

Couples' Gender Role Preferences and Management of Family Food Preferences

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ABSTRACT

Objective: To learn how couples stratified by gender role preference (GRP) manage food preferences.

Design: One-time individual semistructured qualitative interview with each partner in a couple representing 1 of 3 GRP pairings.

Settings/Participants: Volunteers were recruited using advertising and snowball sampling and met the criteria of both parents living at home, wife no older than 40 years, and at least one child under age 6 years and, if present, all others under age 18 years. Both partners in volunteer couples completed a 31-item GRP scale, and the scores of each partner were categorized as traditional (lowest 25% of possible scores), transitional (middle 50%), or egalitarian (top 25%). No traditional couples volunteered. A purposeful sample of 10 transitional and 10 egalitarian wives representing 20 couples was interviewed.

Variables Measured: Each partner was asked how food preference patterns were established and how family member food preferences affect foods served at evening meals now.

Analysis: Thematic content analysis, constant comparison, and consensus produced the final thematic analysis.

Results: Transitional wives married to transitional husbands established a pattern of deference to the husband's preferences that could make alteration of food choices difficult. Egalitarian wives married to egalitarian husbands established a fairer pattern of balancing partner's food preferences.

Conclusions and Implications: Nutrition education for transitional and egalitarian couples should use different approaches.

KEY WORDS: gender role preference, food preferences, qualitative methods, egalitarian, transitional

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INTRODUCTION

Despite several decades of recommendations urging the public to make more healthful food choices, less has been accomplished than hoped.¹ The process of making food choices is complex, especially in a family setting.² The person making food choices for a family must consider, among other things, resources, convenience, quality, and the needs and desires of family members in the decision.^{2,3} Nestle et al noted the importance of understanding family influences on food choices and indicated that one of the gaps in research was understanding how food preferences affect the ability to change food choices.¹ Food preference has been defined as the degree of like or dislike that an individual has for a food. Adult preferences represent attitudinal views of foods based partly on past experiences, whereas children's preferences initially reflect familiarity and taste.⁴

Low-income women reported that the influence of husband's and children's preferences on food choice was substantial, making healthful alterations in food choice difficult.⁵ De Bourdeaudhuij found that the father's preferences had the strongest influence on family eating patterns.⁶ Several classic qualitative studies found that responding to individual family member preferences was a requirement of the food preparer role, resulting in the mother deferring particularly to those of the husband as well as the children.^{3,7} Jansson proposed that a pattern of satisfying husband's preferences, instead of reaching a consensus reflecting mutual preferences, could make introducing healthful changes in family meal choices difficult.⁸ He compared British and Swedish studies of food practices and suggested that gender role preferences could influence the degree to which change in food choices was allowed in families.

Gender role preference (GRP) represents the "actor's" degree of preference for the rewards and costs that arise out of the gender stratification and division of household labor.⁹ Scanzoni and Polonko linked GRP to couple decision-making about family issues.¹⁰ Godwin and Scanzoni established that the context factors of GRP, spouses' relative resources, their emotional interdependence, the relative importance of the decision to each partner, and the established pattern of working out decisions affected the process

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and outcome of couple decision making about household matters.^{11,12} Gender role preference can influence couple decision-making processes by affecting the underlying assumptions about how decisions are made.⁹ In couples sharing traditional GRPs (ie, the wife is assumed to be responsible for certain household roles), female self-interest would be submerged in deference to the family's or husband's interest, whereas in couples in which the wife had more egalitarian views (ie, household roles are interchangeable between sexes), female self-interest might emerge and alter how decisions are made.

Indeed, Jansson reported in the British studies that the wife handled all of the food chores, a traditional role pattern, and learned to make food choices that reflected the husband's preferences.⁸ These women were less likely to initiate more healthful food choices if they conflicted with their husband's preferences. In Sweden, where egalitarianism is more common, men were more likely to be involved in food shopping and preparation, and food choices appeared to be built more on consensus. These wives did not appear to conform to husband's preferences, suggesting that introduction of more healthful food choices might be more successful. In support of this hypothesis, a few US studies have found that a dietary intervention aimed at wives had no significant impact on their husband's nutrient intake, whereas a significant change in the wife's risk factors occurred when the husband was the intervention target and the wife was the major food preparer.^{13,14}

Over the last two decades, as women increasingly entered the workforce, US gender role attitudes became more egalitarian, but the degree of change has slowed in the last 10 years.¹⁵ Change reflected cohort succession, but slowdown was attributable to men being both more conservative and slower to change their attitudes. Although men became more positive about women working, many men still considered women mainly responsible for the home.¹⁶ In contrast, US women's attitudes have become more egalitarian in general.¹⁷ The dichotomy was evident when, in 1994, women still reported doing most of the meal planning, shopping, and preparation.¹⁸

These shifts in gender role attitudes and reports that, in couples sharing egalitarian role preferences, husbands performed more feminine household chores¹⁹ led us to examine qualitatively how food chores were handled in egalitarian and more traditional families.²⁰ We found that egalitarian men married to egalitarian women were more actively involved in food shopping, cooking, and cleanup than men with more traditional role preferences, whose wives continued to perform most of these chores.

Because the process of making food choices appears to be embedded in the family's system of handling food chores,³ we wondered if the process of managing food preferences might also differ between egalitarian and more traditional families, as suggested by Jansson.⁸ Examining how both partners describe the appeasement of these preferences in families with differing GRP could help illuminate the social frame-

work and managing relationships aspects of the Food Choice Process Model² and the utility of the Godwin and Scanzoni couple decision-making model.¹² Since the relationship of GRP to the process of handling food preferences was unknown, we conducted an exploratory study using qualitative research methods to generate more in-depth data from both partners.²¹ The purpose of this qualitative study was to learn how couples stratified by GRP handle the process of managing food preferences. In this article, we compare partners' perceptions of how preference patterns were established, how family member food preferences affect foods served at evening meals now, how satisfied she/he is with what is served, and how they resolved food conflicts.

STUDY DESCRIPTION

Volunteer couples in stage 1 of the family life cycle²² were recruited by a combination of advertisement distribution and snowball sampling.²³ Flyers with a business reply postcard were distributed at cooperating community sites (daycare centers, libraries, businesses, community centers, and campus locations). Those returning the postcard were screened by telephone to verify that they met the criteria of both parents living in the home and willing to be interviewed, wife no older than 40 years, and at least one child under age 6 years and, if present, all others under 18 years. Those responding were asked to nominate others. Those meeting the criteria were sent two copies each of the role preference scale (RPS)²⁴ and informed consent forms with instructions to complete these individually. When returned by mail, informed consent was assumed and each scale was scored. Twenty couples were ultimately interviewed, representing a combination of GRP scores.

We used the 31-item RPS of Voelz²⁴ to stratify the couples. No GRP scale is considered the gold standard in the literature. Often researchers use 4 to 6 questions in a national survey to determine GRP, a practice with many shortcomings,¹⁵ or they may construct a new scale relevant to their population.²⁵ We chose this scale because 24 of the 31 items were identical to and composed the GRP scale used in the decision-making research of Godwin and Scanzoni.¹² That 24-item scale with 4 constructs (role of wife, mother, husband, father) had a Cronbach α reliability of .88 for husbands and .90 for wives in their thirties with children. Voelz added 7 statements to the Godwin and Scanzoni scale that enriched the constructs of the wife's role (equal authority in decision-making, type of job, and pay scale) and of the husband's role (work situation that allows time for child care), while not altering the statements for the constructs of the mother's and father's roles.²⁴ Using her scale, she verified aspects of the Godwin and Scanzoni model with college students considering housework decisions (Cronbach α for males was .91 and for females .89).

In the RPS, the reader rated 31 statements using a Likert scale where 1 = strongly agree and 5 = strongly disagree. Traditional preferences represent agreement with statements

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