ASSOCIATIONS OF SOCIAL STATUS, BELIEFS 
AND ATTITUDES WITH DIETARY INTAKE AND 
THEIR INFLUENCE ON DIETARY BEHAVIOUR 
CHANGE 

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ABSTRACT

A cross-sectional survey of a randomly selected population sample was carried out to determine the associations of social status, beliefs and attitudes with dietary intake. The survey sample was randomly selected from the adults in the population of three capital cities (Adelaide, Brisbane and Perth), with a response rate of 70.4% (874 respondents). Dietary intake was measured by quantified food frequency questionnaire; diet-related beliefs and attitudes, occupation, education and income were also measured by self-completed questionnaire. Dietary intakes were generally healthier in higher social status groups. Dietary densities of fat and fibre were associated with diet-related beliefs and attitudes, and these could account for social status differences in dietary fibre density but not in dietary fat density.

A dietary intervention trial was then carried out to assess the influence of knowledge, beliefs and attitudes and social status on dietary behaviour change. The intervention took the form of a controlled trial in a sample which was also randomly selected from the population of adults of high and low socio-economic status suburbs in one of the previously surveyed cities (Adelaide). The sample for the intervention trial included 487 participants representing a 32% response rate from the higher status suburbs and a 20% response rate from the lower status suburbs. Dietary intake, diet-related knowledge, beliefs and attitudes, occupation, plasma cholesterol level, height and weight were measured before and after the intervention trial. The intervention was followed by improvement in dietary intakes and nutrition knowledge, but there were no changes in biological characteristics. Interviewer-assessed confidence about making dietary changes and change in nutrition knowledge were the main variables associated with overall change in dietary behaviour. Degree of dietary change did not differ between higher and lower social status groups.

It was concluded that, although some social status differences did exist in dietary intakes, these were generally small compared to the differences
between the whole sample and dietary targets and recommendations. This may imply that dietary differences between social status groups in Australia are not major determinants of health inequalities among social status groups.