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Why do women of lower educational attainment have lower food involvement than women of higher educational attainment?

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Faltering growth of a baby in the womb and in infancy has been linked to the risk of developing chronic diseases later in life. The growth of a baby is dependent on its nutritional status, which is strongly influenced by the mother's own eating habits[1]. Research has shown that women who are disadvantaged by leaving school with few or no qualifications eat a less-balanced and poorer-quality diet than women with qualifications[2]. Previous research suggests that differing levels of food involvement (the importance of food in an individual's life) might explain differences in the quality of diet of these two groups of women[3]. This research was based on the construct of food involvement[4].

This notion of food involvement was explored by analysing six focus group transcripts, three from discussions with women of lower educational attainment (LEA) and three from discussions with women of higher educational attainment (HEA). Discussions were coded according to the five stages of the feeding cycle (acquisition, preparation, cooking, eating and disposal of food) as described previously[5], on which the construct of food involvement[4] is based. The results of discussions with women of LEA were compared with those from women of HEA.

Differences between the women of LEA and HEA were identified in the areas of acquisition, cooking and eating. There was very little discussion about preparation and disposal of food and both groups of women commented on these areas in a similar way. Women of LEA stated that what food they acquired was largely dictated by its cost and what they felt their partners and children would eat. Women of LEA also described how they felt it was important to cook for their partners and children but they did not value themselves enough to feed themselves properly. Some mentioned that they would enjoy cooking more if they lived alone. There was an absence of discussion about the enjoyment of eating food from the women of LEA, compared with the women of HEA who mentioned enjoying trying new foods, sitting down to eat with their family and going out to eat with friends and family.

There appeared to be important differences between the two groups of women in what influenced their patterns of acquisition. Women of LEA seemed to feel they had less control over what food they bought. A lack of a sense of self worth in the women of LEA seemed to underlie the differences between the two groups of women in terms of their involvement in the cooking and eating of food, and there were also differences in how the two groups of women described their enjoyment of these areas of food involvement. Women of HEA spoke about how past experiences had encouraged them to experience the social aspect of cooking and eating, whereas the women of LEA did not speak about enjoyment or socialising as part of cooking and eating and described no past experiences where this notion could have been introduced.

In women of LEA a perceived need to feed everyone before themselves and put their own dietary requirements last might begin to explain the differences in food involvement in women of LEA in Southampton. The lack of discussion in the areas of disposal and preparation of food suggest that the feeding cycle as described previously[5] may not be the ideal model to qualitatively conceptualise food involvement.

Future interventions, aimed at influencing dietary behaviour change in disadvantaged women, need to target more than increasing health education, cooking skills and food availability. They also need to consider increasing a sense of self worth so that women value themselves enough to adopt the behaviour necessary to increase their quality of diet.

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