

Gendered eating

Can gender role orientations explain gender differences in healthy eating?

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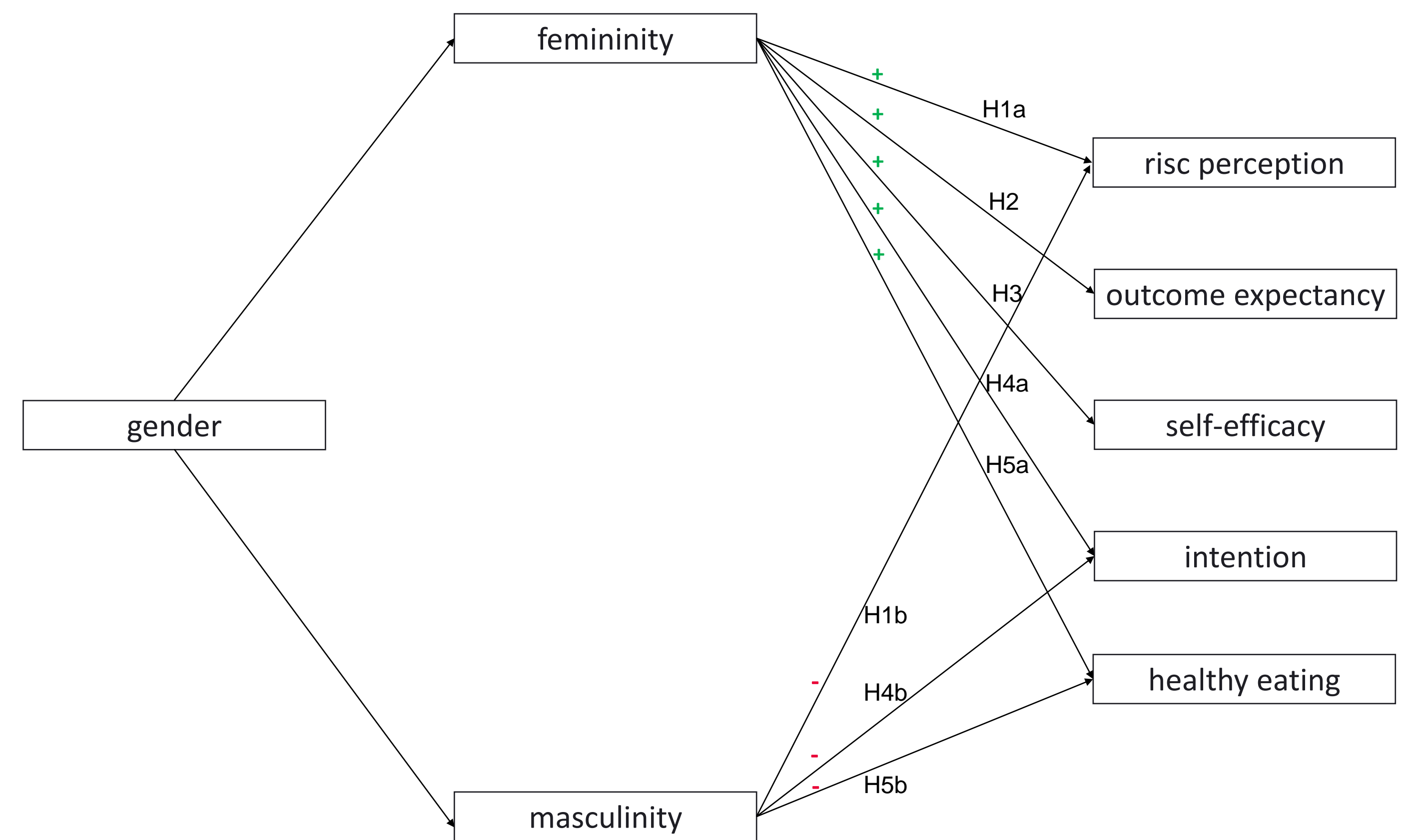
The study was preregistered: <https://doi.org/10.23668/psycharchives.12699>

Theoretical background

- An unhealthy diet is one of the major risks to health¹
 - Women tend to engage in healthier eating than men²
 - But why?
- *Gender role orientations (GROs)*³
= An individuals' identification with certain personality characteristics associated with masculinity (e.g., dominant) and femininity (e.g., sensitive)
- Are closely linked to other health behaviors⁴
 - Might be one explaining factor for gender differences in healthy eating and the predictors of healthy eating (i.e., risk perception, outcome expectancy, self-efficacy, intention; according to the Health Action Process Approach [HAPA])⁵

Can GROs explain gender differences in healthy eating and its predictors?

Hypotheses



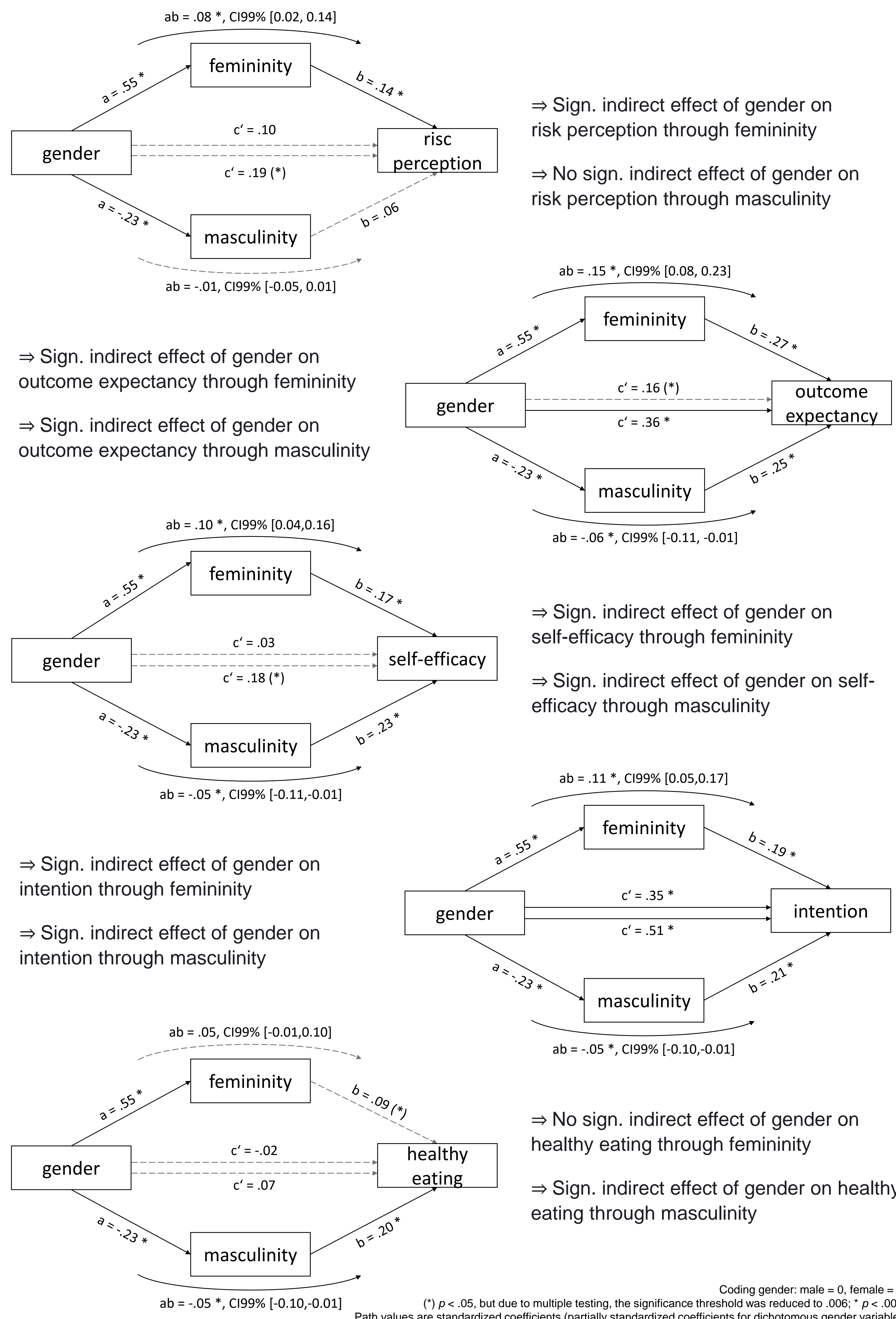
Design & Sample

- Cross-sectional online survey; participants recruited via panel provider
- Gender-balanced sample representative for the Austrian adult population (N = 825);
- $M_{age} = 49.05$, $SD_{age} = 16.80$; $M_{BMI} = 26.38$, $SD_{BMI} = 5.23$

Measures

- Demographic variables
- Healthy eating (FFQ⁸, GDBI⁹)
- GROs (BSRI-R⁶, GERAS⁷)
- HAPA predictors¹⁰

Mediation Results



Descriptive Results

	M	SD	1	2	3	4	5	6
1. Masculinity Scores (15 Items; 1-7; $\alpha = .91$)	4.44 ♀: 4.32 ♂: 4.55	0.98 ♀: 1.04 ♂: 0.91						
2. Femininity Scores (15 Items; 1-7; $\alpha = .89$)	4.96 ♀: 5.20 ♂: 4.71	0.89 ♀: 0.84 ♂: 0.88	.36*** ♀: .41*** ♂: .41***					
3. Risk perception (3 Items; 1-4; $\alpha = .79$)	3.15 ♀: 3.21 ♂: 3.09	0.67 ♀: 0.68 ♂: 0.67	.04 ♀: .01 ♂: .11*	.15*** ♀: .13** ♂: .14**				
4. Outcome expectancy (8 Items; 1-4; $\alpha = .89$)	3.13 ♀: 3.22 ♂: 3.04	0.57 ♀: 0.55 ♂: 0.58	.22*** ♀: .18*** ♂: .32***	.29*** ♀: .20*** ♂: .33***	.49*** ♀: .50*** ♂: .47**			
5. Self-efficacy (8 Items; 1-4; $\alpha = .82$)	2.69 ♀: 2.73 ♂: 2.66	0.56 ♀: 0.54 ♂: 0.58	.22*** ♀: .21*** ♂: .25***	.18*** ♀: .17*** ♂: .16***	.19*** ♀: .15** ♂: .30***	.40*** ♀: .34*** ♂: .44***		
6. Intention (1 Item)	5.28 ♀: 5.60 ♂: 4.95	1.42 ♀: 1.27 ♂: 1.49	.18*** ♀: .17*** ♂: .26***	.24*** ♀: .14** ♂: .23***	.33*** ♀: .35*** ♂: .30***	.56*** ♀: .52*** ♂: .57***	.47*** ♀: .43*** ♂: .50***	
7. Healthy eating (15 Items)	13.47 ♀: 13.51 ♂: 13.42	3.63 ♀: 3.66 ♂: 3.60	.20*** ♀: .22*** ♂: .18***	.08 ♀: .1* ♂: .06	.13*** ♀: .13*** ♂: .13***	.23*** ♀: .18*** ♂: .28***	.27*** ♀: .23*** ♂: .32***	.33*** ♀: .35*** ♂: .34***

* $p < .05$; ** $p < .01$; *** $p < .001$

Discussion

- GROs mediated (for the most part) the relation between gender and risk perception, outcome expectancy, self-efficacy, intention & healthy eating
- Although previous studies reported that men tend to engage in less healthy eating than women, masculinity and femininity were both positively associated with healthy eating and its predictors.
- Taking gender norms and GROs into account might be helpful for promoting healthy eating

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