

Research Articles

A comparison of the socioeconomic characteristics, dietary practices, and health status of women food shoppers with different food price attitudes

Shanthy A. Bowman*

U.S. Department of Agriculture—Agricultural Research Service, Beltsville Human Nutrition Research Center, Beltsville, MD 20705-2350, USA

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Abstract

A person's attitude toward food price could influence food purchase decisions and, consequently, impact diet quality. The aim of the study was to compare socioeconomic, dietary, and health status of women food shoppers who considered food price very important ($n = 1322$) with those of women who did not consider food price very important ($n = 1272$). These women planned and prepared their household meals. Data from US Department of Agriculture's Diet and Health Knowledge Survey, 1994 to 1996, and Continuing Survey of Food Intake by Individuals, 1994 to 1996, were used. The socioeconomic characteristics, dietary intakes, fat reduction practices, and health status were estimated. A priori, pairwise mean comparisons, at $\alpha = .05$ level of significance, were made. Food price was very important to 46.8% of women. More African-American and Hispanic women food shoppers were likely to consider food price very important when buying food. The women who considered food price very important were more likely to live in low-income, food-insecure households; receive food stamps; have low education; rent and not own homes; and be employed as service workers. They consumed 17 kJ less energy. Yet, the energy density of their diet was 11 kJ/kg more than that of the other group. They ate a low amount of relatively high-price foods like nonstarchy vegetables and drank more sweetened fruit drinks that are an inexpensive source of energy. A low percentage of them adopted dietary fat reduction strategies and read food labels. They are more likely to be overweight and have health conditions such as high blood pressure, heart disease, and diabetes than the others. Dietitians working with low-income food shoppers should address cost-effective ways to buy seasonally available fruits and vegetables and promote dietary fat reduction strategies.

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Keywords: Women; Food price; Attitudes; Dietary practices; Low income; Overweight**1. Introduction**

It is imperative that people make healthful food choices because diet influences health. Health conditions such as obesity, cardiovascular disease, type 2 diabetes, certain types of cancer, and osteoporosis are attributable to poor dietary intakes [1–7]. Socioeconomic status affects food choices and dietary quality. In the most recent national food consumption

data, persons from low-income households had a poorer diet than those from high-income households [8].

Food price is among the many factors that influence people's food choices. Consequently, it affects energy intake and nutrient quality of diets. Fats, sweetened beverages, and grain products that are high in energy density (MJ/kg) are low in energy cost (US dollars/MJ). They serve as inexpensive energy sources and provide a low-cost option, especially in low-income people's diets [9,10]. In comparison, including nutritious fruits and vegetables in the diet could increase diet costs and could be a barrier to healthy

* Tel.: +1 301 504 0619; fax: +1 301 504 0698.

E-mail address: bowmans@ba.ars.usda.gov.

eating [10–13]. The comparatively low cost of energy-dense foods, in combination with low educational status, could be a reason for the prevalence of obesity among the low-income persons [9], and obesity is a risk factor for many health conditions such as diabetes, heart disease, and hypertension [14–17]. Therefore, food price could not only impact food choices but also could impact health.

In many households, women plan and prepare meals. Therefore, their attitudes toward food price could influence their food purchase decisions which, in turn, would affect their diet quality and that of the household in general. There are no studies on the food price attitudes of women food shoppers and their dietary practices and body mass index (BMI). This study uses a nationally representative sample of women, 20 years and older, who also planned and prepared their household meals. The objectives of the study were (i) to compare the socioeconomic and demographic characteristics of women grouped based on their food price attitudes, (ii) to determine whether women who considered food price very important when buying food ate a less nutritious diet than the women who did not consider food price very important, and (iii) to examine whether there were differences between the 2 groups in their nutrition attitudes, dietary practices, and body weight and health status.

2. Methods and materials

The study included women in the US Department of Agriculture's Diet and Health Knowledge Survey (DHKS) (1994–1996) [18] who planned and prepared meals for their households. These women had complete food intake records on day 1 of the Continuing Survey of Food Intakes by Individuals (CSFII) (1994–1996). The US Department of Agriculture conducted the CSFII as a part of its national nutrition monitoring activities. Dietary intake data in the surveys were collected through an interviewer-administered, 24-hour dietary-recall method using a multiple-pass technique to reduce underreporting by the respondents [19]. The survey also collected self-reported data on height, weight, and health status. Overall, day 1 response rate for the CSFII 1994 to 1996 was 80.0% [19].

The DHKS attempted to interview 1 adult, 20 years or older, from each CSFII household. Adults who provided complete dietary information to the interviewer were eligible to participate in the DHKS. The respondents whose dietary intake data were collected through proxy interviews and respondents who were proxies were excluded from participating in the DHKS. Consequently, not all CSFII households had a DHKS respondent. The DHKS respondents were randomly selected from among the eligible CSFII respondents. The DHKS was administered through telephone. In-person interviews were conducted for households without telephones or when the telephone number was not available.

A question in the DHKS addressed the respondents' attitude toward food price when buying food. The respondents were asked how important price was to them when they

bought food. The possible responses were very important, somewhat important, not too important, and not at all important. The women who considered food price very important when buying food were assigned to “food price very important” group ($n = 1322$), and all the others were combined and assigned to “food price not very important” group ($n = 1272$).

The socioeconomic and demographic distribution of the total population was analyzed (Table 1). The subgroups within the socioeconomic and demographic characteristics were age groups (20–39, 40–54, 55–64, and ≥ 65 years); annual household income (0% to 130% of poverty, 131% to 350% of poverty, and $>350\%$ of poverty); educational status (high school or less, 1–4 years college, and ≥ 5 years of college); race-ethnicity (Hispanics, non-Hispanic whites or whites, non-Hispanic blacks or African Americans, and non-Hispanic other races such as Asians, Pacific Islanders,

Table 1
Socioeconomic and demographic characteristics of women who considered food price very important when buying food

Socioeconomic and demographic characteristics	Percent distribution in the total population ($n = 2594$) (weighted %)	Percentage considering food price very important within socioeconomic and demographic groups (weighted %) (95% CI ^a)
Age groups (y)		
20–39	39.7	46.9 (43.1–50.7)
40–54	27.1	43.3 (38.3–48.3)
55–64	14.0	46.9 (41.4–52.3)
≥ 65	19.3	51.1 (46.9–55.3)
Household income		
0%–130% of poverty (low)	19.7	69.0 (64.0–74.0)
131%–350% of poverty (medium)	40.0	50.9 (46.4–55.4)
$>350\%$ of poverty (high)	40.3	31.7 (27.5–35.9)
Educational status		
High school level or less	51.5	56.6 (52.6–60.6)
1–4 y of college	35.1	39.2 (34.8–43.6)
≥ 5 y	12.6	26.4 (20.4–32.4)
Race-ethnicity		
White	77.0	43.1 (39.6–46.6)
African Americans	11.0	70.4 (62.4–78.4)
Hispanics	8.0	53.7 (47.7–59.7)
Non-Hispanic other races ^b	4.0	37.9 (36.5–39.3)
Urbanization		
MSA, central city	32.4	48.7 (43.7–53.7)
MSA, suburban	44.9	43.0 (37.8–48.2)
Non-MSA, rural	22.7	51.5 (44.5–58.5)
Region		
Northeast	20.0	43.3 (35.3–51.3)
Midwest	24.5	45.1 (41.7–48.5)
South	35.1	54.5 (48.1–60.9)
West	20.4	38.9 (31.5–46.3)

Of the women, 46.8% said that food price was important to them when buying food.

^a CI indicates confidence interval.

^b Includes Asians, Pacific Islanders; American Indians, and Alaskan Natives.

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