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Psycho-social influences on food choice in Southern France and Central England

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Abstract

This study used attitudinal scales to investigate the nature of attitudes to diet and health in a northern European country (Central England) and a southern European country (Mediterranean France). Cross-sectional studies were conducted using self-administered postal questionnaires that were distributed simultaneously in April 2001 in Montpellier, France and Nottingham, England. A stratified random sample of 1000 males and 1000 females aged 18–65 years was generated from the electoral roll in each country. The final sample comprised England: $n = 826$ (58% male and 42% female; mean age = 44 years) and France: $n = 766$ (42% male and 58% female; mean age = 42 years). This study has demonstrated that the pleasurable and social aspects of eating, certain food quality issues, as well as health as a value were regarded as priorities by French respondents. On the other hand, English respondents reported that organic and ethical issues and convenience were important factors influencing their food choices. In conclusion, the two populations can be differentiated overall in their attitudes and beliefs to food choice.

Keywords: Dietary attitudes and beliefs; Southern France; Central England; Food choice

Introduction

England and France are neighbouring countries sharing similarities in their history and cultural heritage, but great differences in the development of distinctive culinary cultures, as exemplified by this quotation (University of Illinois Press copy writer, 1996):

> So close geographically, how could France and England be so enormously far apart gastronomically? Not just in different recipes and ways of cooking, but in their underlying attitudes towards the enjoyment of eating and its place in social life.

In England, for example, eating patterns have changed over the years to incorporate 'foreign cuisine', although in France, food tends to 'follow the flag' and local, regional and national culinary traditions seem to have persisted more than in England (Mennell, 1996). France has an international reputation for an elaborate cuisine, with regular and traditionally structured meals (Monneuse, Bellisle, & Koppert, 1997). Even so, a more 'American-style' diet is becoming popular, often referred to as 'the MacDonaldisation of culture' (Fischler, 1999; Ritzer, 1993), with instantly prepared food (fast food), as well as convenience and snack foods being more widely eaten (Hubert, 1998; Scali, Richard, & Gerber, 2000), often between meals (Poulain, 2002). This is particularly true in younger age groups (Volatier, 1998) and can be seen as being a convergence in culinary culture between France and England (Mennell, 1996).

Various food choice models reflect the complexity of understanding food choice behaviour (Caplan, Keane, Willetts, & Williams, 1998; Conner, 1993; Furst, Connors, Bisogni, Sobal, & Winter-Falk, 1996; Krondl & Lau, 1982; Lewin, 1943; Nestlé et al., 1998; Parraga, 1990; Sanjur, 1982; Shepherd, 1989; Yudkin, 1956). It has been proposed that psychological factors influence dietary choice via their influence on attitudes and beliefs, which are thought to mediate the relationship between

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the determinants of food choice and other external influences (Conner, 1993). Similarly, cultural, social, economic and demographic factors may be mediated by the attitudes and beliefs held by the individual (Shepherd & Raats, 1996). The conceptual definition of an attitude that is used for the basis of the current study is "a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour" (Eagly & Chaiken, 1993).

Within the field of dietary attitudes and beliefs, relatively few studies have been conducted that incorporate a cross-cultural perspective. Gibney, Kearney, and Kearney (1997)'s European-wide investigation in 15 countries of consumer attitudes to food, nutrition and health, demonstrated great variability in the influences on food choice perceived to be important (Lennernäs et al., 1997) and the understanding of the term 'healthy eating' (Margetts, Martinez, Saba, Holm, & Kearney, 1997) between countries. Residents of these different European countries appear to have varied perceptions of the benefits of healthy eating (Zunft, Widhalm, & Kearney, 1997), the need to alter eating habits (Kearney et al., 1997) and barriers to healthy eating (Lappalainen, Martinez, Saba, Holm, & Kearney, 1997). The authors concluded that the individual's culture had a strong influence on their dietary attitudes.

Rozin, Fischler, Imada, Sarubin, and Wrzesniewski (1999) compared attitudes to food between respondents from four countries (USA, Japan, Flemish Belgium and France), finding that the French were the most food-pleasure oriented and least food-health oriented. They concluded that there appeared to be substantial cross-cultural differences in the extent to which food functioned as a stressor versus a pleasure, which may in turn influence health.

In the present investigation, attitudinal concepts were developed based on their importance as influences on food choice from the findings of previous studies. *Convenience* has become an important influence on food choice in developed countries due to changes in working patterns and increased time pressure in daily lives (Askegaard & Madsen, 1998; Beardsworth & Keil, 1999; Glanz, Basil, Maibach, Goldberg, & Snyder, 1998; Murcott, 1998). *Quality* with its many facets is another key influence on consumers' food choices (Atkins & Bowler, 2001; Lennernäs et al., 1997; McEachern & McClean, 2002; Murcott, 1998). *Weight control/body image* are known to influence food choice decisions, especially by females (Beardsworth & Keil, 1999; Glanz et al., 1998; Goode, Beardsworth, Haslam, Keil, & Sherratt, 1995; Mennell, 1996; Rozin et al., 1999). *Worry* associated with food and health has been identified in various studies (Glanz et al., 1998; Goode et al., 1995; Rozin et al., 1999). *The locus of Control* is seen as the way individuals view certain important health-related issues (Wallston, 1992) and *health as a value* is the importance that individuals place on health (Lau, Hartman, & Ware, 1986). These can further understanding of the role of health considerations when making food choices (Wardle, 1993). *Self-efficacy* encompasses an individual's perceived capacity to change health-related behaviours (Bandura & Adams, 1997; Glanz et al., 1998). Finally, *pleasure and social* aspects of eating are well known to be important factors in the choices people make about food (Goode et al., 1995; Mennell, 1996; Nestlé et al., 1998; Rozin et al., 1999).

The present investigation evolved from a previous investigation by two of the authors (Holdsworth et al., 2000) that compared food consumption between France and England, finding that the Mediterranean French region had different food consumption patterns, representing a healthier diet than a central England population. The specific objectives of this paper are to attempt to explain some of the differences in attitudes to food of these two nations from our comparative study of dietary attitudes and beliefs in Central England and Southern France.

Methods

Subjects

Self-administered postal questionnaires were distributed in April 2001 to 1000 males and 1000 females aged 18–65 years in Montpellier, France and Nottingham, England. Both stratified random samples were generated from the electoral register. The final samples comprised 826 subjects in England and 766 subjects in France, providing final adjusted response rates of 42.8 and 52.4%, respectively.

Response rates

From the literature reviewed (Edwards et al., 2002; Streiner & Norman, 1995), the following were considered to be important for optimising response rates: the questionnaire was kept as short as possible; the covering letter was written on headed notepaper, had an informal tone and was hand signed; a stamped addressed envelope (SAE) was enclosed and a stamp used rather than industrial franking; the questionnaires were distributed during springtime and were posted to arrive just before the weekend; reminder letters were posted to those individuals who had not already responded one month after the initial mailing, with a further copy of the questionnaire and SAE; during the period of questionnaire distribution, the study was publicised by conducting interviews with local radio, television and newspapers, appealing to individuals to complete the questionnaire.

Questionnaire validity and reliability

The questionnaire items were deemed to have face and content validity by various experts in psychology, anthropology, epidemiology and public health nutrition. Additionally, the questionnaire was piloted in each country in a population similar to the main sample to ensure that