life stage. In addition, the chapter presents recommendations for policy, practice and future research while also acknowledging the limitations of the dissertation. The chapter concludes by emphasising the importance of addressing socioeconomic inequalities in order to reduce obesity risk among young adults in the UK (Bleich et al., 2018).

5.2 Summary of Key Findings

This dissertation examined the relationship between socioeconomic status (SES) and obesity among young adults aged 18–25 in the United Kingdom through a systematic review of current literature. The findings suggest that the research question and objectives were successfully addressed through the synthesis of six selected studies examining socioeconomic inequalities and obesity outcomes among young adults in the UK.

Across the included studies, lower socioeconomic status was consistently associated with increased obesity risk, higher BMI and greater exposure to obesity-related risk factors. Bann et al. (2022), O'Hara et al. (2025) and NHS Digital (2024) all identified higher obesity prevalence among socioeconomically disadvantaged groups, demonstrating a clear socioeconomic gradient in obesity outcomes. Cronin et al. (2022) similarly reported persistent inequalities in obesity across disadvantaged populations.

One of the key themes identified across the review was the influence of structural determinants on obesity outcomes. O'Hara et al. (2025) highlighted the concentration of obesity within deprived communities, while Bann et al. (2022) demonstrated how socioeconomic disadvantage accumulates across the life course and contributes to sustained obesity risk. Cronin et al. (2022) further identified deprivation as a significant predictor of obesity inequalities.

The review also identified behavioural pathways linking socioeconomic disadvantage and obesity. Woodfield et al. (2021) found that lower-income young adults reported lower levels of physical activity and experienced greater barriers to healthy lifestyle behaviours. Similar findings were reported by Cronin et al. (2022), who identified behavioural inequalities associated with socioeconomic disadvantage.

Another important finding was the identification of young adulthood as a critical but under-researched life stage. Woodfield et al. (2021) highlighted the influence of educational, employment and lifestyle transitions during early adulthood, while O'Hara et al. (2025) demonstrated that deprivation-related obesity inequalities remain evident among younger populations. Bann et al. (2022) further suggested that inequalities experienced during this period may continue influencing health outcomes later in life.

Cronin et al. (2022) further supported the overall findings by identifying persistent socioeconomic inequalities in obesity across the wider literature. Although the included studies varied in design and measurement approaches, they consistently demonstrated a relationship between socioeconomic disadvantage and obesity outcomes among young adults.

Overall, the findings demonstrated that obesity inequalities among young adults are socially patterned and shaped through the interaction of structural and behavioural factors. The evidence suggests that reducing obesity risk among young adults requires greater attention to the socioeconomic conditions that influence opportunities for healthy living.

5.3 Conclusion

This systematic literature review examined the relationship between socioeconomic status and obesity among young adults aged 18–25 in the United Kingdom. The findings consistently demonstrated that obesity is socially patterned, with higher obesity prevalence and greater obesity-related risk observed among socioeconomically disadvantaged groups (Bann et al., 2022).

The review further highlighted the importance of structural and environmental influences on obesity outcomes. Evidence suggested that deprivation, limited access to health-promoting environments and wider socioeconomic inequalities contribute to increased obesity risk among young adults (OHID, 2025). Behavioural factors such as diet and physical activity were also associated with obesity outcomes, although these behaviours appeared to be strongly influenced by underlying socioeconomic circumstances (Woodfield et al., 2021).

Young adulthood emerged as a critical life stage in the development of obesity inequalities due to important transitions relating to education, employment and independent living (O'Hara et al., 2025). Overall, the findings indicate that obesity among young adults cannot be explained by individual behavioural factors alone and should be understood within the wider context of socioeconomic disadvantage and inequality.

5.4 Implications for Public Health Policy and Practice

The findings from the included studies suggest that current approaches focusing primarily on individual behaviour change may be insufficient unless wider socioeconomic inequalities are also addressed (Afshin et al., 2021). Obesity prevention policies therefore require greater recognition of the structural determinants shaping obesity risk among young adults.

One important implication concerns food affordability and access to healthy diets. Several reviewed studies suggested that disadvantaged young adults frequently experience food insecurity and limited access to affordable nutritious food (Sallis et al., 2020). Public health policies should therefore strengthen interventions aimed at improving food affordability in deprived communities. Existing initiatives such as the Soft Drinks Industry Levy and Healthy Start Scheme represent positive developments, although further policy action may be required to address widening dietary inequalities (Department of Health and Social Care, 2024).

The findings additionally highlight the importance of improving access to physical activity opportunities within deprived communities. Young adults living in disadvantaged neighbourhoods often face limited access to safe recreational environments and organised physical activity programmes (Jaacks et al., 2019). Local authorities and public health organisations should therefore invest in community-based recreational facilities and accessible exercise initiatives targeting lower-income young adults.

Another major implication concerns preventive healthcare engagement. The review demonstrated that socioeconomically disadvantaged young adults were less likely to access

preventive obesity services and weight-management support (French, Sutton and Kinmonth, 2020). Public health practice should therefore prioritise outreach strategies specifically targeting underserved young adult populations, including individuals outside higher education settings who may receive less health promotion support.

Digital inequalities also require greater consideration within future obesity prevention strategies. Although digital health interventions may improve engagement among some young adults, unequal access to technology and digital health literacy risks widening existing inequalities (Lytle and Svetkey, 2023). Public health programmes should therefore ensure that digital interventions remain accessible and inclusive across socioeconomic groups.

The findings additionally support wider public health arguments advocating a shift away from individual blame-based obesity narratives towards structural and inequality-sensitive approaches. Policies addressing housing insecurity, precarious employment and neighbourhood deprivation may indirectly contribute to obesity reduction by improving wider social determinants of health (Bambra et al., 2023).

The review also highlighted that young adults remain comparatively underrepresented within UK obesity research and intervention frameworks despite experiencing significant socioeconomic vulnerability during early adulthood.

Overall, the findings demonstrate that effective obesity prevention among young adults requires integrated public health strategies combining behavioural support with action on broader socioeconomic inequalities.

5.5 Recommendations

5.5.1 Recommendations for Policy

The findings of this dissertation indicate the need for stronger public health policies addressing the socioeconomic determinants of obesity among young adults in the United Kingdom. One important recommendation is the expansion of policies aimed at improving food affordability within deprived communities. The reviewed studies suggested that lower-income young adults frequently experience financial barriers preventing access to healthy diets (Afshin et al., 2021). Policymakers should therefore strengthen subsidies for nutritious foods and further regulate the marketing and pricing of unhealthy food products targeted towards young people.

In addition, obesity prevention strategies should place greater emphasis on young adults as a distinct population group. Existing obesity policies frequently prioritise childhood obesity while giving less attention to individuals aged 18–25 (Jaacks et al., 2019). Public health frameworks should therefore incorporate targeted interventions addressing the unique socioeconomic and behavioural challenges experienced during early adulthood.

Another recommendation involves improving environmental conditions within deprived neighbourhoods. Greater investment is required in recreational facilities, active transport infrastructure and safe public spaces to encourage physical activity among disadvantaged young adults (Dodd Reynolds et al., 2024). Policies addressing housing insecurity and precarious employment may also indirectly support obesity prevention by reducing chronic stress and improving living conditions.

5.5.2 Recommendations for Practice

The findings also highlight several recommendations for healthcare and community practice. NHS and local authority services should develop more accessible weight-management and preventive support programmes specifically designed for young adults aged 18–25 (Lytle and Svetkey, 2023). Current services are often more heavily focused on children or older adults, leaving younger adults underrepresented within obesity interventions.

Healthcare providers should additionally improve outreach towards socioeconomically disadvantaged young adults who may experience lower engagement with preventive healthcare services (Marmot & Allen, 2023). Community-based interventions delivered through workplaces, colleges and youth organisations may improve accessibility and engagement among underserved groups.

The review also suggests the importance of integrating obesity prevention into wider social support systems. Collaboration between healthcare providers, educational institutions, employment services and community organisations could help address the broader social determinants contributing to obesity risk (Backholer et al., 2021). For example, employment support programmes could incorporate wellbeing and nutritional guidance alongside economic assistance.

Digital healthcare interventions should also remain inclusive and accessible. Although online health services and mobile health applications may improve engagement among some young

adults, public health practitioners should ensure that digital approaches do not unintentionally exclude individuals with limited digital access or lower health literacy (Saunders et al., 2022).

5.5.3 Recommendations for Future Research

Several important recommendations for future research emerged from this dissertation. Firstly, there is a need for more UK-specific longitudinal studies examining how socioeconomic inequalities influence obesity trajectories across young adulthood (Bann et al., 2022). Longitudinal research would provide stronger evidence regarding causality and long-term health outcomes.

Secondly, future studies should focus more specifically on young adults aged 18–25 rather than including this group within wider adult populations (Lake et al., 2022). Future studies should prioritise age-specific analysis among individuals aged 18–25 to reduce reliance on broader adult population data. Greater age-specific research would improve understanding of how socioeconomic disadvantage uniquely affects individuals during this transitional life stage.

Another recommendation involves improving consistency in the measurement of socioeconomic status. Future research should adopt clearer and more standardised SES indicators to improve comparability across studies (Backholer et al., 2021). In addition, greater use of mixed-methods and qualitative research would provide deeper understanding of the lived experiences of obesity inequalities among young adults.

Finally, further research is needed examining the impact of digital environments, social media and online food marketing on obesity inequalities among young adults (Thompson et al., 2022). As digital behaviours continue evolving, understanding their interaction with socioeconomic disadvantage will become increasingly important for future public health strategies.

5.6 Limitations of the Dissertation

Several limitations should be acknowledged when interpreting the findings of this dissertation. Firstly, the review was restricted to English-language studies, which may have excluded relevant international evidence examining socioeconomic inequalities and obesity among young adults. Secondly, the review primarily included peer-reviewed literature and official

public health reports, meaning some grey literature and unpublished evidence may not have been captured.

Another limitation involved the relatively small number of UK studies focusing exclusively on young adults aged 18–25. Many included studies examined broader adult populations, limiting age-specific analysis and reducing direct comparability across findings (Zhang et al., 2023). Another important limitation involved the inclusion of some broader adult population studies. Although these studies contained findings relevant to young adults aged 18–25, the use of wider adult samples reduced the specificity of age-focused analysis and required cautious interpretation during thematic synthesis.

The evidence base was also heavily dominated by cross-sectional study designs, which restricted the ability to establish causal relationships between socioeconomic disadvantage and obesity outcomes (Bann et al., 2022). As a result, much of the evidence identified associations rather than causal relationships between socioeconomic disadvantage and obesity outcomes.

Variation in the measurement of socioeconomic status and obesity outcomes represented an additional limitation. Different studies used income, education, occupation and area deprivation measures inconsistently, creating methodological heterogeneity across the evidence base (Newton et al., 2024). Similarly, some studies relied on self-reported BMI data, which may underestimate obesity prevalence due to reporting bias.

Finally, the use of narrative thematic synthesis involved an element of researcher interpretation during analysis. Although systematic review procedures and quality appraisal methods were followed to improve rigour and transparency, interpretation of themes may still be influenced by subjective judgement (Nowell et al., 2020). Despite these limitations, the dissertation provides a valuable synthesis of evidence regarding socioeconomic inequalities and obesity among young adults within the UK context.

5.7 Final Concluding Statement

In conclusion, this dissertation has demonstrated that obesity inequalities among young adults in the United Kingdom are strongly influenced by socioeconomic disadvantage and wider structural conditions. The findings showed that lower socioeconomic status is associated with increased obesity risk through unequal exposure to deprivation, environmental barriers and limited opportunities for healthy living. Overall, the review suggests that reducing obesity

among young adults requires sustained action that addresses socioeconomic inequalities alongside individual health behaviours, supporting the need for integrated and inequality-sensitive public health strategies.

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