

**Seeing the Matrix:  
An Analysis of Gender Inequity in Dietetics Discourse**

by

**Kathleen Hahn, RDN, LD**

Capstone Research Synthesis

Presented to the Faculty of the Graduate Program in Food Systems and Society  
of the Graduate Program in Human Nutrition and  
Oregon Health and Science University School of Medicine

In partial fulfillment of the Requirements for the Degree of

Master of Science in Food Systems and Society

June 09, 2021

Copyright © 2021 by  
Kathleen Hahn

## Table of Contents

Tables	4
Figures	5
Abbreviations and Acronyms	6
Acknowledgements	8
Abstract	9
<b>Chapter 1. Introduction</b>	<b>10</b>
<b>Chapter 2. Background and Significance: Social Justice, Gender Inequity, and Nutrition</b>	<b>14</b>
Social Problem	14
Research Problem and Overall Research Question	23
Research Conceptual Framework: Oppression	24
Summary	36
<b>Chapter 3. Methodology and Methods: Evaluating Dietetics Discourse</b>	<b>37</b>
Research Paradigm	37
Critical Inquiry	38
Feminist Critical Discourse Analysis and Feminist Theory	38
Positionality	40
Research Questions	42
Research Design	44
Units of Analysis and Observation	44
Data Collection and Analysis	46
Application of Research Methods	47
Summary	58
<b>Chapter 4. Results, Analysis, and Contribution: Gender Inequity in Dietetics Discourse</b>	<b>60</b>
Research Question One: Results and Analysis	60
Research Question Two: Results and Analysis	68
Research Question Three: Results and Analysis	79
Contribution	100
Summary	103
<b>Chapter 5. Conclusion</b>	<b>105</b>

## Tables

Table 3.1 Keywords and concepts relevant to Research Question One .....	49
Table 3.2 Definition of domestic and professional sphere .....	50
Table 3.3 Definition of explicit and implied use of keywords .....	52
Table 3.4 Definition of key concepts relevant to Research Questions Two and Three.....	56
Table 4.1 Article type referencing gender inequity. ....	66
Table 4.2 Article topics classified as oppressive. ....	70
Table 4.3 Recommendations that contribute to the persistence of oppression .....	86
Table 4.4 Review of current practices .....	93
Table 4.5 Recommendations that address the root cause of gender inequity .....	95

## Figures

Figure 4.1 Number of <i>JAND</i> Articles Referencing Gender Inequity, 1991 to 2020 .....	62
Figure 4.2 Total number of articles found each year including explicit vs implicit mention of keywords. ....	63
Figure 4.3 Keywords mentioned as primary vs incidental part of the article. ....	67
Figure 4.4 Areas of oppression .....	71
Figure 4.5 Individual vs systemic recommendations.....	82
Figure 4.6 Recommendations that address the root cause vs contribute to oppression.....	85

## Abbreviations and Acronyms

ADA	American Dietetic Association
AND	Academy of Nutrition and Dietetics
CDA	Critical Discourse Analysis
FCDA	Feminist Critical Discourse Analysis
FNCE	Food & Nutrition Conference & Expo
JAND	Journal of the Academy of Nutrition and Dietetics
MNT	Medical Nutrition Therapy
RD	Registered Dietitian

I would like to dedicate this work to every woman who has felt the weight of food work placed squarely on her shoulders and felt like she was failing as a wife or mother because she did not know what to make for dinner and to every man who was never given the opportunity to learn to care for those around him. This work has opened my eyes to the daily, unappreciated care work that women do and how they have had to endlessly bend to the world of men in the home and in the workplace. This work has revealed to me how the current system of male dominance harms men too through its development of men as oppressors. To the women who work tirelessly, feel overworked and underappreciated and to the men who feel trapped in a system where they must play a role that they never meant to and are stripped of the ability to access all sides of themselves because they must be 'manly men'. It is my hope and prayer that this work can contribute even in a small way to a new world of gender equity where men and women are equally free to be nurturing, strong, assertive, and participate in care work with the support of culture and the workplace.

## Acknowledgements

I would like to thank my advisor, Patricia Allen, for her tireless efforts and support of my work. This work would not have been possible without her thought-provoking feedback and astute guidance. I am grateful to Sean Gillon and Zoe Speidel for their support and advice in developing this capstone. To my cohort, our many in-depth conversations have prompted me to understand the world in a new way and I am grateful that we have been able to engage in these deep and meaningful discussions. I am especially indebted to Katy Myers for the time she took to review my work and provide feedback. I am grateful to Carolyn Tziu for her incisive grammatical feedback and to Meghan Zook for her encouragement and support. To the first feminist in my life, Priscilla Hahn, I am thankful for the perspectives she shared with me as she was the first person to help me think outside of the culture of traditional gender roles I was born into. Lastly, this work would not exist without the endless support and encouragement of my husband, Darren Hahn, who made sure that I ate well-balanced meals and provided a sounding board to help me work through my thoughts while writing this capstone. He has always been my greatest supporter and for that I am forever grateful.



## Abstract

Dietitians experience gender inequity in the professional sphere and in the domestic sphere through their work with patients. Yet gender inequity in the field of nutrition seems to be rarely discussed in dietetics discourse. This capstone examines articles from the *Journal of the Academy of Nutrition and Dietetics* between 1991-2020 to better understand how the Academy of Nutrition and Dietetics addresses gender inequity. Feminist critical discourse analysis, critical inquiry, and feminist theory were key for identifying content/thematic analysis as appropriate methods for reviewing the literature and for recognizing the value of Young's framework of oppression as pertinent context through which to examine the results. Findings revealed that not only is gender inequity in nutrition an insignificant part of the conversation in dietetics discourse, but it is also rarely acknowledged as oppressive. Except for a few promising solutions, most recommendations provided to address the problem did not acknowledge the root cause and as a result, reproduced oppression. The field of dietetics could be a profession that empowers women in both the domestic and professional sphere. The Academy of Nutrition and Dietetics could support the empowerment of degendered leadership, advocate for increasing the value of care work for all genders through policy and cultural changes, and promote research to better understand gendered power dynamics in the domestic and professional sphere. In addition, dietitians could actively participate in dismantling gender inequity through promoting food work as degendered and raising awareness of the problem with the purpose of generating meaningful solutions. But first, dietetics discourse must increase the discussion of gender inequity in nutrition.

Keywords: Gender Inequity, Oppression, Dietetics Discourse, Feminist Critical Discourse Analysis, Academy of Nutrition and Dietetics

## **Chapter One**

### **Introduction**

Our minds create, through language, ways of seeing the world.

—Kristina Boréus and Göran Bergström

Dietitians care about issues of social justice, but gender inequity is rarely a topic of conversation amongst this group. A recent article published in the New York Times asserts that the dietetics profession does not give adequate attention to systemic racism and differences of culture, gender identity, or body size, and it implicates the Academy of Nutrition and Dietetics (AND) in perpetuating these problems through their lack of action (Krishna 2020). It is clear from this article that many dietitians care about current issues of social justice, yet strikingly absent from this article is any mention of gender inequity. Perhaps it is easy to think that gender inequity is a problem of the past in a world where women have had the doors to numerous fields in the workplace opened to them. But despite an increase in opportunities for individual women, gender inequity remains as strong as ever in the kitchen and in the field of dietetics. In the domestic sphere, it is mostly women who figure out meals, do the shopping, and prepare food for everyone in the home. In the professional sphere, dietitians – the people who advise patients and clients on nutrition – are overwhelmingly women. This is due, in large part, to systemic and cultural forces that perpetuate gender inequities. These forces are often normalized and ignored.

Marjorie DeVault's landmark study on gendered domestic food labor, published in 1991, identifies these systemic and cultural forces and provides insight into just how entrenched gender inequity is in society. Her research provides an in-depth assessment of the complex role that food work plays in the lives of women and how it (re)produces a role of subservience for women.

Both men and women contribute to this problem, as women may participate in reproducing this inequality and men may face barriers if they try participate in food work. Food work appears to be tied to female identity and women may find that when they attempt to shed this expectation, it is akin to tearing out a piece of themselves. Young girls are trained (mostly subconsciously) to understand that they will take over care work such as food work and childcare, while young boys are raised (again mostly subconsciously) to expect to be cared for by women, making changing this role difficult. Though DeVault's research was published thirty years ago, not much progress has been made. Research done recently by Bowen et al. (2019) and Cairns and Johnston (2015) suggests that female identity remains tied to food work and this imbalance in responsibility is as entrenched as ever. Not only is domestic food work contributing to gender inequity, but the professional field of dietetics also reproduces and reinforces these patterns of subservience.

For the past one hundred years, dietitians have had to fight for recognition as nutrition experts and remain under paid and undervalued. The field of dietetics originated in the kitchen and even though dietitians currently rarely participate in hands-on food work, the field continues to be perceived as connected to this aspect of food work. Just as women's food work in the home is often unappreciated and rarely recognized as the vital role that it is, dietitians work, particularly in the healthcare field, is diminished and rarely acknowledged as essential to health. In addition, dietitians are often not valued as authorities in the field of nutrition even though they are the only professionals in the healthcare field who receive training in it. This may be due, in part, to the fact that dietitians are historically women (and remain so) and the field is associated with food work. Society not only persists in primarily expecting women to shoulder the burden of food work either voluntarily or for a meager wage, but it also rarely acknowledges that food work is crucial for every aspect of human life. As a result of societal disregard for food work, the

field of dietetics struggles for respect and adequate compensation. What I want to discover through my research is the extent to which the Academy of Nutrition and Dietetics (AND), the professional society of dietitians, addresses gender inequity in the field.

It matters that the field of dietetics discusses this social problem in a meaningful way as this impacts the recommendations made to tackle gender inequity in nutrition, influences the extent to which root causes are addressed, and affects dietitian's role in eradicating this problem. As the quote at the beginning of this chapter indicates, the words that society uses creates meaning. How problems are discussed shape understanding of the root cause and ultimately the solutions. If dietetics discourse participates in the conversation around gender inequity in nutrition, it can help dietitians recognize it for the systemic and cultural problem that it is. It is important that dietitians grapple with gender inequity in nutrition because they are at the forefront of working with this social problem both in the workplace and in the home. If dietitians are trained to address gender inequity in food work with their patients and are taught to create an empowered field for women within dietetics, progress can be made with gender equity both in the domestic and professional sphere. In addition, the AND is a powerful organization in the field of dietetics that could play a crucial role in teaching dietitians to address gender inequity.

In a world in which gender inequity may be seen as a problem of the past, women everywhere still experience gender inequity through societal expectations to take charge of food work in their homes and through workplaces that continue to be dominated by and celebrate masculine values in progressively subtle yet powerful ways. Addressing gender inequity in the field of nutrition matters to all women so that a more equitable society can be created and so that food work can be recognized as the invaluable part of society that it is. In addition, addressing gender inequity matters to men, as they are often trapped in a system of male dominance that

tramples on men and women alike. In my experience as a dietitian, both men and women would benefit from addressing this social problem of gender inequity in nutrition; however, it appears that dietetics discourse may not adequately acknowledge it.

This research addresses gender inequity in the field of nutrition by asking about the ways in which dietetics discourse addresses it so that the field of dietetics can empower women in the professional sphere and work towards dismantling domestic gender inequity. Chapter Two establishes that gender inequity in the field of nutrition is a social problem and elaborates on the frameworks through which the results are analyzed. Chapter Three identifies the methodology, methods, and positionality relevant to this research and details the methods used to answer each research question. Chapter Four reveals and analyzes the results and provides an in-depth assessment of how dietetics discourse acknowledges and contributes to the persistence of gender inequity in nutrition. The final chapter concludes with an overview of this capstone work and highlights the most important findings of this research.

## Chapter Two

### **Background and Significance: Social Justice, Gender Inequity, and Nutrition**

In this chapter, I describe and provide evidence for the social problem of gender inequity in the field of nutrition. First, I explain what a social problem is and define the terms relevant to the social problem I address in my research, including who is harmed by this problem, the ways in which it has social origins, and why it must be addressed. I discuss how gender inequity is (re)produced in the domestic sphere and present in the professional sphere. I then articulate the aspect of the social problem I address in my research, which is how professional dietetics discourse addresses gender inequity. Finally, I review and explain gender inequity through the conceptual framework of oppression.

#### **Social Problem**

The social problem I am focusing on is gender inequity in the field of nutrition. A social problem results in harm and has social causes and social remedies (Alessio 2011, 3). Gender inequity harms women and men,<sup>1</sup> has social causes because a socially constructed understanding of gender affects gender relations in society, and has social remedies such as the need for changes in cultural ideologies/practices and governmental policy. Gender inequity is the subordination of women, which leads to the privilege of men and the oppression of women. Oppression, for the purpose of this paper, refers to exploitation, marginalization, powerlessness, cultural imperialism, and violence, all of which will be defined in more detail later in this

---

<sup>1</sup> While my research focuses on those who identify as either male or female, I recognize that many people do not identify with these gender binaries and often experience additional injustices as a result; however, this does not negate the necessity of addressing how societal recognition of male versus female genders continues to oppress women.

chapter. The field of nutrition encompasses all food-related work in the domestic sphere and the professional sphere. The domestic sphere refers to the household, including food work, and the professional sphere refers primarily to the paid labor force, including the field of dietetics. Domestic food work includes the physical acts of food preparation, grocery shopping, storing food, and cleaning up the kitchen as well as the hidden mental effort of planning, keeping a running list of household needs, choosing foods per family preference, keeping food cost within the household budget, and staying up-to-date on nutrition recommendations. The field of dietetics refers to licensed, regulated dietitians and excludes nutritionists, which is an unregulated term. When I refer to the *field of nutrition*, I am discussing nutrition at large, including food work, whereas when I refer to *dietetics*, I am specifically referring to the field of credentialed, registered dietitians. Gender inequity in the field of nutrition is a social problem because it harms both women and men (although men also benefit from this), is caused by a social construction of gender, and could be remedied by society. The social problem of gender inequity is relevant to social justice because it violates basic human rights.

Social justice is the absence of oppression and includes the provision of basic human rights to all people regardless of class, race, or gender. Basic human rights include food, shelter, water, fair wages, fair treatment, and the ability to maintain self-respect. Social justice includes the recognition of the inherent value of all human beings, animals, and the inhabited world. It involves everyone working out their social responsibility towards each other, valuing diversity, and recognizing that systems of oppression dehumanize everyone, including those who benefit from it (Bell 2018, 34 and 40). Gender inequity in the field of nutrition is a system of oppression that inhibits the provision of basic human rights such as fair wages, self-respect, and fair treatment of women because of their gender. These inhibitions of women's basic human rights

occur in the domestic and professional sphere through oppressive acts such as exploitation, marginalization, powerlessness, cultural imperialism, and violence, on which I will elaborate later in this chapter. Working towards social justice requires addressing gender inequity because gender inequity is a system of oppression that harms women as well as men.

The conceptual framework of feminist theory highlights particular facets of social justice with which I engage. Feminist theory centers on the female experience with the goal of shedding light on hidden gender dynamics that negatively impact people's lives. It focuses on issues of social justice and highlights gender while intersecting with race and class (Spencer et al. 2014, 92-93). It acknowledges that the bedroom and the kitchen are as much places of "political struggle" as any public space (Harding 2004, 460). And so is the field of nutrition an arena of struggle around gender equity, a domain in which gender inequity is particularly prevalent. In the domestic sphere, women do more food work than men do and are subject to socially constructed expectations about food work.

Gender inequity is often ingrained in expectations around food work. Women can vote, own property, and hold many of the same jobs as men in the U.S., yet women are still trained subconsciously to be in charge of food work, and it is still viewed as a female task. Despite an increase of time spent in the paid labor force since the early 1900's (U.S. Department of Labor n.d.), women still spend a disproportionate amount of time on food work compared to men (Cairns et al. 2010, 593; Schaeffer 2019). In households *without* children, 75 percent of women still do most of the food preparation and 68 percent typically do the grocery shopping (Schaeffer 2019). This increases to 80 percent in both areas for households *with* children (Schaeffer 2019). Some research acknowledges that men may be spending more time in the kitchen than ever before, but men oftentimes cook as a hobby, whereas women still do food work when no one



else wants to (Bowen et al. 2019, 86). The gendered nature of food work harms both men and women.

These harms can include health, domestic violence, and low rates of men's participation in the field of dietetics. The gendered dynamics around food work may prevent men from learning to cook even when no one else is around to do it. This perception of cooking as a feminine task may create a learned helplessness that negatively impacts men's ability to take control of their health or care for their families. The entire family's health may also be affected by how this gendered role plays out in the home. Many women work in paid labor in addition to managing the food work responsibility but, due to lack of time and help from their partner, they often turn to convenience or fast foods, which are typically less healthy than foods prepared in the home. In addition, the power dynamics present in the home may also impact family health. Even though women are the primary food preparers, women tend to defer to male preferences in the foods they prepare. Men often prefer less healthy foods because meat is associated with men and vegetables with women (Adams 1990, 57). This female deference to male food choices is likely harmful to family health because male-preferred foods are often higher in saturated fat and lower in fiber, which contributes to chronic diseases. The power dynamics that contribute to female deference to male food preferences set the stage for enabling domestic violence (Allen and Sachs 2007, 9; DeVault 1991, 40). Violence of any kind is harmful to both the perpetrator and the victim as both are dehumanized. This social problem not only negatively impacts men in the domestic sphere, but it also harms them in the professional sphere. The stereotyping of the dietetics profession as a female field prevents men from joining a rewarding profession (Joy et al. 2019, 208). Addressing gender inequity in nutrition would mitigate the harm to both men and women and may start to chip away at the entrenched role that food work has on female identity.

Women are raised to understand that they must take on the burden of food work for their family or risk societal scorn. Marjorie DeVault (1991) points out in her landmark study on gendered labor that this role in the kitchen impacts female identity and goes as far as to say that “[food] work has become one of the primary ways that women ‘do’ gender” meaning that this is a task through which women are recognized as feminine and gendered roles are reproduced (118). When women cook, it is often viewed as an extension of their care for their family and inherent in their nature (DeVault 1991, 105 and 151; Cairns et al. 2010, 593), whereas women who do not cook are viewed as someone who does not care about their family (DeVault 1991, 153-154). Society perceives women who cook as ‘good women’ who take care of their families, whereas women who do not are viewed as aberrations. In contrast to how women are treated, if a man does not cook, he can remain in good societal standing. This discrepancy in societal standards for people depending on their gender is evidence of the oppressive nature of this social problem. In addition, addressing this problem is complex because women often choose to take on the food work role and men may experience limitations when they attempt to join in with this work (DeVault 1991, 13 and 30). Women may participate in their own oppression by “choosing” to do this work and may actively bar men from contributing to food work. These gendered dynamics may stem from a little over a hundred years ago when a few activists sought to create a role for women in a ‘man’s world’, but the efforts of other reformers instead further entrenched women in the domestic sphere.

In an unprecedented era when women’s responsibilities in the home lessened, giving them time to join the paid labor force, some activists intentionally focused on the valorization of women’s domestic responsibilities, confining women’s work to the home instead of fighting for women’s place in professional paid work. After the industrial revolution, many of women’s

usual domestic tasks were being done by factories, leaving middle-class women idle and looking for “challenging work...in the male world of industry, science, public affairs” (Ehrenreich and English 2005, 156-159).<sup>2</sup> Feminists advocated for increased engagement in society for women, but men and women alike feared the demise of the home (Ehrenreich and English 2005, 160). And so the idea of domesticity as a woman’s appropriate and uplifted domain was actively developed in the early nineteenth century and came to fruition through the work of “women reformers who aimed to develop the home as a site of power and influence for women” (DeVault 1991, 95). This created an ideology to justify women staying in the home rather than joining the professional paid labor force in the same way as men. In this era, women were barred from this professional labor force and so women reformers pushed for the professionalization of domestic work, much like other fields were doing at the time, to provide a respectable avenue for women to get a college education (Ehrenreich and English 2005, 165 and 181-183). Middle- and upper-class women were intentionally barred by men from participating in the workforce in a meaningful way and so female preoccupation with the domestic sphere was deliberately developed. These ideas that tie the domestic sphere to femininity remain entrenched in society.

Little has changed since DeVault (1991) first brought this to the public’s attention, as female identity continues to be tied to food work, and gender inequity in this role continues to go unnoticed. Cairns and Johnston’s (2015) recent research points out that women today still equate their ability to provide balanced healthy meals with being a good mother (65). In addition, women typically pay more attention to health and nutrition recommendations for themselves and

---

<sup>2</sup> Working class women did not experience this same void because “they followed their old ‘women’s work’ into the factories – making the textiles, clothing, and soap which had once been made in the home” (Ehrenreich and English 2005, 158).

their families because nutrition concerns are often viewed as part of the female domain (Keane 2013, 183). The socially constructed roles and responsibilities of women in the domestic sphere of food work have been imported into the professional sphere of dietetics.

The professional sphere of dietetics was initially associated with food work and developed as a female role. Nutrition advice has been a part of medicine for as long as documented history (Cannon 2005, 701; Hwalla and Koleilat 2004, 716); however, the development of the field of dietetics as a profession of nutrition experts is fairly new and originated with the advent of nutrition science in the early to mid-nineteenth century (Cannon 2005, 702). The first people labeled dietitians included nurses and chefs who spent most of their time in hospital kitchens making special diets (Hwalla and Koleilat 2004, 721). Florence Nightingale holds not just the title of “founder of the nursing profession,” she is also considered one of the first dietitians (Hwalla and Koleilat 2004, 721). Nightingale developed the profession of nursing as a role of “wifely” service to the doctor (Ehrenreich and English 2010, 90) and by association, dietetics, carried these same connotations. These professions were intentionally domesticized and “presented as simple extensions of women’s ‘natural’ domestic role” (Ehrenreich and English 2010, 94). This was done to make these roles acceptable for women in the healthcare field in an era where women were barred from practicing medicine. From the beginning, the field of dietetics was “considered a woman’s profession” even though some original dietitians were men (Hwalla and Koleilat 2004, 721). In its origins, the field of dietetics was associated with food work and this remains the perception.

This is a false perception, as very few dietitians still work in the kitchen. Dietitians are trained as though they participate frequently in food work, and those outside of the field of dietetics often continue to associate dietitians with the kitchen, which is discussed in more detail

later in this chapter. Undergraduate curriculum for dietitians still consists of equal emphasis on cooking and food service management despite the increasingly broad range of dietitian jobs (Hwalla and Koleilat 2004, 723). Only nineteen percent of dietitians work in food service and this is typically in management, whereas seventy-seven percent of dietitians work in clinical, community, consultation/business or education/research (Pollard et al. 2007, 55). Dietitians' work now aligns more closely with management, teaching, and the provision of nutrition advice that was historically associated with practitioners of medicine. Despite the field of dietetics shift away from food work, the field remains gendered. As of October 2020, almost ninety-four percent of dietitians were women (Commission on Dietetic Registration 2020).<sup>3</sup> Even though most dietitians no longer work in the kitchen, the field continues to be characterized by societal constructions of food work as gendered.

In spite of the separation of food work from the field of dietetics, the power dynamics of food work in the domestic sphere still impacts the professional work of dietitians. The power dynamics at play in the gendered role of food work subordinates women and increases male domination. This role of subordination for women in the home has created a similar role for dietitians in the workplace. Just as the labor of food work is often overlooked and not lauded in

---

<sup>3</sup>While the focus of my research is gender, I also want to acknowledge that race-ethnicity and class are prevalent issues in the field of dietetics. Dietitians are not just primarily women; they are also primarily white and middle-class. As of October 2020, dietitians are eighty-one percent white (Commission on Dietetic Registration 2020). Some research suggests that not only are dietitians primarily women, they are also mostly “white, heterosexual, middle-to-upper class” (Brady 2018, 125). Despite concerted attempts to diversify the field of dietetics, almost three decades later, less than three percent of dietitians identify as Black or African American (Commission on Dietetic Registration 2020) and as of 2013, dietetics was not a well-known career option for communities of color (White 2013, 26). White women benefit from this because they control the narrative on nutrition recommendations, which contributes to the idea of the thin white woman as the epitome of health and beauty. In addition, white, middle-class women are more likely to have time to spend in the kitchen, making this another important part of the conversation around nutrition advice and nutrition professionals.

the same way that paid labor is, so dietetics is overlooked and undervalued in the medical profession. The origins of dietetics in the kitchen may have contributed to similar gendered dynamics for dietitians because their work is still associated with food work. Dietitians are the ‘housewives’ of the medical field. This gendered term is stigmatizing for women, even for those who choose it (Bennhold 2010).<sup>4</sup> Just like housewives, dietitians are perceived as providing food, are undervalued in their knowledge and expertise, are underpaid, and often provide invisible emotional labor that benefits those with more power (typically doctors). It is important for the field of dietetics to acknowledge and address gender inequity in nutrition because gendered power dynamics impact not only the patients that dietitians are trying to help, but also the field itself as most dietitians are women. Patients may have difficulty making changes to their diet because they feel unspoken pressure to defer to their partner’s less healthy food preferences, may have limited time to cook because of lack of help in the kitchen, or because they loathe cooking, in part, because it carries subtle societal connotations of subservience. Just as patients encounter barriers because of these power dynamics in the home, dietitians experience gender oppression in the workplace. The workplace often celebrates masculine traits and denigrates feminine qualities, particularly in leadership (Lazar 2018, 375), and undervalues (and underpays) the work of female fields (Levanon et al. 2009, 865). These power dynamics and the resulting oppression of women both in the domestic and professional sphere make it imperative to address gender inequity in nutrition.

---

<sup>4</sup> The term *housewife* refers to women who stay at home and do unpaid labor such as cleaning, cooking, and child-care. Society tends to view housewives as “old-fashioned and an economic burden to society” (Bennhold 2010). They are often seen as lazy, and their daily work is not viewed as beneficial to the economy because the common indicator to measure the economy (the GDP- Gross Domestic Product) does not count this as productive labor (Bennhold 2010).

## **Research Problem and Overall Research Question**

To respond to the social problem of gender inequity in nutrition, my research problem focuses on the ways in which gender inequity is being addressed in the field of dietetics, particularly dietetics discourse. By dietetics discourse, I mean the material produced by the professional field of dietetics to further the knowledge of dietitians. I focus on discourse because of its role in creating and reproducing or disrupting perceptions and practices. In the conceptual framework of discourse theory, discourse is foundational to the “meaning-making process” whereby text and language create people’s understanding of the world (Bergstrom et al. 2017, 214). Discourse shapes individuals’ reality on both a personal and societal level, impacts how experiences are understood, and shapes the content of what people talk about and even who can talk about it (Allen 2004, 81). Thus, dietetics discourse both reflects and shapes how dietitians think about gender inequity in their field, including the extent to which gender inequity is oppressive and should be addressed. In my experience as a professional dietitian, I have encountered little discussion of gender inequity in nutrition about either the domestic or professional sphere by those working in the field or in literature provided for continuing education. This is astonishing given that dietetics is primarily a female profession and dietitians work closely with the domestic lives of patients and family food work where gender inequity continues to play a large role. It is important for the field of dietetics to address gender inequity in nutrition so that this social problem can be acknowledged and solutions articulated. Thus, my research problem is learning about the ways in which the professional field of dietetics is engaging discussion of gender inequity in academic discourse.

This research problem leads me to the overall research question - In what ways does the discourse of the professional field of dietetics address gender inequity in the field of nutrition? I

want to understand the extent to which and how the professional field of dietetics is disrupting or contributing to the existence and persistence of this social problem. This research addresses gender inequity in the field of nutrition by asking about the ways in which the professional field of dietetics addresses it so that dietitians can better understand the ways in which their field is empowering women. By empowerment, I mean reducing or eliminating gender inequities that are socially constructed and oppressive.

### **Research Conceptual Framework: Oppression**

To contextualize and categorize types of gender inequity, I employ the contextual framework of oppression as articulated by feminist researcher Iris Marion Young. A key point in this framework is that oppression need not be intentional but can occur through “normal” social systems. While oppression can be performed through overt tyranny by a person or a group, it can also consist of disadvantages that people experience through the “unquestioned norms, habits, and symbols” of culture and the repercussions of not following these norms (Young 1990, 56). Young (1990) points out that “the normal processes of everyday life” create injustices and that many people “contribute to maintaining and reproducing oppression” simply by not going against the status quo, although few recognize themselves as oppressors (56). Young’s framework clarifies that oppressive structures and behaviors are built into society, but many people do not knowingly oppress others. This is helpful for understanding that if the professional field of dietetics is not addressing gender inequity, they may simply *not* be challenging societal norms rather than intentionally reproducing oppression. Young’s framework is useful for providing the language to recognize societal norms as oppressive.

Young’s framework of oppression consists of five categories including exploitation, marginalization, powerlessness, cultural imperialism, and violence. Exploitation is the misuse of



a person or resource that provides benefit to another person or group. Marginalization is the exclusion of people from meaningful participation in society both in the labor force and respected societal activities (Young 1990, 63-64). Powerlessness is a lack of power, influence, authority, or control. Cultural imperialism is the stereotyping of non-dominant groups and the projection of the dominant group's experience as the norm (Young 1990, 66-67). Violence is not only direct and individual acts of physical aggression, but also consists of systemic and cultural components that perpetuate oppression. Young's framework is useful for better understanding the impact of gender inequity in nutrition and how to meaningfully address it. I will elaborate on the presence of each of these forms of oppression in the field of nutrition starting with exploitation, marginalization, and powerlessness and then ending with cultural imperialism and violence. It is important to note that the lines around these categories are blurry as they intersect in numerous ways. For example, as I will discuss in more detail later, not only does the marginalization of dietitians often lead to their exploitation and powerlessness, but also the negative perception of so-called female traits in the workplace causes powerlessness for dietitians and intersects with marginalization and cultural imperialism. While not clear cut, these frameworks shed light on understanding oppression in gender inequity in the field of nutrition. I will go through each framework in a similar order as Young presents them, starting with exploitation.

Young's first framework of oppression is exploitation, which is evidenced in the domestic sphere of nutrition through women's disproportionate burden of food work. As noted earlier, exploitation is the misuse of a person or resource to benefit someone else. Resources include labor, power, and material goods. Exploitation often involves a transfer of power that benefits one group, deprives the other, and creates a situation where the "energy of the have-nots

are expended to maintain and augment the power, status and wealth of the haves” (Young 1990, 61). In other words, the efforts of those with the least resources helps those who have the most. Exploitation happens when the labor of one group increases the accumulation of goods and power of another group (Young 1990, 63). This happens not just with paid labor, but also when women’s unpaid work contributes to male power (Young 1990, 61). Women are exploited by the use of their labor power in domestic food work because this work benefits men and reinforces female subservience. Men benefit because they are served and provided for by women, which frees them of the time, effort, and mental energy that it takes to purchase, prepare, and provide food on a consistent basis and gives them more time for either leisure or paid work. Women’s unpaid labor in the home causes the exploitation of women because it benefits men and negatively affects women. This exploitation in the domestic sphere impacts the professional sphere.

Women’s unpaid labor in the home affects their paid labor in the professional sphere, which further entrenches their exploitation. Duffy (2007) observes that women’s unpaid work in the home hinders them in the labor market through both decreased time available for paid work and through the additional labor they do after work (315). Because women do more work in the home, this may shape the type of labor women do in the workforce (Crossley 2005, 203-204). On the other hand, unequal workforce opportunities may contribute to women’s tendency to do less paid labor and more domestic labor (Szabo 2014, 233). It is difficult to know what comes first; do women work less outside of the home because there are fewer opportunities in the workforce or do their increased responsibilities in the home interfere with their ability to work outside of the home? Duffy (2007) argues that both factors play crucial roles. In the professional sphere, women often are limited to “lower-paying, lower status jobs” and in the domestic sphere,

women do additional unpaid labor, both of which serve to strengthen “men’s greater access to both resources and power” (Duffy 2007, 315). In other words, regardless of what came first, fewer opportunities for women in the professional sphere and increased responsibility in the home causes the exploitation of women and creates a vicious feedback loop that entrenches both problems. The exploitation of women in the home is mirrored in the exploitation of dietitians in the field of dietetics. I will elaborate more on the exploitation of dietitians in the professional sphere, but first I review how marginalization lays the groundwork for this exploitation.

Young’s second framework of oppression, marginalization, contributes to the exploitation of dietitians through the lack of value placed on nutrition. As mentioned earlier, marginalization is the exclusion of people from meaningful participation in society both in the labor force and respected societal activities (Young 1990, 63-64). While Young primarily focuses on how people of color, the elderly, the impoverished, and people with a disability are marginalized, food work in the domestic and professional sphere can also be considered marginalization in that it may exclude women from participation in society and is undervalued. Young (1990) observes that feminists are working to increase societal awareness that much of what is valued as a society stems from “the male experience of social relations, which values competition and solitary achievement” (64). This emphasis on the masculine experience has led to a disregard for traditionally feminine work, such as food work and nutrition, despite the well-known fact that nutrition plays a key role in health. Several of the leading causes of death in the U.S., such as heart disease and stroke, are related to diet and cost billions of dollars to treat (CDC 2021), yet nutrition as preventative treatment is routinely disregarded. Government insurance plans, such as Medicare, set the tone for private insurance and do not recognize dietitians as a necessary routine health care provider. Medicare does not pay for dietitian visits unless the

patient has diabetes or kidney disease, and even then they only cover two visits per year.<sup>5</sup> Two visits per year does not provide the support that most patients need to make long-term diet changes. This limited insurance reimbursement reveals the lack of importance placed on nutrition as a preventative health measure and contributes to marginalization of dietitians as a health care provider.

The marginalization of dietitians is also exhibited within health care teams. A study done in 1997 revealed that doctors often associated dietitians with foodservice and were not comfortable allowing dietitians to make decisions regarding medical nutrition therapy (MNT) (Boyhtari and Cardinal 1997, 853), even though dietitians are trained in MNT and doctors are not. Another 1994 study revealed that dietitian written recommendations were only followed by doctors 42 percent of the time although when dietitians communicated directly with the doctor this increased to 65 percent (Skipper et al. 1994, 45). This shows that doctors either do not read dietitian recommendations or they disregard them. These studies are over twenty years old, but there is limited current research available to provide an updated understanding of current dynamics, which is revealing in and of itself of the lack of value placed on dietitian's work. In addition, anecdotal discussions I have had with other dietitians would suggest that dietitians continue to feel undervalued and underutilized as part of the health care team. In my experience, clinical dietitians often lament that it is rare that doctors read their notes or follow their recommendations unless directly approached. This serves to diminish the work that dietitians do and exposes the marginalization of nutrition experts that intersects with their exploitation.

---

<sup>5</sup> Three visits (or the equivalent of three hours) is covered the first year that this benefit is used, but after this only two visits (or two hours) are covered per year.

The labor of dietitians is exploited in the professional sphere, particularly in the health care setting, through under compensation and the power dynamic that exist in health care. Dietitians are often paid less than comparable health professionals (White 2013, 26) revealing a lack of importance placed on dietitians' knowledge and role in the healthcare field. Dietitians are exploited not just through lack of adequate compensation, but also through the power dynamic that exists in health care. Brady (2018), a feminist sociologist, addresses the power dynamic between clinical dietitians and doctors created by the feminized labor of dietetics. Brady (2018) claims that when dietitians take on the role of educating patients, doctors can "avoid doing the applied, and less prestigious, intellectual, and emotional labor of translating the science of health and nutrition into the doings of quotidian, unpaid, feminized food and care work performed largely by women in the home" (129). Essentially, Brady is noting the parallel between the exploitation of women in unpaid labor in the home with the exploitation of clinical dietitians. Doctors, who are typically well-paid, benefit from the work being done by underpaid dietitians because they can avoid doing some of the more cumbersome and less glamorous parts of the job. This is exploitative behavior. Just as women are exploited through their unpaid labor in domestic food work, dietitians are exploited through their underpaid and undervalued professional labor.

It is ironic that doctors benefit from the emotional labor of dietitians given that, for many centuries, women were often the community healers and did both the medical *and* emotional labor of healing. When the field of medicine was professionalized and commoditized, men worked hard to remove women from the medical field and for centuries men succeeded in blocking most women from participating in it (Ehrenreich and English 2005, 38). It was not until the development of professional care work that women were allowed back into the medical field through nursing [and dietetics], provided they maintained a role of subservience (Ehrenreich and

English 2010, 95). Even though an increasing number of women are now doctors, the power dynamics between doctors and lower-paid feminized positions remains. Dietitians and nurses continue to do the physical and emotional heavy lifting of health care with little acknowledgement, monetary or otherwise, of the importance of their work compared to the money and glory bestowed on doctors. This creates a situation of powerlessness for dietitians.

This brings me to Young's third framework of oppression: powerlessness. As defined earlier, Young (1990) characterizes powerlessness as the condition of not having power, including the lack of influence or decision-making power particularly by non-professionals in their day-to-day work (65). While my research, does not focus on professionals versus non-professionals, Young's recognition that powerlessness consists of "the lack of authority, status, or sense of self" including lack of respect from others (1990, 65-66) is relevant to my work. As Martin Luther King, Jr. so aptly described it, power is "the ability to achieve purpose and effect change" (Brown 2019). As I see it, power is when someone can act to accomplish changes in their own lives and often involves having authority and influence with or over other people (including oneself). Power is not good or bad, rather the use of it for or against someone is what makes it helpful or harmful and not having power is the "worst human experience for all of us" (Brown 2019). In other words, power can be a useful tool, but the lack of it or the wielding of it by some people or groups causes significant problems. This lack of power is often determined by factors outside of a person's control, such as gender, as seen in the role of domestic food work.

While Young primarily discusses powerlessness in relation to paid labor, and the lines between this and exploitation and marginalization are fuzzy, I would argue that the same principles apply to unpaid domestic food work. As discussed earlier, women do the majority of domestic food work. Often, women are raised to believe that they are responsible for feeding

their family because of their gender, whereas men do not have those same expectations placed on them. This creates a position of powerlessness for women. While this role may be construed as 'being in charge' in the kitchen, the recognition that women typically defer to their husband's food choices at the expense of their own preferences would suggest otherwise (Allen and Sachs 2007, 9; DeVault 1991, 40). Men who cook rarely pay attention to women's preferences in the same way (DeVault 1991, 234). Women's daily act of servitude contributes to domestic power dynamics. This inequity in the kitchen promotes the unequal balance of power between the sexes as it reinforces male dominance and the idea that women must serve men (DeVault 1991, 18; Allen and Sachs 2007, 3; Duffy 2007, 315). If anyone doubts a woman's powerlessness in domestic labor, I would suggest that they have never challenged this gendered status quo or attempted to hold a man to the same expectations that are placed on a woman in a traditional family setting. In addition, while women are often considered in charge of the health of the family and typically provide the nutrition information for their household, their advice is often disregarded (DeVault 1991, 218 and 223). This discounting of women's nutrition advice exposes female powerlessness in the domestic sphere of nutrition. Female powerlessness in the domestic realm of nutrition is important for the field of dietetics to address as dietitians frequently work closely with both women and men to help them make nutrition changes. Gender inequity in domestic food work creates a condition of powerlessness for women that infiltrates the professional sphere of nutrition.

Powerlessness is present in the professional sphere of nutrition and contributes to dietitians' struggle with lack of respect as nutrition professionals. This lack of respect is likely developed through marginalization. Dietitians are the only regulated nutrition professionals in the world, yet they are often not viewed as respected authorities in the field. People rely more

heavily on their own nutrition knowledge than that of credentialed nutrition professionals (Keane 2013, 187). In my experience, male voices and positions with more perceived authority, such as doctors, are often viewed as respected sources of nutrition advice rather than nutrition professionals. While patients may go to their doctor for nutrition advice, doctors have little training on the subject. On average, doctors receive less than one full days' worth of nutrition training during medical school (Adams et al. 2006, 941S). This is a far cry from the four *years* of undergraduate school plus six to nine months of supervised practice that dietitians are required to have. Most dietitians also have an additional two-year master's degree in nutrition, which will become mandatory for entrance into the profession as of 2024. Despite dietitians' extensive education, in my experience as noted above, doctors are more frequently consulted on nutrition than dietitians. While doctors are expected to dispense nutrition advice despite minimal training, dietitians, on the other hand, would lose their license if they gave out medical advice (and rightly so). This is indicative of the power dynamics occurring in these roles. In addition, dietitians may experience powerlessness because of cultural ideologies that promote the ideal woman as one who is self-sacrificing and does not self-advocate. This ideology perpetuates gender inequality and keeps men in a "culturally superior role" even in cultures where women "are proving themselves to be as capable as men in the public sphere" (Lazar 2018, 376). The lack of respect and authority of dietitians as well as a culture that views the ideal woman as subservient leads to powerlessness in the field of dietetics.

Powerlessness in the field of dietetics may also stem from prejudice against female leaders as well as the embedded social construct of masculine/feminine traits. Most workplaces are oriented around men. Men are considered not just the standard employee, but also the standard leader against which women are measured. As Lazar (2018) points out, "deep-seated



androcentrism” in organizations’ structures and practices impacts women in leadership (376). Women must often justify their work and are “evaluated differently than their male counterparts” (Lazar 2018, 376). Basically, even if women are provided opportunities in paid labor, they are treated differently than men, especially in leadership style. This often stems from a gendered stereotyping of leadership traits. The idea that certain traits, such as confidence and assertiveness, are primarily masculine, whereas other traits, such as nurturing and good listening skills, are mostly feminine is a social construct that harms women in leadership and unnecessarily narrows men’s range of leadership skills. Not only are certain traits viewed as primarily masculine or feminine, but leadership itself is often equated with men. Studies show that power and leadership continue to be associated with masculinity, which leads to prejudice against female leaders (Lazar 2018, 376). This ultimately creates a “damned if you do, damned if you don’t” leadership situation for women. If female leaders exhibit so-called male leadership traits, they are viewed as “overzealous” and “aggressive”, but if they exhibit qualities understood by society as feminine, they are viewed as “lacking confidence and the authority to lead” (Lazar 2018, 375). In other words, female leaders are in a lose-lose scenario. If they use leadership traits that are understood to be masculine, they are viewed negatively even though those same traits in men are celebrated. If they use so-called feminine traits, then they are viewed as poor leaders and have a hard time “gain[ing] recognition and promotion in the workplace” (Lazar 2018, 377). It makes sense that women are having a hard time obtaining respect and advancing their careers given that any leadership style they use will likely be heavily critiqued. This negative perception of and lack of value for so-called female traits in the workplace not only leads to powerlessness for women, but also marginalizes women in the workplace and likely decreases their leadership

opportunities. This prejudice against female leaders that stems from the stereotyping of women as weak leaders is cultural imperialism.

Cultural imperialism, Young's fourth framework of oppression, contributes to gender inequity in the field of dietetics in both the domestic and professional sphere. Cultural imperialism is the stereotyping of non-dominant groups and the projection of the dominant group's experience as the norm (Young 1990, 66-67), as mentioned earlier with regard to leadership. Cultural imperialism stereotypes women but allows men to be individuals (Young 1990, 67). This stereotype is seen in the gendered idea discussed earlier that women will "naturally" be good cooks and make food for the family. Men are free to cook or not cook without this impacting their identity, whereas women feel shame when they do not feed their families well (DeVault 1991, 150). When men cook, they are celebrated or can treat it like a hobby, whereas when women cook, it tends to be viewed as an extension of their care for their family, inherent in their nature, and a reflection of their value (DeVault 1991, 48,105 and 151; Cairns et al. 2010, 593). Cultural imperialism is oppressive in that it does not allow women to be individuals and demands that they conform to a societal ideal based on their gender. This phenomenon exists not just in the domestic sphere, but also in the professional sphere. As mentioned earlier, the workplace is often oriented around the male experience and celebrates male traits. Because dietetics is primarily a female field, this positioning of the workplace around men negatively impacts dietitians. Women often must adapt to masculine ideals and traits to succeed in the workplace. The stereotyping of women in food work and the emphasis of the male experience in the workplace as the norm produces cultural imperialism in the field of nutrition, which limits women personally and professionally. Gender inequity in nutrition is often normalized through cultural imperialism and can lead to violence.

Violence is the final piece of Young's framework for oppression that I use as a lens to better understand the social problem of gender inequity in the field of nutrition. Violence is often thought of as direct and individual acts of physical aggression, but it is also structural and cultural.<sup>6</sup> Violence has both a physical/individual nature that includes "harassment, intimidation, or ridicule" as well as a systemic nature that exists "as a social practice" and supports "group privilege or domination" (Young 1990, 68). A physical act of violence is considered direct violence, whereas structural violence is the domination that occurs within a system that exploits those at the bottom (Galtung 1990, 293-295). Structural violence occurs in gender inequity in the domestic and professional sphere through the perpetuation of the systemic exploitation of women as previously discussed. Cultural violence is any part of culture that justifies violence and makes both direct and structural violence feel normal (Galtung 1990, 291). Much like cultural imperialism, cultural violence normalizes the idea that women are to serve men through food and, similar to marginalization, cultural violence perpetuates the idea that female traits are less valuable. Deviance from expected norms can lead to direct violence. Direct violence can also occur in the domestic sphere when women do not cook according to male food or timing preference (Allen and Sachs 2007, 9; DeVault 1991, 40). The power dynamics that exist in this gendered role set the stage for violence against women. This connection between gender inequity in the field of nutrition and violence in the home is sobering. The relationship of food with domestic violence provides insight into just how integral food is to the foundation of society.

---

<sup>6</sup> Young's (1990) categorization of violence does not include the breakdown into direct, cultural, or structural. These are connections I am making separate from Young's framework based on Galtung's (1990) work.

Violence, whether direct, structural, or cultural, contributes to the oppressive nature of gender inequity in nutrition.

Young's framework of oppression provides an important lens for deepening understanding of gender inequity in the field of nutrition. It reveals the oppressive nature of gender inequity and sheds light on its negative impact in both the domestic and professional sphere.

### **Summary**

Gender inequity in the field of nutrition is a social justice problem because it oppresses women and both privileges and negatively impacts men. While the existence and pervasiveness of gender inequity in nutrition is well-established in the literature, in my day-to-day experience as a dietitian, gender inequity in the field of dietetics is not discussed. Thus, my research looks beyond my personal experience to better understand how gender inequity is discussed and addressed in the larger professional field. The next chapter explains my research approach and positionality and articulates my research questions and methods.

## Chapter Three

### Methodology and Methods: Evaluating Dietetics Discourse

In this chapter, I explain how I approached the research question of how dietetics discourse addresses gender inequity in the field of nutrition. I discuss the methodology I used for how I developed my research methods and how I conducted the research to answer the research questions. I start with describing and providing an overview of critical inquiry, feminist critical discourse analysis, and my positionality. This review of methodology leads me to a brief discussion on the methods I used to answer the overall research question. After a review of specific methods in common to all three research questions, I dive into the details of the application of content and thematic analysis on each individual research question. Each research question section reveals the minute details of the research method used to analyze the data and to answer the research question, which will ultimately answer the overall research question.

#### Research Paradigm

Research paradigms are frameworks that shape methodological decisions in research. Paradigms are comprised of what is thought to exist, what is possible to know, and what is worth knowing, and the ways we can create knowledge. Methodology is the logic of inquiry. Grix (2002), a social researcher, asserts that all research methodology is shaped by one's ontology and epistemology and ultimately guides how knowledge is obtained (179-180). Epistemology is "about how we come to know what we know" and ontology is about "what is out there to know about" (Grix 2002, 175 and 177). Essentially, one's ontology shapes what a person understands to exist, and epistemology shapes how one comes to understand the world around them. My understanding of the world as both a dietitian and a female contributes to my decision to use critical inquiry, feminist critical discourse analysis, and feminist theory methodologies to

research how gender inequity in the field of nutrition is acknowledged, framed, conceptualized, and remedied as well as to identify any gaps.

### *Critical Inquiry*

Critical inquiry is a research approach that focuses on asking questions that highlight social justice and seeks to understand the root cause of a social problem with the end goal of creating an equitable society. Critical inquiry points out issues of social justice within societal systems with the aim of making changes and recommending resolutions (Terstappen et al. 2013, 22). Critical inquiry is a relevant methodology to this research because I seek to not just identify the extent to which dietetics discourse, material produced by the professional field of dietetics, is addressing gender inequity, but also the extent to which it tackles the oppressive nature of gender inequity and provides solutions that address root causes. I employ the methodology of critical discourse analysis, particularly feminist critical discourse analysis in my research.

### *Feminist Critical Discourse Analysis and Feminist Theory*

Discourse analysis is a methodology used to study text. While it can be applied for any purpose, *critical* discourse analysis (CDA) is about learning how inequalities are produced and reproduced through discourse. CDA focuses on critique, explanation, and the call to change discourse through the use of discourse (Bergstrom et al. 2017, 222). A specifically *feminist* critical discourse analysis (FCDA) adds an emphasis on gender and power and highlights the researcher's positionality. FCDA is a research approach that assesses how ideas about gender become entrenched in societal discourse to the extent that they (re)produce "power asymmetries," how they become "common sense", and "how they may be challenged" (Lazar 2018, 372). In other words, FCDA focuses on how discourse affects understanding of gender and contributes to gender inequity. FCDA not only focuses primarily on power dynamics in gender,

but it also uses a feminist point of view (Lazar 2018, 372). A feminist point of view emphasizes that the subordination of women oppresses women and privileges men (although this also harms men). This research approach highlights that gender is a fluid concept created by society, that men hold power materially and symbolically as a group and as individuals, and that discourse is both created by culture and creates culture (Lazar 2018, 373-374). The goal of FCDA is to assess ways that gender, power, and dominance are created and replicated in the daily use of text and conversation as a society (Lazar 2005, 11; Holmes 2005, 31). This methodology is relevant to this research because I will be assessing dietetics discourse for concepts of gender and power. Discourse, for the sake of my work, refers to both the text that is produced within the field of dietetics as well as the way that language is used and the meaning it creates as relevant to gender inequity.

Feminist theory focuses on gender inequity, including hidden gender dynamics and how the questions that are asked shape the results. This approach directs me to highlight gendered power dynamics and positionality, and to recognize that the questions I ask to address the research problem will shape the results. Feminist theory recognizes the importance of both the questions that are asked and omitted and how this contributes to societal understanding of the world (Harding 2004, 460). While I focus primarily on gender inequity, I understand that there are important intersections with oppressions related to class and race. My focus on gender is due both to time constraints and my own positionality. Feminist theory recognizes that the researcher's voice and point of view shapes the research (Harding 2004, 461-462). This is true of all research, none of which is completely objective. For Harding, acknowledging positionality can increase objectivity. Disclosing positionality is also an important facet of FCDA to improve objectivity (Lazar 2018, 374) so that the reader understands the researcher's point of view. This

may seem counter-intuitive but acknowledging positionality up-front helps the reader to see why the researcher chose to focus on a specific aspect of a problem and reveals bias.

No one is without bias, including researchers, and it is better to talk about researcher bias than to pretend it does not exist. Bias is not a bad thing, as it simply speaks to a person's life experience. Life experience is part of how individuals learn and shapes the work individuals do, which makes acknowledging life experience important. In sum, FCDA and feminist theory are important methodologies both for investigating gender inequity and for highlighting the positionality of the researcher.

### *Positionality*

In the professional sphere, as a stereotypical female dietitian, I have an interest in better understanding gender inequity in the field of nutrition. I experience first-hand the battle for credibility that dietitians face. I struggle to help doctors (particularly male doctors) see the need to take nutrition seriously. I am often associated with hospital food service and treated as such even though the job qualifications and expectations for what is produced are different for food-service workers versus dietitians. In my work as a dietitian, I noticed a connection between my male patients who rely on their female spouse for food provision and their inability to take responsibility for their food choices. I have witnessed men blaming their health conditions on their wife sitting next to them who is simply trying to balance healthy food with a busy lifestyle and their spouse's demand for foods that they like. I have also noticed that my patients who have basic food preparation and purchasing skills (both male and female) are often able to embrace radical changes to their diet to support their health. It seems to me that gender equity in food work may improve people's health. In addition, I have noticed that my female patients have a complex relationship with food. Many alternate between extreme restriction and over-



consumption, defer to other household members' unhealthy food preferences even when they personally prefer healthier options, and often cook for others but do not cook for themselves. I have observed that many of my female patients have an aversion to food work in the same way that many of my male patients do. I believe all of this reveals gendered power dynamics that are embedded in and shape food work. It would be helpful to me as a dietitian if the professional field of dietetics addressed gender inequity in nutrition and the corresponding power dynamics so that I could better help my patients and so that nutrition could be treated as the crucial part of health care that it is.

In the domestic sphere, I experience gender inequity firsthand as a woman. The accompanying power dynamics in domestic food work gives me a personal interest in better understanding this social problem. I grew up in a home where my mother had to tailor her superb cooking abilities to my father's bland tastes, and only when he was away on a trip would she make her favorite foods. I watched her spend most of the meal getting up from the table to serve my father only to be berated for her frequent absences. When I got married at a young age, I knew innately that even though I did not know how to cook, I would need to learn. My husband, on the other hand, did not seem to have that same sense about himself. When my husband and I decided to increase our fruit and vegetable intake and decrease our protein intake for health-related purposes, I noticed that my husband struggled to embrace this change, as he grew up with the mantra that meat was somehow related to manliness. I noticed that when my husband took over our household food work, he thrived in this role and not only found a hidden interest, but he also developed the ability to take control of his health. As we worked towards establishing equitable roles in food work over the past decade, I came to see firsthand how equity in the home not only frees me up to fulfill career ambitions, but also helps my husband tap into nurturing

aspects of his character that he had previously not felt free to embrace. I think that gender inequity in the field of nutrition and the power dynamics between men and women are an important part of the conversation in the field of dietetics and I want to better understand how these issues are being addressed by the field.

I experience gender inequity in nutrition in both my personal life and professional work and have come to understand that this social problem is entrenched in our systems and easily overlooked. Young's (1990) framework of oppression helps provide the language to talk about systemic gender inequity as oppressive. As FCDA points out, language both constructs and can help solve the social problem of gender inequity. Both FCDA and critical inquiry approach research with a focus on asking questions through a social justice lens that reveals the contours and causes of inequity. This is the focus of my research.

### **Research Questions**

My research questions focus on gender inequity in dietetics discourse, in particular the discourse of the Academy of Nutrition and Dietetics (AND). The AND is the largest organized group of nutrition professionals in the world (EatRight Pro n.d.a).<sup>7</sup> According to their mission statement, their purpose is to promote “well-being through food and nutrition” by supporting dietitians in their work through providing current research and continuing education (EatRight Pro n.d.b). The AND plays an important role in nutrition research, education, and political advocacy (EatRight Pro n.d.a). AND members have a prominent role in developing the United States Department of Agriculture guidelines (Krishna 2020), which provide guidance on national

---

<sup>7</sup> The AND was previously called the American Dietetic Association (ADA). This was changed because “the general public [didn't] understand the difference between a dietitian and a nutritionist” (“How the new strategic plan works” 1992)

nutrition recommendations. This organization is at the forefront of nutrition guidelines and research. Thus, the AND is a major source of information for dietitians and arbiter of topics that are prioritized in the field's discourse. Given the scope of the social problem of gender inequity in nutrition in general and dietetics in particular, combined with the fact that the majority of dietitians are women, I would expect the AND to prioritize this social problem in its discourse.

My overall research question, therefore is:

In what ways does the discourse of the AND address gender inequity in the field of nutrition? To answer this overall research question, I ask three constitutive research questions.

My first constitutive research question is: In which ways are gender inequity concepts present in dietetics discourse? The purpose of this question is to document the ways in which the field of dietetics is identifying the social problem of gender inequity. I would expect discussion of gender inequity to have increased significantly after the publication of DeVault's landmark study that called attention to gender inequity in the field of nutrition. Prior to this, the social problem of gender inequity had not been well-established in the literature. By answering this question, I can learn the primary ways in which gender inequity is present in dietetics discourse and the extent to which it is addressed in the domestic versus professional spheres.

My second constitutive research question asks: In what ways is gender inequity in dietetics discourse viewed as a social problem relevant to social justice? By answering this question, based on my findings from my first research question, I can learn the ways in which gender inequity is problematized in dietetics discourse, particularly in terms of categories of oppression.

My third constitutive research question asks: What remedies for gender inequity are enacted and proposed in dietetics discourse? By answering this question, I can learn practical

ways in which the field of dietetics is disrupting or contributing to the existence and persistence of the social problem of gender inequity. In the next section I explain how I answer these research questions.

### **Research Design**

My research design includes unit of analysis, unit of observation, and research methods. I first explain those that pertain to all of my constitutive research questions and then provide specifics for each research question.

#### *Units of Analysis and Observation*

To address my research question about gender inequity in dietetics discourse, my unit of analysis is the AND. In order to study discourse of the AND, my unit of observation is the *Journal of the Academy of Nutrition and Dietetics (JAND)*, specifically articles published in *JAND*.<sup>8</sup> This journal is the primary publication of the AND, first distributed in 1925 (EatRight Pro n.d.c). It is a print and electronic magazine published monthly that provides current nutrition research and a wide variety of information pertaining to dietitians and other health care professionals (EatRight Pro n.d.c). *JAND*'s goal is to advance knowledge in the field of nutrition. It is a relevant data source because it is "the premier source for the practice and science of food, nutrition, and dietetics" and is "the most widely read professional publication in the field [of dietetics]" (*JAND* n.d.). AND membership is international, so it is likely that readership of the *JAND* is also international. I accessed *JAND* online via the *JAND* website and in the Elsevier database. Given that the purpose of the *JAND* is to support dietitians in advancing their knowledge and practice, it would be appropriate for there to be numerous articles in the journal

---

<sup>8</sup> Also known as the Journal of the American Dietetic Association (JADA) prior to 2012

that discuss the role of gender inequity and power dynamics in both the domestic and professional sphere.

I chose to narrow the sample to only include journal articles related to the AND since 1991 because this is the year that DeVault's previously discussed landmark study was published. This study was one of the first in-depth, extensive research projects that examined gender inequity in food work in the home and how this (re)produces a subordinate role for women. It is reasonable to think that after a ground-breaking study, such as DeVault's, there would be substantial discourse and research in the years following 1991. I anticipate that discourse on gender inequity would increase from this point as well, given increased attention to gender issues in society as a whole. Thus, my sample included *JAND* articles published between January, 1991 and December, 2020.

There are numerous types of material published in *JAND*. These include research articles, the President's Page, Letter's to the Editor, Scope and Standard articles, Focus Area Standards, Position and Practice Papers, Commentary (on research), AND Reports, advertisements, a section that reviews research articles from other publications ("New in Review"), as well as articles focused on public policy, AND history, and the business of dietetics. In my sample, I excluded three sections. I did not include the "New in Review" section because this provides a brief review of other available research articles from other publications, which speaks to a broader nutrition conversation that is available to dietitians but does not reflect research that the AND is discussing. I did not include "Letters to the Editor" as this reflects member views rather than the AND. Nor did I review classifieds as these are paid promotions by companies other than the AND. I reviewed the content of all other articles found in *JAND* although I specifically counted the overall number of research articles that I reviewed. Since research articles comprise

the largest part of the *JAND* and because the journal “focuses on advancing professional knowledge” through providing up-to-date and relevant research to nutrition practitioners (*JAND* n.d.), this is where I expected to find discourse related to gender inequity. I included all supplemental issues except for supplemental issues on the poster sessions from the Food & Nutrition Conference & Expo (FNCE) as these reflect conference content rather than discourse within *JAND*.

### *Data Collection and Analysis*

I used content and thematic analysis to answer my research questions about dietetics discourse in *JAND*. Content analysis focuses primarily on the text itself and involves identifying keywords or concepts to understand their use within that context (Hsieh and Shannon 2005, 1283). Bergstrom and Boreus (2017a) point out that it is useful for counting the number of times different elements of text are used over time, which can reveal ideological shifts (7). They give the example of how “change over time” in the frequency of “certain words in certain genres, such as editorials” can indicate a change in ideology (Bergstrom and Boreus 2017a, 7). Ideologies are created through language and a change in language use can be revealing of a change in underlying perspective. Language creates discourse and counting elements can show how this conversation has changed over the years. They note that coding, which refers to specific words that are being identified as data, is used to “categorize and describe the content of texts” that can be counted (quantitative) or assigned meaning (qualitative) through a coding frame, which develops through analyzation of the text (Bergstrom and Boreus 2017b, 24 and 27).

Content analysis is much more than just counting text. It is a useful method for assessing societal engagement with ideas and how they change over time. It recognizes that patterns of text can be indicative of a larger idea (Bergstrom and Boreus 2017b, 25). While content analysis is

useful for assessing text, it “is poorly suited for studying the unspoken and implied (Bergstrom and Boreus 2017b, 49). This is where thematic analysis is helpful as it opens the door to assessing for implied meaning and categorization of themes. Saldana (2016) points out that thematic analysis is like content analysis although it is broader and consists of paying attention to patterns and meaning, rather than specific words (198-199). Saldana (2016) asserts that identifying themes involves categorizing the “meaning and identity” of a phrase based on what the “unit of data is *about* and/or what it *means* [emphasis theirs]” (199). This is a bit tricky given that this uses implied or hidden meaning and takes context into account; however, as Saldana (2016) notes that this can be useful for categorizing data into an “implicit topic that organizes a group of repeating ideas” (199). For example, when categorizing concepts into Young’s framework of oppression, I mapped out thorough definitions of each framework and then assessed the literature for these ideas in the meaning of the text. Just like content analysis, thematic analysis is a valuable method for detecting ideas in discourse to reveal societal ideological engagement and shifts over time. Content and thematic analysis are useful methods for identifying the extent to which dietetics discourse is addressing gender inequity in the field of nutrition.

### *Application of Research Methods*

To answer my overall research question – In what ways does the discourse of the AND address gender inequity in the field of nutrition? – I asked three constitutive questions. All questions use the same unit of analysis, unit of observation, and sample. Here I explain differences in the data collected and categories of analysis for each research question.

### Constitutive Research Question One

To answer my first research question – In which ways are gender inequity concepts present in dietetics discourse? – I assess the ways in which the AND is identifying the social problem of gender inequity.

I am interested in the extent to which gender inequity is identified, the types of inequity identified, and how this discussion has changed over time. In addition, I am interested in how much of the discussion of gender inequity is related to the domestic versus professional spheres. This is because, while gender inequity is present in both spheres, it has different profiles and implications in each that may be addressed separately. To answer Constitutive Research Question One, I conducted content and thematic analysis of articles in the *Journal of the Academy of Nutrition and Dietetics*. This analysis focused on the keywords and concepts of gender inequity and power.

To guide my data collection, I established analytical criteria of gender inequity and power based on Young's framework of oppression and FCDA. I used deductive methods by defining my categories before I began my research and inductive methods in that I allowed categories to emerge from the data. The keywords and concepts that comprise these categories are shown in Table 3.1. Gender inequity refers to the subordination of women and the privileging of men over women. It includes the term *gender disparity*, which is a difference in the treatment of genders as well as the term *gender bias*, which is preference shown due to gender. Gender inequity includes references to discrimination, men or women doing unequal amounts of labor, the impact of women's role in the home on paid labor, exclusion of women or men, and poorly compensated women's paid labor. Power is the ability to have authority and/or influence with other people or in one's own life as well as the ability to develop and maintain an image of credibility, value,



prestige, respect, and indispensability. Power includes the term *control*, which is the ability to have power over a person or situation as well as the term *hierarchy*, which is varying levels of authority. Power includes the idea of *male dominance*, which is when men as a gender have power over both men and women and cause the subordination/subservience of others. After I assessed articles based on these categories, I wanted to determine the extent to which the discourse focused on the domestic sphere versus the professional sphere.

Table 3.1 Keywords and concepts relevant to Research Question One

---

<p>Gender Inequity</p> <ul style="list-style-type: none"> <li>• The subordination of women and the privileging of men over women</li> <li>• Gender disparity (a difference in the treatment of genders).</li> <li>• Gender bias (preference shown due to gender).</li> <li>• Includes references to discrimination, men or women doing unequal amounts of labor, the impact of women’s role in the home on paid labor, exclusion of women or men, and poorly compensated women’s paid labor.</li> </ul>
<p>Power</p> <ul style="list-style-type: none"> <li>• The ability to have authority and/or influence with other people or in one’s own life.</li> <li>• The ability to develop and maintain an image of credibility, value, prestige, respect, and indispensability.</li> <li>• Control (the ability to have power over a person or situation).</li> <li>• Includes male dominance, which is when men as a gender have power over both men and women and causes the subordination/subservience of others.</li> <li>• Hierarchy (varying levels of authority).</li> </ul>

---

I developed definitions of the domestic and professional sphere (Table 3.2) primarily inductively, although the data that I reviewed helped expand these definitions. The domestic sphere refers to the private sphere of the home, which includes household food work, food choices, and nutritional gatekeeping in the home. Nutritional gatekeeper refers to the person in the home who “is the biggest food influence” and directs and uses nutrition recommendations (Wansink 2006, 1324). The professional sphere refers to the public sphere of the workplace, the

role and work of dietitians, public policy, health care, and anything related to the AND. These definitions help guide this categorization.

Table 3.2 Definition of domestic and professional sphere

---

Domestic sphere
<ul style="list-style-type: none"> <li>• Household food work</li> <li>• Nutritional gatekeepers in the home</li> <li>• Food choices</li> </ul>
Professional sphere
<ul style="list-style-type: none"> <li>• ADA/AND resources, events, reports, strategic plans, themes, role in dietetics, mission/vision statements, branding</li> <li>• Nutrition education</li> <li>• Role of dietitians and/or women in the workforce</li> <li>• Dietetics as a career including compensation.</li> <li>• Nutrition policy work</li> <li>• Health care</li> <li>• Management</li> <li>• Leadership in the workplace</li> <li>• Bullying in the workplace</li> </ul>

---

The unit of observation I used to answer Constitutive Research Question One was the presence of keywords and concepts of gender inequity and power in *JAND* articles. To collect data, I reviewed the entirety of the *JAND* issue, except for specific sections as described earlier, for headlines that included keywords or concepts. If the headline alluded to the possibility of gender inequity, such as the role of dietitians in the workplace, women in the workplace, women in the role of food or if the title was vague, I then skimmed the abstract or article for the keywords/concepts. I downloaded articles identified as relevant as PDF's and stored them in Endnote. I used Microsoft Excel and Word to organize the articles and as a place to note pertinent information to the search and to the articles. I primarily worked deductively as I had pre-defined the keywords/concepts from the background literature; however, I also worked

inductively because as I perused the data in *JAND*, I allowed the findings to continue to define and develop these keywords/concepts. I sorted all articles into domestic versus professional to provide insight into which domain the conversation around gender inequity is happening. In addition, I counted the number of research articles that I reviewed between the years 1993-2020. I did not include 1991-1992 because these years did not indicate the type of article. I annotated sources and tracked keywords/concepts in Excel.

For the analytical criteria, I included data that discussed gender inequity and power either explicitly or implicitly. Explicit refers to the specific use of the words ‘inequity,’ ‘inequality,’ or ‘power,’ and implicit use includes text that implies these concepts but does not use these words (Table 3.3). Implicit use of gender inequity includes terms such as: subordination, privilege, disparity, bias, discrimination, or preference. It also includes reference to men or women doing unequal amounts of labor, the impact of women’s role in the home on paid labor, exclusion of men or women, or poorly compensated women’s paid labor. Implicit use of power includes terms such as authority, influence, credibility, value, prestige, visibility, respect, hierarchy, indispensability, dominance, subservience, subordination, or control. I realize that this categorization is somewhat arbitrary, but I am trying to highlight the power of language and word use in dietetics discourse.

Explicit use of terms related to gender inequity and power reveals a different type of awareness of the social problem than does implicit use. Explicit use draws attention to the inequity and/or power dynamics at the root of the problem. Implicit terms, on the other hand, can obscure the root cause and distract from meaningful solutions. For example, when an article notes that women do more food work than men but is missing discussion on gender inequity or the power dynamics that create this unequal labor in the first place, then this distracts from the

oppressive nature of the problem. Explicit word use is powerful because it highlights the problem and helps reveal what must be addressed. Implicit word use can divert from and even normalize the problem. It could also be that authors saw problems of oppression, but did not have the ontological categories and discursive terminology of gender oppression in their vocabulary at the time of their writing. Nonetheless, distinctions between explicit versus implicit categories remains useful in understanding how gender inequity is framed. I also did not want to limit the scope of my search only to explicit terms as I wanted to include discussion on topics that are related to gender inequity and power even if they are not always understood as such. To determine implicit use of gender inequity and power, I started out deductively by pre-defining my understanding of these words, but overall, these categories were primarily developed inductively through conducting this research. I also took into consideration the context of the use of words within the sentence to determine inclusion. For example, I excluded ‘power’ when it was used instead of ‘ability’ (aka “You have the power to attract buyers.”) or if it was used in a sentence such as “The power of nutrition...”. I also excluded ‘expert’ or ‘power’ when they were used descriptively but the context did not address the connotations of the words themselves.

Table 3.3 Definition of explicit and implied use of keywords

---

Explicit use
<ul style="list-style-type: none"> <li>Refers to the specific terms of ‘inequity’, ‘inequality’, or ‘power’</li> </ul>
Implied use of gender inequity
<ul style="list-style-type: none"> <li>Includes terms such as: subordination, privilege, disparity, bias, discrimination, or preference.</li> <li>Includes any reference to men or women doing unequal amounts of labor, the impact of women’s role in the home on paid labor, exclusion of men or women, or poorly compensated women’s paid labor.</li> </ul>
Implied use of power
<ul style="list-style-type: none"> <li>Includes terms such as authority, influence, credibility, value, prestige, visibility, respect, hierarchy, indispensability, dominance, subservience, subordination, and control</li> </ul>
Excluded
<ul style="list-style-type: none"> <li>Power used instead of ‘ability’ (aka “You have the power to attract buyers.”)</li> </ul>

---

- Power used in a sentence such as “The power of nutrition...”
  - When words such as ‘expert’ or ‘power’ were used descriptively, but did not address the connotations of the words themselves
- 

## **Constitutive Research Question Two**

To answer my second constitutive research question – In what ways is gender inequity in dietetics discourse viewed as a social problem relevant to social justice? – I analyzed the subset of articles found in my answer to Constitutive Research Question One. To learn the ways in which these articles frame gender inequity as a social problem relevant to social justice, I conducted content and thematic analysis of articles to discover how dietetics discourse is discussing, framing, and studying gender inequity through the lens of Young’s (1990) categories of oppression. As discussed in Chapter Two, these categories are important to the concept of gender inequity because they shed light on its oppressive nature and provide language for better understanding the entrenched nature and harm of gender inequity. This analysis focused on keywords/concepts as defined by Young’s (1990) framework of oppression.

Young’s framework of oppression, including exploitation, marginalization, powerlessness, cultural imperialism, and violence, are the key concepts I used to answer Research Question Two. To identify these concepts in dietetics discourse I primarily used thematic analysis to find the idea of these concepts. For example, to identify exploitation I searched for explicit or implicit misuse of a person or resource that benefitted another person or group. I also used content analysis to identify keywords and phrases when they appeared or were implied in the text. For example, as discussed in more detail in Chapter Four, when an article mentioned power, I assessed for whether a person or group existed that lacked power which could then be identified as powerlessness. I defined my analytical criteria deductively based on Young’s (1990) framework, as well as inductively by allowing the data that I found to continue

to expand on these definitions. While the categories are useful for naming and revealing aspects of oppression found in gender inequity in nutrition, it is important to note that these categories often intersect, and some articles could fit into multiple categories. I next explain how I applied Young's (1990) framework of oppression (see Table 3.4) to my data collection and analysis.

Exploitation is defined as the misuse of a person or resource in labor, power or material goods and as Young (1990) notes it consists of the labor of one group benefitting another (61). In my research, I categorized situations in which this occurs as related to gender inequity as exploitation. For example, when a woman's unpaid labor in the household gives a man more time for leisure or paid labor, this is the use of one person's labor to benefit another. Similarly, if a woman's unpaid labor hinders her in the paid labor force, this reduces her material power. I also categorized under compensation related to lack of value placed on a role or position as well as the benefit that doctors receive from the emotional labor performed by dietitians as exploitation. Exploitation frequently intersects with marginalization.

Marginalization is defined by Young (1990) as the exclusion of people from meaningful participation in the labor force and societal activities (63-64). This category includes the disregard that occurs in society and in the medical field for food work and the role of nutrition in health. In the medical field, this leads to limited insurance reimbursement for nutrition as a preventative health measure, doctor's lack of reliance on dietitians for medical nutrition therapy (MNT), and a lack of respect for dietitians as part of the health care team. In addition, as discussed in Chapter Two, marginalization intersects closely with cultural imperialism in its emphasis on the masculine experience at the expense of the feminine experience and often leads to exploitation and powerlessness.

Powerlessness is the condition of not having power and often intersects with cultural imperialism and marginalization. According to Young (1990, 65), lack of influence or authority are a part of powerlessness just as aspects of marginalization, such as being in a position without influence or authority, the disregarding of advice (often related to gendered power dynamics), lack of respect and credibility, and the negative perception of female leadership traits, often leads to powerlessness. Powerlessness includes the subordination/subservience that comes from male dominance and deference to others such as a boss, spouse, family or in the workplace. It also includes the negative impact that gender inequity in nutrition can have, such as men's inability to cook, learned helplessness, and lack of control over health. In addition, powerlessness intersects with cultural imperialism because stereotypes can lead to conditions of powerlessness when a role is placed on someone because of gender or when gender expectations emphasize self-sacrifice or create the inability to advocate for oneself.

Cultural imperialism consists of the stereotyping of women while men can be individuals. It includes the assumption that women are the household cooks, but men can treat cooking like a hobby. Young (1990) asserts that cultural imperialism consists of the projection of the dominant group's experience as the norm (66-67) which can be seen in the fact that most workplaces are structured around men and do not account for gender differences or preferences. Cultural imperialism includes the negative impact that gender inequity in nutrition can have, such as gendered food preferences and the prevention of men from joining the field of dietetics. In addition, cultural imperialism intersects with violence.

Violence includes not only direct violence as noted by Young (1990), but also structural and cultural violence as categorized by Galtung (1990). Direct violence is harassment, intimidation, ridicule, and domestic violence. Structural violence is domination within a system,

whereas cultural violence is any part of culture that justifies violence and normalizes direct/structural violence. Cultural violence intersects with cultural imperialism through the normalization of the idea that women are to serve men through food, women are responsible for food work for both genders, and female traits are ‘less than’. Deviation from these expected norms and stereotypes can lead to direct violence as briefly discussed in Chapter Two.

Table 3.4 Definition of key concepts relevant to Research Questions Two and Three

---

<p>Exploitation</p> <ul style="list-style-type: none"> <li>• Misuse of a person or resource (labor, power, material goods)</li> <li>• Labor of one group benefits power and goods of another.</li> <li>• Domestic labor benefits men giving them more time for leisure or paid labor.</li> <li>• Unpaid work hinders women in paid labor force.</li> <li>• Women’s paid/unpaid work contributes to male power.</li> <li>• Under compensation, which stems from being devalued</li> <li>• Doctors benefit from the emotional labor performed by dietitians.</li> </ul> <p>Marginalization</p> <ul style="list-style-type: none"> <li>• Exclusion of people from meaningful participation in the labor force and societal activities</li> <li>• Societal and medical field disregard for food work and the role of nutrition in health</li> <li>• Limited insurance reimbursement for nutrition as a preventative health measure</li> <li>• Doctor’s lack of reliance on dietitians for MNT</li> <li>• Lack of value and respect for dietitian as part of the health care team</li> <li>• Emphasis on the masculine experience at the expense of the feminine experience</li> </ul> <p>Powerlessness</p> <ul style="list-style-type: none"> <li>• The condition of not having power.</li> <li>• Lack of influence, authority, credibility and respect.</li> <li>• The disregarding of advice related to gendered power dynamics.</li> <li>• Negative perception of female traits</li> <li>• Male dominance and the resulting subordination/subservience</li> <li>• Deference to others such as boss, spouse, family, workplace</li> <li>• Includes negative impact of gender inequity in nutrition such as men’s inability to cook, learned helplessness, and lack of control over health.</li> <li>• Gendered role expectations</li> <li>• Gendered expectations that emphasize necessary self-sacrifice or create the inability to advocate for oneself.</li> </ul> <p>Cultural Imperialism</p>
---



- Stereotyping of women, whereas men can be individuals.
- Assumption that women are the household cooks.
- Men can treat cooking like a hobby.
- Jobs structured around men.
- Includes negative impact of gender inequity in nutrition such as the prevention of men joining dietetics and gendered food preferences.

#### Violence

- Direct: harassment, intimidation, ridicule, domestic violence
- Structural: domination within a *system* that exploits those at the bottom
- Cultural: any part of culture that justifies violence and normalizes direct/structural violence.
  - Normalization of the idea that women are to serve men through food and that women are responsible for food work
  - Normalization that female traits are 'less than'

The unit of analysis is how dietetics discourse is discussing, studying, and framing gender inequity. The sample I used only included articles since 1991 that can be classified under key concepts as mentioned in Table 3.4. My data collection strategy consisted of assessing all the data that I collected for Research Question One for keywords/concepts and themes of Young's framework of oppression as described earlier. I used Microsoft Excel and Word to compile the data. The analytical criteria consisted of Young's categories of oppression.

#### **Constitutive Research Question Three**

To answer my third constitutive research question – What remedies for gender inequity are enacted and proposed in dietetics discourse? – I analyzed the data identified in the first research question and I searched all articles for any recommendations and current practices addressing gender inequity. I included articles that offered recommendations or discussed existing programs or practices for addressing gender inequity and noted those that did not. I first determined if a recommendation was made or if a current practice could be identified that

addressed gender inequity and then assessed the ways in which these addressed oppression, based on categories used in Constitutive Research Question Two.

I used these categories to assess if a recommendation/practice tended to reproduce or disrupt gender inequity in the field of nutrition. Recommendations and practices were categorized as reproducing gender inequity if they emphasized action by the person or group being oppressed, encouraged the oppressed to become like the oppressor, or only addressed the symptoms of the oppressive problem rather than the cause. Any recommendation that sounded like a recommendation but did not clarify the suggestion was classified as a non-recommendation. Recommendations and practices were categorized as disrupting gender inequity if they addressed the root cause of one of Young's categories of oppression. I also categorized recommendations/current practices according to whether they emphasized individual or systemic action. Any recommendation/practice that called for individual action was classified as individual, whereas emphasis on action by an organization, group, or governmental policy was classified as systemic. This reveals whether responsibility is placed primarily on the individual to address the problem or if systems also bear some of the responsibility for change. Issues of social justice often have systemic elements and it is important to recognize that solutions cannot just rely on individual action.

### **Summary**

Critical inquiry, FCDA, and feminist theory are frameworks that have shaped my use of content and thematic analysis as the methods for identifying ways in which dietetics discourse addresses gender inequity in the field of nutrition. Each research question is assessed using a specific and detailed method to be as transparent as possible. This chapter explains how an assessment of the *JAND* within a specific time frame is an adequate window into dietetics

discourse and is revealing of the conversation at large. The detailed discussion on methods leads me to the next chapter, which contains the results of this in-depth assessment on gender inequity in the field of nutrition.

## Chapter Four

### Results, Analysis, and Contribution: Gender Inequity in Dietetics Discourse

In this chapter, I provide the detailed results of my research on the ways in which the discourse of the Academy of Nutrition and Dietetics (AND) addresses gender inequity in the field of nutrition. I start by reviewing the results to Research Question One and provide a table and figures to show the ways in which gender inequity concepts are present in dietetics discourse. I then review the results for Research Question Two and reveal the ways in which dietetics discourse frames gender inequity as a social problem relevant to social justice. Finally, I review the results to Research Question Three and examine the extent to which the recommendations and current practices reproduce or address the root cause of oppression. I wrap up this chapter by discussing how my work contributes to addressing the social problem of gender inequity in nutrition and promotes social justice and social change in the food system.

#### Research Question One: Results and Analysis

My first research question is: In which ways are gender inequity concepts present in dietetics discourse?

To answer Research Question One, I assessed all articles, with the exception of three sections as mentioned in Chapter Three, in *JAND* from the years 1991-2020 for implied and explicit references to gender inequity and power. This answers my overall research question by showing where and how often gender inequity is being discussed in dietetics discourse in the *JAND*.

I reviewed 360 journals containing at least a dozen articles each (approximately 4,320 articles in total). Of these, 175 articles first appeared to contain inclusion criteria (Figure 4.1). The titles of these articles either included a reference to gender inequity or power (as defined in

Table 3.1), the domestic or professional sphere (as defined in Table 3.2), or were too vague to determine. Upon closer examination, 94 of these 175 articles were excluded because the article content revealed that gender inequity or power were not discussed. This left 81 articles for analysis.

I first determined the extent to which the conversation around gender inequity is related to the professional versus domestic spheres. This is important because gender inequity in nutrition plays out differently in each sphere. Of the 81 articles, 22 referenced the domestic sphere, 70 referenced the professional sphere, and 10 referenced both. Thus, most of the conversation around gender inequity references the professional sphere. While this makes sense, since *JAND* is for professional dietitians, it is also troubling that only 22 articles in a thirty-year period discuss gender inequity in households, given the extent and knowledge about this social problem. This is problematic because, as discussed in Chapter Two, the power dynamics in the domestic sphere impact gender inequity in the professional sphere. Discussion of gender inequity in the domestic sphere concentrates on the power dynamics between men and women in food work. Power dynamics is less addressed in discussion of gender inequity in the professional sphere, where the conversation is largely centered around the marginalization of nutrition itself and dietitians in the healthcare field. Gender inequity must be acknowledged in both spheres to be fully addressed.

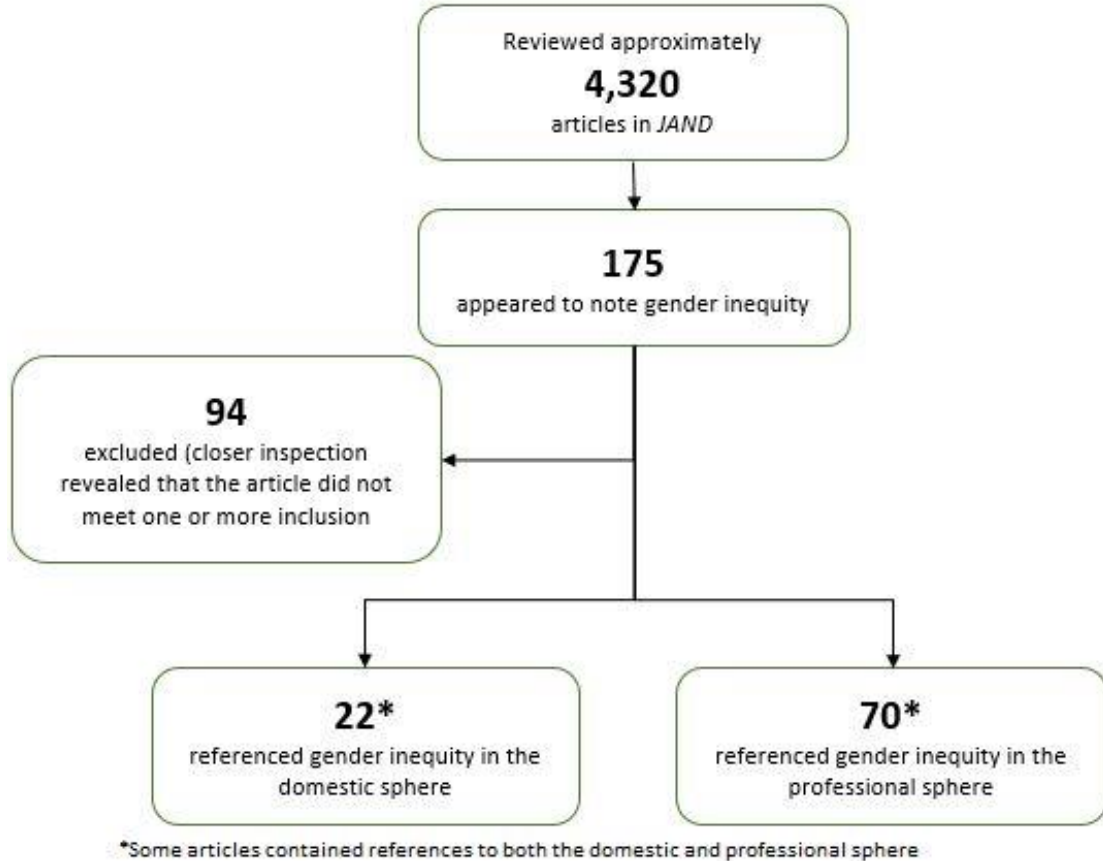
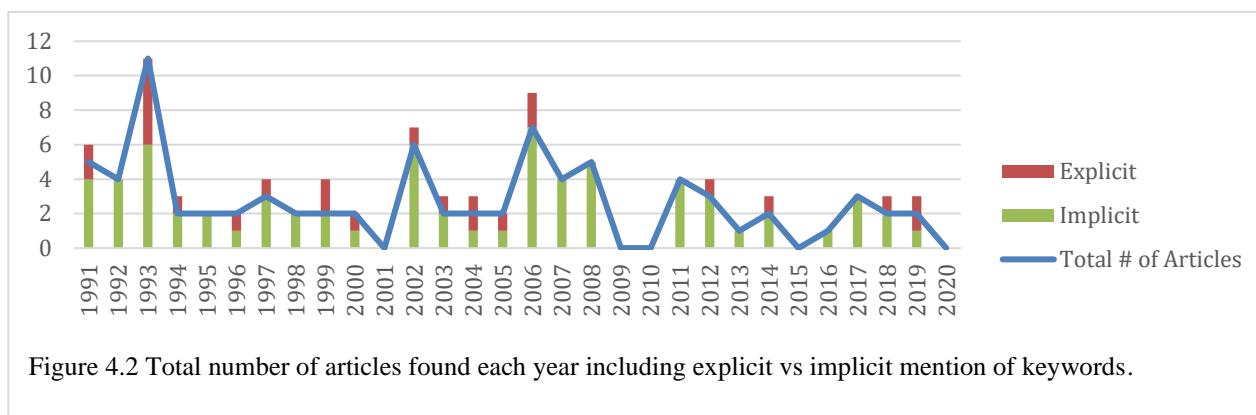


Figure 4.1 Number of *JAND* Articles Referencing Gender Inequity, 1991 to 2020

I next reviewed the articles to determine the extent to which these articles contain explicit or implicit mention of keywords (Figure 4.2). As discussed in Chapter Three, the distinction between explicit versus implicit is important because explicit reference to inequity, equality, or power signifies an overt recognition of the social problem, whereas implicit discussion of gender inequity could indicate a lack of attention to the root cause of the problem identified. Overt recognition of a social problem is the first step to addressing it because it cannot be solved if it is not named. Overall, only 26 percent of the articles (a total of 25 articles) contained explicit word use related to gender inequity and, of those, only 5 articles used the words ‘inequity’ or

‘inequality’. Most of the explicit word use centered around the word ‘power’. This reveals gender inequity in dietetics discourse is most frequently talked about in reference to power dynamics or is implied. Implied word use includes indirect language, such as value, respect, authority, the discussion on the privilege of men over women, or the under compensation of dietitians (as explained in Table 3.3 in Chapter Three). Implied use can make the problem easier to ignore, more palatable, distract from addressing the root problem, and prevent meaningful solutions. Even the explicit use of the word ‘power’ when not coupled with an overt discussion on gender inequity can hide the root cause of power dynamics in the workplace and in the home.



To determine if discussion of gender inequity and power has increased since DeVault’s study, I mapped the presence of these terms in *JAND* articles over time (Figure 4.2). Overall, the conversation on gender inequity has waxed and waned over the years with no distinct pattern. Some years, such as 1993, 2002, and 2006, contained a slight uptick in discussion on gender inequity, although articles primarily contained implied language or explicit use of the word ‘power’ without accompanying mention of inequity. For example, in 1993, a research article focused on the dietitian’s perception of power concluded that dietitians need to better understand

and use power in the workplace (Mandel and Garey 1993, 423). While gender differences in the use of power were acknowledged, there was little discussion on gender inequity that creates dietitian's (who are primarily female) powerlessness in the first place. Another 1993 research article regarding the implications of dietitian's self-perception on leadership mentioned power both as a negative leadership trait and implicitly in reference to influence and transformative leadership (Schiller et al. 1993, 868-869). Power was noted as something dietitians did not use, although this may be due to the survey's negative connotations associated with the term, and there was little discussion of the role that gender inequity plays in dietitian's use of power.

In addition to the use of power by dietitians in the workplace, in 1993, there was also discussion on how gender dominance influences the workplace, the impact of women's unpaid labor on their paid labor, and the need for higher salaries for dietitians. In the early 1990's, there was some explicit conversation on the role that power and gender inequity have on dietitians and their role in the workplace, but this shifted over the years to focus more on the individual dietitian and their value as a part of the health care team. Article topics in 2002 and 2006 focused primarily on the value, respect, credibility, and influence of dietitians. For example, in 2002, the American Dietetic Association (ADA) published two reports reviewing the field of dietetics in the *Journal of the American Dietetics Association (JADA)* that noted poor public perception and value of dietitians, under compensation of dietitians, and the recognition that women do most domestic food work ("Key trends affecting dietetics" 2002, S1826 and S1828; "Performance, proficiency, and value" 2002, 1307 and 1314-1315).<sup>9</sup>

---

<sup>9</sup> The ADA is also known as the AND and the JADA is known as the *JAND* after 2012.



In 2006, power was primarily discussed implicitly. For example, the AND President discussed power in an implicit way through discussion of the credibility, value and influence of dietitians in three separate issues in the President's Page (Reeves 2006a; Reeves 2006b; Gilbride 2006), and a business article about dietitian self-promotion and a public policy article about the health of Americans encouraged increasing dietitian value (aka power) (McCaffree 2006, 661; Smith 2006, 663). This shows a focus on dietitians as individuals rather than the systems or ideologies that cause a lack of value for dietitians. It is difficult to determine trends with such a small sample, although it appears that dietitian value and credibility is a concern throughout all the years reviewed.

I next turned to the question of which types of *JAND* articles are most likely to include the topic of gender inequity (Table 4.1). While discussion of gender equity is present in *JAND*, very few research articles have been published on this topic relative to the overall number of research articles published by *JAND*. Gender inequity was discussed in less than 1 percent of the total research articles published by *JAND*<sup>10</sup>. The other 99 percent of the research articles focused in large part on medical nutrition therapy, food and nutritional science, and public health nutrition. As detailed in Figure 4.2, most years have fewer than 5 references to gender inequity (overall average of less than 3 articles per year), which is low, given that the *JAND* publishes an average of 143 research articles per year plus additional numerous non-research articles. Non-research related articles include commentary, AND reports, articles written by the AND president, and informational articles focused on professional interests, business, ethics, public

---

<sup>10</sup> This percentage only consists of the years 2006-2020 because prior years did not differentiate between research articles and non-research articles without accessing each individual article and without obtaining the *JAND*'s categorization method. This does not include supplemental issues as many research articles in supplemental issues were reprinted from other issues.

policy and position papers to name a few (see Table 4.1 for a full list of categories); however, the primary focus of *JAND* is the research articles. While research articles were the single largest *category* of types of articles identified as referencing gender inequity (31 percent), overall, most of the articles referencing gender inequity (60 percent) were non-research related (as seen in Table 4.1). This shows that research on this topic is a gap in dietetics discourse. As discussed in Chapter Three, this is relevant because *JAND* emphasizes its role in the advancement of dietitian knowledge through providing current research articles.

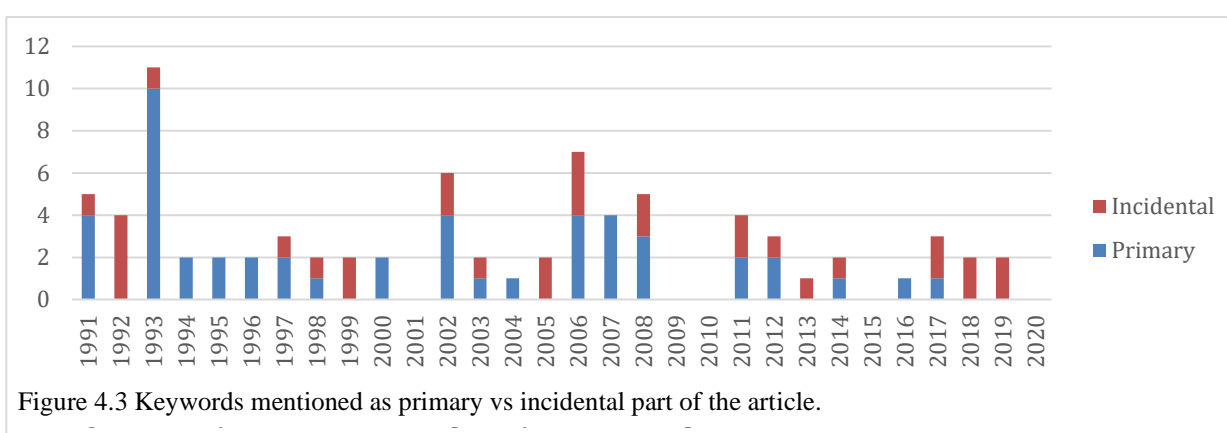
Table 4.1 Article type referencing gender inequity.

<b>Type of Article</b>	<b># of articles related to gender inequity</b>	<b>% of overall articles</b>
Research Articles	22	31%
President's Page	14	19%
Commentary	9	13%
For Your Information	6	8%
ADA Report	5	7%
Business of Dietetics	3	4%
Professional Practice	2	3%
Perspectives in Practice	2	3%
Editor's Outlook, Interview, Book Review, Practice Points, Of Professional Interest, Public Policy News, Beyond the Headlines, Position Paper, Ethics in Practice	1 each (9 total)	1% each (13% total)

*Note:* This table does not include 9 articles from 1991-1992 as the article type was not available

The low average of fewer than 3 references per year to gender inequity is even more significant, given that a 40 percent of these references are incidental. That is, while a term relevant to gender inequity was mentioned, the overall article topic was not about gender inequity (either implied or explicit). When gender inequity is discussed as an incidental part of the article, it is not a key part of the conversation. Many years only included incidental references, which is just one small step away from no mention at all, particularly when combined

with implicit mention. Only 14 articles in the past thirty years explicitly mentioned gender inequity or power as the primary topic of the article and, of these, 71 percent were published in the 1990's. This shows that the conversation around gender inequity in dietetics discourse has become less explicit over time. While the conversation may be taking place in an implied and incidental way, based on the lack of explicit conversation, it is fair to say that discussion on gender inequity in nutrition is nearly nonexistent in dietetics discourse.



It is surprising that gender inequity is such a small part of dietetics discourse in *JAND*, given the central role that women play in domestic food work and in the field of dietetics. While numerous research articles mentioned gender differences related to health conditions, this is different than acknowledging the power dynamics that play a role in female paid and unpaid labor. Acknowledging gender differences in health is an assessment of biology, whereas discussion of power dynamics is an evaluation of society and culture. In addition, a focus on biology can reproduce gendered social constructs as well as omit questions of social causation. Because the purpose of the journal is to support dietitians in advancing their knowledge and practice, it would make sense for there to be numerous articles discussing the role of gendered

power dynamics and inequity in both the home and workplace. Information such as this would be useful in helping a primarily female field, such as dietetics, navigate the professional workplace, which continues to be centered around men and masculine traits. It would also be helpful in assisting dietitians in their daily work with patients to navigate the gendered power dynamics of food work. The *JAND* is remarkably silent on gender inequity in food work. While a large portion of the articles referencing gender inequity in the professional sphere deliberated on the need to increase the value, pay, influence, and respect of dietitians, there was little connection made to the idea that perhaps the origins of this profession in the kitchen (and the power dynamics that continue to exist in this domestic role) may play a part in the field's struggle to gain respect both in credibility and compensation.

In summary, dietetics discourse addresses gender inequity primarily in the professional sphere, although it is a trivial part of the overall conversation happening in dietetics discourse. The true nature of the role that gender inequity plays in the field of nutrition is often hidden when it is not discussed in an explicit way or as a primary part of the article. It would benefit dietitians and the field of dietetics greatly for dietetics discourse to increase explicit conversation and research on gender inequity in both the domestic and professional sphere.

### **Research Question Two: Results and Analysis**

My second research question is: In what ways is gender inequity in dietetics discourse viewed as a social problem relevant to social justice? Of the limited discussion of gender inequity in *JAND*, I want to understand, how it addresses gender oppression because this is relevant to understanding and addressing root causes of the social problem. To answer Research Question Two, I reviewed how gender inequity is being discussed, using analytical criteria based on Young's (1990) categories of oppression as discussed in Chapters Two and Three.

Before presenting the results, I want to preface this discussion with a note about marginalization and the intersection of Young's categories. I initially understood marginalization primarily through Young's (1990) characterization, which focuses on "people the system of labor cannot or will not use" including old and young people, single mothers, people with disabilities and people of color (63). As I engaged with the material, my understanding of and definition of marginalization grew to my current interpretation, as discussed in Chapter Two. I now understand how marginalization intersects with and contributes to exploitation, powerlessness, and cultural imperialism, and I could have included marginalization as a category for my findings. In addition, I could have categorized my findings in a number of ways as many these categories intersect and the lines around them are fuzzy. I would like the reader to keep in mind that the point of categorization is to name and reveal the things that exist. Although a finding is categorized in one way, it may also make sense in a different category. Regardless of how a topic is categorized, these categories are meant to call out the oppression that occurs because of gender inequity in nutrition.

I categorized the topics from the 81 *JAND* articles that included mention of gender inequity using Young's framework of oppression. I included the categories of exploitation, powerlessness, cultural imperialism, and violence (Table 4.2). As mentioned above, these categories may intersect with each other, and the overarching point is the extent to which the articles address the oppressive nature of the social problem of gender inequity. I also mapped this discussion chronologically. I found that, similar to Research Question One, the overall conversation on gender inequity in nutrition declines over the years (Figure 4.4<sup>11</sup>).

---

<sup>11</sup> This figure contains fewer overall articles than Table 4.2 because in Table 4.2 some articles contained more than one reference to one category. Example: Patten and Sauer (2019) refer to both the hierarchal power structure as well

Table 4.2 Article topics classified as oppressive.

Article Topic	Exploitation	Powerlessness	Cultural Imperialism	Violence
Lack of power, authority, influence, money, value, prestige, recognition, professional status, respect for RD's <sup>1</sup>		44		
Inadequate RD and/or female compensation	12			
Disproportionate female unpaid labor in the home and/or the impact this may have on paid female labor <sup>2</sup>	8			
Stereotyping of women as being primarily in charge of domestic food work and men lack interest in food work <sup>2</sup>			7	
Male dominance and the subordination of women including over food choices, in the workplace and in the home		5		
Lack of respect for food service work and female leadership traits <sup>1</sup>				5
Disregarding of nutrition advice and recommendations <sup>1</sup>		3		
RD expectation of more power than they have		3		
Hierarchical model of health care including dominant boss/subservient employee		3		
System of dominance that subordinates women including the 'old boy network'				2
Unequal opportunities for women in education and workplace <sup>1</sup>				2
Tools to increase power		1		
Jobs structured around men			1	

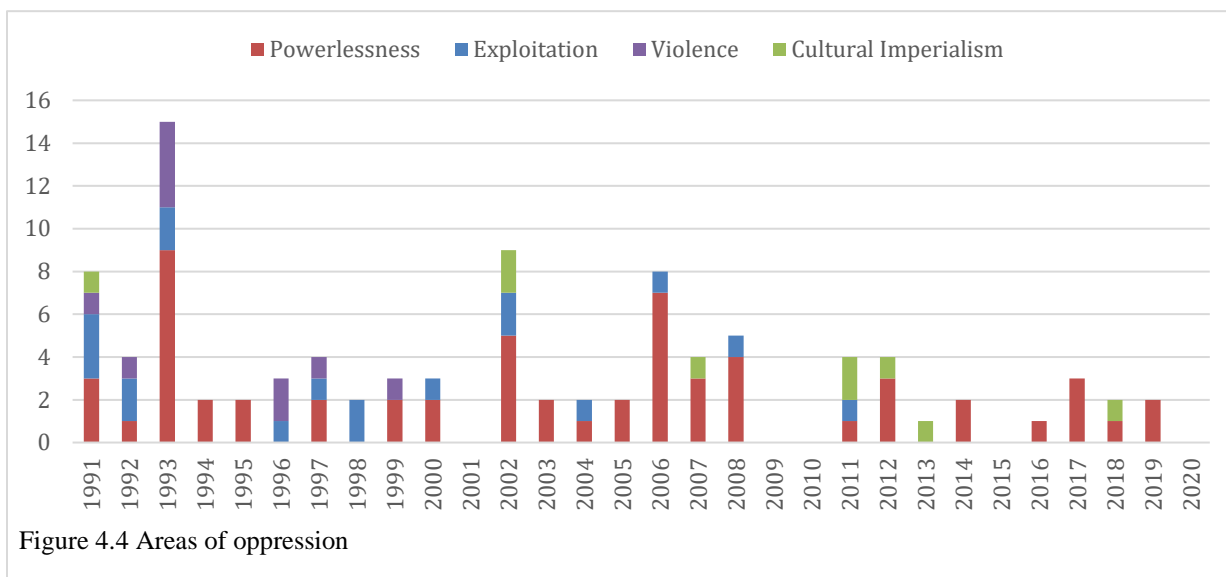
as dietitian credibility and influence – both are classified as powerlessness and are only noted once in Figure 4.4, but powerlessness is defined in more detail in Table 4.2 and is listed twice.

Article Topic	Exploitation	Powerlessness	Cultural Imperialism	Violence
A significant number of women work in health care, but are poorly represented at the top; men are making major decisions for women about their health care needs and programs <sup>1</sup>		1		
Health disparities created by cultures that value males over females <sup>1</sup>				1
Exclusion of women from medical field and clinical trials <sup>1</sup>				1
Powerlessness normalized		1		1
Perception that dietitians are part of foodservice rather than the clinical team			1	
<b>Totals:</b>	20	61	9	12

<sup>1</sup> Could also be classified as marginalization.

<sup>2</sup> Gender inequity in domestic food work was classified as exploitation when it was discussed as an inequity or as impacting paid labor. It was classified as cultural imperialism when food work was stereotyped.

Note: RD = Registered Dietitian



It is not surprising that powerlessness is discussed the most frequently and consistently across the years, given that it is the only term for oppression used explicitly in dietetics

discourse. When something is discussed explicitly, it becomes more visible and easier to talk about. While the explicit use of the word ‘power’ was cited more frequently than ‘powerlessness,’ I think it is important to recognize that in any conversation about power, there may be a person or group without power. For example, a commentary on effective leadership mentioned the need to foster relationships of equality within the hierarchal model of health care (Covey 1994, 385). This model includes a system of dominance where doctors and/or bosses hold most of the power in the healthcare system. I classified this article as ‘powerlessness’ even though the word itself was not mentioned in the article because if there is a need for equality or someone is at the top of a hierarchal model then those below them likely experience powerlessness. Despite many articles not explicitly referencing powerlessness, I still classified them as such when I could identify a group lacking in power.

Powerlessness is by far most often discussed in reference to the work of dietitians regarding their lack of power, influence, money, value, recognition, professional status or respect.<sup>12</sup> Additional references to powerlessness for dietitians include the disregarding of nutrition advice and recommendations from dietitians, and the sense that dietitians expect to have more power than they have. While most of these articles did not call these things ‘powerlessness,’ it is important to recognize that this is exactly what is happening. Dietitians are experiencing powerlessness in their field and, while they are working to change this, they are working with blinders on if they do not see the origins of the problem. The importance of nutrition in health is well established, so this leaves me with the question of why other health

---

<sup>12</sup> As I came to recognize later, the word ‘powerlessness’ in this paragraph could also be substituted by ‘marginalization’.



care professionals do not recognize the value of dietitians as a health care provider. At least part of the answer is that dietitians are lacking in power. Recognizing this as a problem of powerlessness rather than value is an important part of getting to the root of why dietitians' value as part of the health care team is questioned. Using the word 'powerlessness,' rather than authority, money, or respect, helps reveal that the true nature of this problem is oppressive. This then provides language for the cultural basis of the root problem and is helpful in identifying what needs to be addressed.

In discussing the dietitian experience, the conversation on powerlessness rarely used explicit verbiage to discuss gender inequity. Several articles noted that the hierarchical model of health care includes a dominant boss/subservient employee as well as the intersection of male domination with female subordination in food choices, the workplace, and in the home. One brief article discussing a book review mentioned the gendered division of power in health care where a significant number of women work in health care but are poorly represented at the top (Wolgemuth 1995, 137). This means that men often make decisions for women about their health care needs and problems. These discussions allude to the idea that gender inequity leads to powerlessness for women although this was rarely discussed in a straightforward manner.

After powerlessness, exploitation is the second most frequently addressed framework of oppression in dietetics discourse, although there is no explicit recognition that the topics noted in Table 4.2 are understood as exploitation. The most frequently discussed topics are inadequate dietitian and/or female compensation, and the impact that unpaid female labor has on paid work. It is clear that dietitians in the field of dietetics feel undercompensated, yet there is little language used to recognize this as exploitation or stemming from gender inequity. Lack of clear language about the underlying problem limits the ability to address the root cause and likely contributes to

the absence of current conversation on this topic. Gender inequity in unpaid labor and the need to increase dietitian salaries were mentioned in 15 separate articles prior to 2004 and only twice since then. Contrary to what these findings may suggest, this problem has not disappeared. As of 2013, researchers within the field of dietetics (although outside of *JAND* publications) were still noting that dietitians are undercompensated compared to similar health professionals (White 2013, 26) and as recently as 2019, the Pew Research Center found that 80 percent of women with children in a two-partner household still do most of the food work (Schaeffer 2019). Gender inequity in nutrition is persistent and must be addressed; however, the ambiguous language used to discuss the exploitation of women makes it difficult for dietetics discourse to acknowledge or address the problem.

Similar to exploitation, cultural imperialism was not discussed overtly, but I was able to identify this phenomenon through implied meaning. As discussed in Chapter Two, cultural imperialism refers to the stereotyping of a person or a group and harms those being stereotyped. I classified the idea of jobs being structured around men and the perception that dietitians are part of foodservice rather than the clinical team as cultural imperialism because I believe that this stereotypes women in the work place. For example, an article published in *JAND* in 1991 recognized that the modern workplace is structured around men who have a partner at home managing the unpaid labor (Hill 1991).<sup>13</sup> When women choose to join the workplace, they encounter barriers. Because of domestic and childcare responsibilities, many women choose flexible or part-time jobs, but these positions are often not paid well and hinder long term career prospects (Hill 1991). This example of how cultural imperialism is detrimental to women in that

---

<sup>13</sup> Article type not listed.

they must often choose between having good work-life balance or a flourishing career. I found a more recent example of cultural imperialism in the workplace in a 2002 professional interest article in *JAND* that noted that physicians tend to view clinical dietitians' primary role as "responsible for food service functions" rather than medical nutrition therapy (MNT) (Myers et al. 2002, 123). This stereotyping of dietitians by physicians is harmful to both dietitians and patients. Dietitians are the only professionals in healthcare who are trained in MNT, yet doctors, who are not trained in MNT, prefer to manage this themselves. This preference may stem from the doctor's perception that dietitians are primarily trained as food service workers (Myers et al. 2002, 123). This is problematic. Just as dietitians are stereotyped in the workplace, women are stereotyped in the home as being in charge of food work.

While I classified gendered domestic food work primarily as cultural imperialism, I recognize that the lines are blurry and this fits with cultural violence as well. The normalization of gender inequity in domestic food work could be understood as cultural violence just as it could also be understood as cultural imperialism due to the stereotype that women are in charge of food work and men are not interested in food work. Cultural normalization easily becomes stereotyping and vice versa. For example, I found several articles that discussed problems within domestic nutrition and referenced women as the primary household food preparer, but the researcher discussed it in such a way that both normalized and stereotyped women in this role. The lack of identification of gender inequity as a problem makes it easy for the reader to overlook. This normalization/stereotyping ignores the underlying power dynamics in gendered food work that influence a household. Cultural imperialism/violence often prevents meaningful solutions for nutrition concerns in the home from being considered, such as the increased involvement of men in foodwork. The point is that gender inequity in food work is oppressive,

and culture contributes to this problem. Cultural problems may be reproduced through and lead to violence.

While I did not find any articles related specifically to direct violence, there were several topics that could be understood as cultural or structural violence. Cultural violence is the cultural justification of violence including systemic violence. Systemic violence includes social practices that exploit others. Direct violence, on the other hand, refers primarily to physical/individual violence and the power dynamics that exist in food work can lead to direct violence through domestic violence. It is apparent that based on the lack of articles examining this, dietetics discourse does not acknowledge this. Each aspect of violence including direct, cultural, and structural as related to gender inequity in nutrition is important to acknowledge and discuss separately despite their intersections because developing explicit language around violence is helpful for understanding these dynamics.

I found several articles that reflected cultural violence. I classified the lack of respect for female leadership traits and food service work, the normalization of powerlessness, health disparities created by cultures that value males over females, and the exclusion of women from the medical field and clinical trials as cultural violence because I believe that all of these include cultural justification for exploitative practices. Cultural violence is harmful and normalizes the idea that powerlessness is expected for certain groups. I found one research article in *JAND* that elaborated on this topic. Rusness (1993) claims that many “cultures, women, and the poor are socialized to be passive, helpless and powerless” and that powerlessness often comes along with poverty (78-79). Rusness points this out in the context of advocating for the use of nutrition education programs as a tool of empowerment for low-income populations. While empowerment is an admirable trait to focus on with nutrition education, Rusness’s treatment of the problem

normalizes the idea that women and people living in poverty are powerless and neglects to ask questions about the root cause of this powerlessness.

In addition, cultural violence normalizes the idea that so-called feminine leadership traits and foodservice work are less desirable. Several research articles in the 1990's note this. In a research brief about the professional image of dietitians, Wardley and Dalton (1993) briefly touch on the idea that while clinical dietitians view their work as valuable, they are under the impression that other health care professionals consider it "less important" because "the job functions of dietitians were perceived as related mainly to foodservice" (684). While this statement was not backed up with actual data proving that other health care professionals view dietitians this way, this impression was likely founded in a cultural understanding of how foodservice workers are perceived. Barrett and Shanklin's (1996) research article discussing factors in salary differences between male and female foodservice directors starts with the recognition that historically "stereotypically male characteristics...were perceived as more socially desirable than feminine characteristics" (181). They found through their research that both male and female foodservice directors adhered to "feminine and masculine work values" equally and ultimately concluded that "women approach the world of work much the same as men" (Barrett and Shanklin 1996, 183). The idea that women approach leadership differently than men or that so-called masculine traits are more valuable than others is cultural violence because it normalizes a system where women are less valued as a gender, which ultimately opens them up to exploitation. While cultural violence brings to light the impact of cultural ideologies, structural violence highlights how cultural practices contribute to the systemic nature of exploitative practices.

I identified a few articles as reflecting structural violence. This included article topics such as the acknowledgement that the workplace often contains a system of dominance that subordinates women, a reference to the ‘old boy network,’ and the recognition that the education system and workplace are often places of unequal opportunities for women. These articles all refer to systems of dominance that cause gender inequity. For example, in a commentary about the role of women as leaders in health care, Finn (1997) highlights the history of the medical field and how women were barred from practicing medicine due to their “deficiency in reasoning and weak mental capacities,” which led to the rise of women in roles deemed appropriate for them, such as nursing and dietetics (476). This system of male dominance where men determined the types of roles women could participate in is structural violence against women and has lasting repercussions. The power dynamics that created gendered fields took centuries to create and will likely take centuries to fully dismantle. As Baldwin (1993) points out in their commentary on gender dominance in the workplace, gendered systems of dominance “may be so invisible and insidious that it is difficult to articulate them or to clarify the profound impact they have on professional roles” (25). Structural violence, like many aspects of oppression, is often difficult to see because it exists in the systems rather than in individual people. This makes it important to recognize issues of gender inequity and to name them as structural violence so that it can be understood as a problem and resolved.

In summary, the AND is discussing gender inequity in the field of dietetics, but the lack of recognition of gender inequity as oppressive as well as the use of unclear language hides the true nature of gender inequity. Gender inequity causes the exploitation, marginalization, powerlessness, stereotyping of women, and violence against women that is perpetuated in systems and culture. Just as the use of the word ‘power’ by dietetics discourse has increased

conversation around powerlessness, this could be true of all forms of oppression. Explicit discussion on the oppressive nature of gender inequity in nutrition raises awareness of the problem and makes it less excusable.

Addressing the social problem of gender inequity in the field of dietetics requires increased attention to its causes, consequences, and remedies in dietetics research and discourse. It is imperative to speak frankly about gender inequity, including the ways in which women's unpaid labor in the home privileges men. The field of dietetics would benefit from acknowledging dietitians' lack of value, authority, and influence are simply another name for powerlessness and/or marginalization that may stem from this field's origins in the kitchen as well as the medical field's historical foundation in male dominance. The field of dietetics would benefit from recognizing under compensation as exploitation and treating it with the same rage that exploitation deserves. Dietitians would benefit from increasing the conversation around gender inequity in domestic food work as this issue continues to perpetuate the subordination of women both in the domestic sphere and in the professional sphere. Finally, it is imperative to name oppressive acts in society so that these problems can be recognized and remedied with solutions that address systemic and cultural sources of oppression.

### **Research Question Three: Results and Analysis**

After learning the extent to which and the ways in which *JAND* discusses gender inequity in the field of nutrition, my third research question is: What remedies for gender inequity are enacted and proposed in dietetics discourse?

To answer Research Question Three, I assessed the 81 articles collected to answer Research Question One for recommendations and current practices and then categorized them using Young's framework for oppression as my guide. This reveals the ways that the field of

dietetics is disrupting or contributing to the existence and persistence of the social problem of gender inequity in nutrition. First, I discuss whether recommendations focus on individual versus systemic action and why this is an important distinction, then I review the extent to which recommendations and current practices reproduce oppression, and finally, I discuss the limited number of recommendations that address the root cause of gender inequity in nutrition.

I categorized recommendations according to individual or systemic recommendations to provide a deeper understanding of the extent to which the recommendations provide solutions that address the root cause of the problem. Individual recommendations focus on individual action, whereas systemic recommendations focus on actions that can be taken by a system or an organization. This is an important distinction because issues of oppression have systemic origins, making it imperative that systems bear a significant portion of the responsibility for change. In addition, recommendations that rely on individual action without systemic support tend to reproduce oppression, as this often places responsibility for change on the person or group experiencing oppression. A good illustration of this in the field of nutrition is current nutrition recommendations.

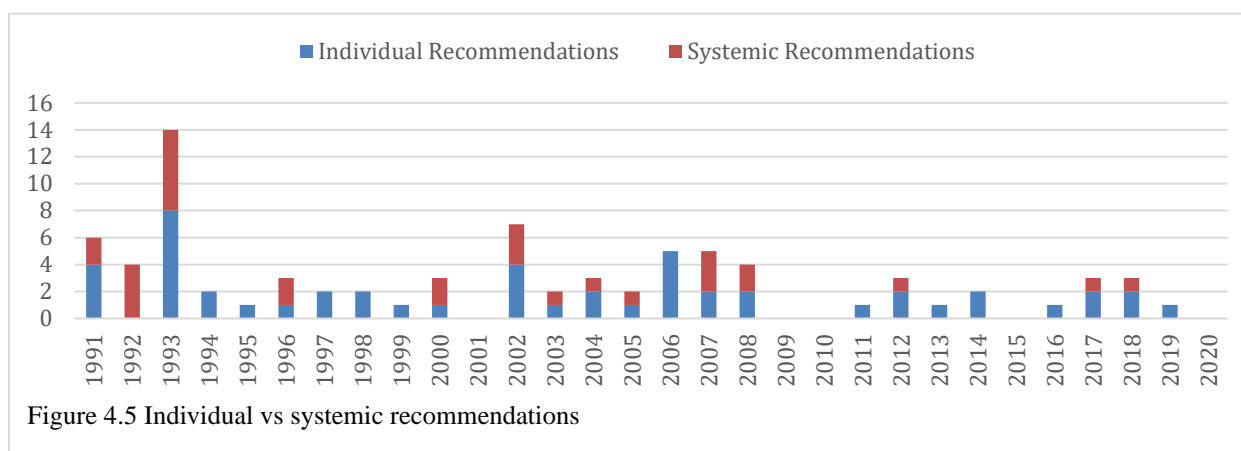
Current nutrition recommendations are a good example for understanding the issue of systemic versus individual solutions. These recommendations advocate taking control of one's health and the food system by cooking more and sometimes by spending more money on high quality, local, and organic foods. While these recommendations are not inherently wrong, they unwittingly place undue burden on individuals, usually women (since they are typically responsible for food work), and distract from recognizing the need for systemic solutions. This advice not only places the problem of American health and food system issues primarily on women, but also due to a lack of systemic support, this advice is often not a solution for many



people, particularly those with fewer resources or time (Bowen et al. 2019, 113). Popular nutrition advice is primarily only feasible for those who are privileged to have adequate time and resources. This advice focuses on individual responsibility rather than addressing systemic issues such as low wages, the lack of governmental policies that support families such as paid parental leave and subsidies for childcare (Bowen et al. 2019, 221), and distracts from the role that the food industry plays in health. Recommendations to address health must first recognize systemic problems, such as the cultural ideologies behind gender inequity in food work, and must address these concerns before responsibility can be fully placed on the individual. Current nutrition recommendations are the equivalent of telling someone to dig a hole without giving them the equipment. Individual action and responsibility are important, but systems must provide necessary support. Recommendations to address gender inequity in nutrition must emphasize systemic solutions, in addition to individual recommendations, to create meaningful change.

Dietetics discourse includes both individually-focused and systemic recommendations but concentrates more heavily on the individual. As Figure 4.5 shows, most recommendations in dietetics discourse focus on individual action (62 percent). Examples of recommendations classified as individual includes the suggestion that women work towards degendering foodwork in their own home. This also includes the work that dietitians as individuals are encouraged to do, such as improving communication, leadership, negotiation, and advocacy skills, volunteering time, and increasing education and scope of practice. Examples of systemic recommendations found in dietetics discourse (38 percent) includes any suggestions geared towards dietitians as a group, people with power such as managers or organizations, the workplace, policy changes, and the AND. Most systemic recommendations were aimed at the AND and included numerous ways that the AND could improve dietitian value, credibility, and power including through the AND's

Leadership Institute. I also want to point out the difference between recommendations made to individual dietitians versus dietitians as a group. Recommendations made to dietitians as a group such as the encouragement to help clients degender domestic food work emphasizes that dietitians can use their position of power (as nutrition experts) to address gender inequity in the home. On the other hand, when responsibility is placed on dietitians to address their own powerlessness within the health system, as I will discuss in more detail later, this places responsibility on the oppressed to address their own oppression. The difference between individual versus systemic recommendations is important to understand although these lines can be blurry.



The distinction between individual versus systemic recommendations is not always straightforward because systemic action is often carried out by individuals. Emphasis on the individual is not inherently oppressive in cases where the action of the individual is imperative to the action of the group. The action of the group; however, is driven by cultural or systemic forces larger than the individual such as expected behavior, policies, laws, cultural norms, or social movements. Cultural or systemic forces can support the action of the individual, whereas if an

individual is asked to oppose norms without this support, this becomes oppressive. For example, Patten and Sauer's (2018) professional practice article on leadership in clinical dietetics recommends that leadership skills should be increasingly taught and integrated into dietetics education curriculum (2022). This is an example of a system (dietetics education) making changes so that the individual (dietitians) can make changes. The system empowers the individual. Overall, both individual and systemic recommendations have decreased over time with nearly half (45 percent) taking place in the 1990's. Given that the overall conversation around gender inequity has decreased over time, as noted in response to Research Question One, this is unsurprising. In the early 1990's, recommendations focused on systemic and individual solutions equally, but over time, recommendations to the individual increased while systemic recommendations decreased. The overall data is too low to speak definitively about a trend, but I think this may be telling of an increasing societal emphasis on individualism over the past three decades.<sup>14</sup>

This emphasis on individualism is reflective of what seems to be an overall tendency in society to suggest solutions without asking deep enough questions to understand the cause of the problem. I found this to be true in the recommendations provided by dietetics discourse to address gender inequity in nutrition. Figure 4.6 provides a visual for whether recommendations address the root causes of oppression or if they contribute to its persistence. As revealed in this

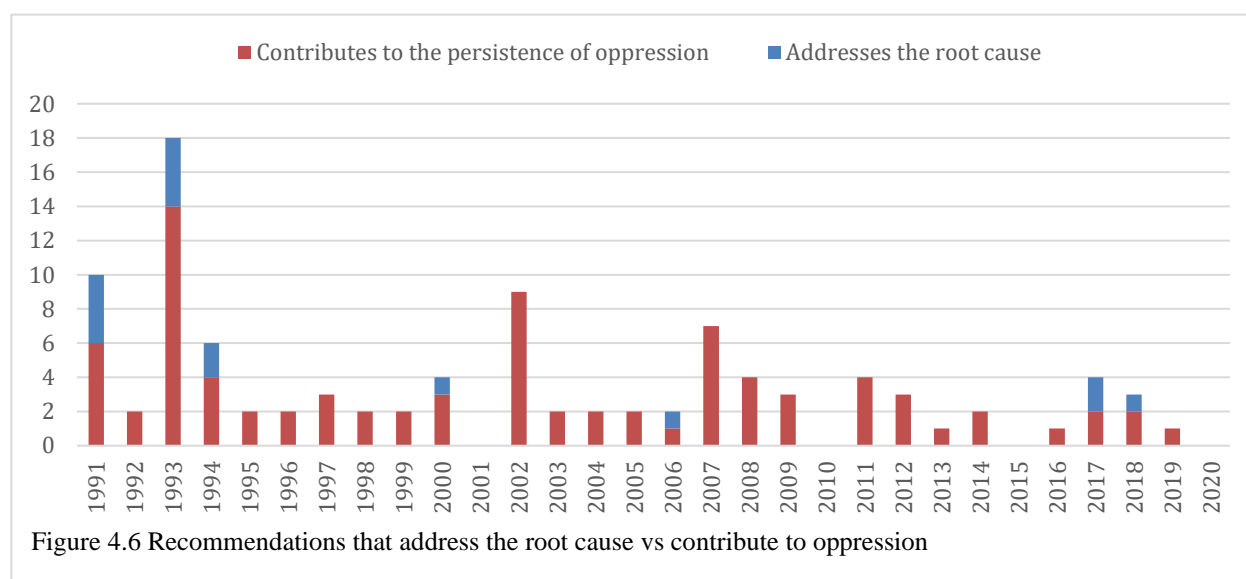
---

<sup>14</sup> This lines up with the ascent of neoliberalism, which emphasizes "individual freedoms" (Moody 2008, 57) often at the expense of the group and promotes an unregulated free market, consumerism and increased personal choices and responsibility. Neoliberalism started in the 1970's, which is a few decades earlier than the time frame this research is studying; however, it picked up steam in the 1980's and 1990's (Wikipedia 2021). During the time frame of this research (1991-2020), neoliberalism was fully embraced by both Democrat and Republican policy-makers (Wikipedia 2021) and has become a societal norm. The increased emphasis on individualism that I note in the research is likely related to this.

figure, most recommendations reproduce oppression rather than eradicate it. Only 15 percent of the total solutions recommended to remedy gender inequity address the root cause of the oppression. These recommendations include the promotion of degendered food work, shared power by those in power, increased value of care work in the workplace, and future research on power dynamics between genders.

The other 85 percent of recommendations contribute to the persistence of oppression by failing to address it and/or reproducing it. For example, an article referenced earlier recommends using a nutrition education program that focuses on both the basics of nutrition and personal empowerment as a tool to develop self-efficacy in the poor (Rusness 1993, 79). This is an admirable goal for a nutrition education program, but it neglects to address the systemic factors that create the conditions of powerlessness for those in poverty in the first place. While personal empowerment is important and should be a part of nutrition education programs, this is still an attempt to fix a systemic issue stemming from income and/or gender inequity through individual empowerment. A more recent example is Boyce's (2014) "Business of Dietetics" article that recommends increasing the value of dietitians through improving their leadership skills to advocate for their role in lowering health care costs by reducing malnutrition and chronic disease and taking on more work that physicians typically do such as prescribing diets (688) although there is no clearly defined explanation of why or how dietitian's leadership skills would lead to this. They claim that leadership skills such as the ability to engage and motivate people can be improved through webinars, books, articles, and conferences (Boyce 2014, 691). While these are not inherently invalid recommendations, they distract from the core issue. If dietetics is not valued, then the question of "why is dietetics not valued?" must be asked before recommendations can be made to increase it. In addition, telling dietitians to improve their

leadership skills ultimately places the onus for addressing the problem on the individual who is being oppressed rather than the systemic or cultural cause of the problem. This is the equivalent of telling the powerless to get more power or telling someone who is malnourished, as a result of poverty, to eat more. The underlying problems that create conditions of powerlessness or malnutrition must be addressed. The lack of recommendations that address the root cause of gender inequity in dietetics discourse creates a situation where the problems shape-shift and are rarely addressed in a way that tackles the systemic and cultural sources of oppression.



As noted earlier, most of the recommendations to solve the social problem of gender inequity contribute to the persistence of oppression. The ways in which they do this include: lack of meaningful recommendations, placing responsibility on those who are oppressed, reproducing oppression, addressing the symptom rather than cause of the problem, amplifying oppression, and addressing root causes but creating other problems (Table 4.3). While the lines around some of these categories intersect and some of these solutions may fit in more than one, as discussed

earlier, the purpose of categories is to provide insight into the problem. As discussed in Chapter Two, oppression is often unintentional, and this is also the case in dietetics discourse. Solutions often have unintended consequences and must be thought through carefully to mitigate additional challenges that could be created by implementing the solutions.

Table 4.3 Recommendations that contribute to the persistence of oppression

Description	% of Uses
<p>No meaningful recommendations</p> <ul style="list-style-type: none"> <li>• Includes both a lack of recommendations or a vague recommendation such as the idea that people in power should keep gender inequity in mind, the recommendation to ‘raise awareness’ or ‘do more research’ (without giving specifics about what) or the recommendation for the ADA to provide resources, promote dietitians and increase their influence (without specifics)</li> <li>• Sometimes no meaningful recommendation were included because power is discussed as something that has been accomplished by RD’s or because gender inequity in food work is normalized and not seen as a problem.</li> </ul>	28%
<p>The solution places responsibility for change on the oppressed and emphasizes a ‘pull yourself up by your bootstraps’ mentality.<sup>1</sup> This focuses on individual responsibility and allows systems to be unaffected.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• Increase advocacy skills to get a raise in a field that is undercompensated.</li> <li>• RD is responsible to improve communication skills with MD to improve image and value.</li> <li>• Work hard, do more, develop self-confidence and leadership/advocacy/negotiation skills, increase education, improve emotional intelligence, develop a personal brand, constantly self-promote, and become more assertive in the face of oppression.</li> <li>• Encourage individual dietitians to increase involvement in public policy and government health initiatives as a means of addressing powerlessness. This may increase power, but places responsibility on the oppressed.</li> <li>• Become a manager, seek mentorship.</li> <li>• Develop strategies for engaging others in food work.</li> <li>• Demonstrate value through clinical based outcomes, patient satisfaction and cost savings.</li> <li>• Educate oneself on and develop skills to manage bullies.</li> <li>• Complete continuing education to maintain role as expert.</li> </ul>	34%
<p>The solution (re)produces oppression:</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• Increase unpaid labor (aka volunteer time); this uses exploitation to address issues of oppression.</li> <li>• Ask for additional work responsibilities to support a request for a raise in an undercompensated field (this addresses exploitation with exploitation).</li> </ul>	13%

Description	% of Uses
<ul style="list-style-type: none"> <li>• Maintain a positive attitude when asking for a raise (this addresses exploitation by contributing to cultural imperialism and cultural violence by having women maintain expected feminine traits so that they do not offend)</li> <li>• Telling RD's to be flexible when faced with lack of respect/authority (using powerlessness to address powerlessness)</li> </ul>	

The solution deals with the symptoms rather than the cause:<sup>1</sup>

*Examples:*

- |  |     |
|--|-----|
| <ul style="list-style-type: none"> <li>• Use safe convenience foods when women do not have enough time to cook or job sharing when women's responsibilities in the home do not allow for full-time work.</li> <li>• Address gendered global health and malnutrition issues, but not the underlying issue that men are being valued more than women, which causes the health issues in the first place.</li> <li>• Use evidence-based tools provided by ADA as means to show the value of RDs without addressing why the field of dietetics is not valued.</li> <li>• Dietitians should provide recommendations based in vetted research to show credibility and should focus primarily on the nutritional gatekeeper to change nutrition behaviors.</li> <li>• Increase connections with other organizations to improve dietitian visibility.</li> </ul> | 13% |
|--|-----|

Joining forces with the oppressor. This addresses oppression with an 'if you can't beat them, join them' ideology.

*Examples:*

- |   |    |
|---|----|
| <ul style="list-style-type: none"> <li>• RD's can increase their power by increasing their billing for services such as malnutrition or gaining diet order writing privileges. This focuses on gaining power through monetary or legislative power.</li> <li>• Increase male participation in the field of dietetics as a means for increasing credibility and increasing male participation in domestic food work.</li> <li>• Use of so-called masculine traits to get ahead.</li> </ul> | 8% |
|---|----|

Recommendations that simultaneously address the root cause of oppression but also contribute to oppression in another category:

*Examples:*

- |   |    |
|---|----|
| <ul style="list-style-type: none"> <li>• A nutrition education program was used as a tool to empower people living in poverty. This created individual solutions without addressing systemic issues that contribute to poverty in the first place.</li> <li>• ADA could create an innovative work model for women. This addresses the need for a different work system but does not acknowledge the unpaid care labor that creates the need.</li> <li>• Dietitians can address powerlessness by speaking more assertively; however, it was recommended to do this in a pleasant/nonconfrontational way. This addresses powerlessness but creates cultural imperialism where women are encouraged to use gendered traits to make themselves more palatable.</li> </ul> | 4% |
|---|----|

<sup>1</sup>There is some crossover between these categories as the promotion of value of the RD in the field of dietetics not only falls on the individual, but also addresses the symptom rather than the cause. Both distract from addressing the true issue of why the field of dietetics is not valued in the first place. I did my best to categorize as I thought best suited each recommendation. No recommendation was counted twice.

*Note:* RD = Registered Dietitian

Twenty-eight percent of the recommendations to address gender inequity did not include a useful recommendation to address the problem. This includes both a total lack of recommendations as well as vague recommendations such as the importance of ‘doing more research’ without specifying what the research should be about or the recommendation that the AND provide resources, promote dietitians, and increase their influence without giving specifics. While general and vague recommendations may sound good if couched in fancy language, they are just as useless as no recommendations at all, if not more so because they distract from developing recommendations that address the systemic or cultural origins of oppression. This is likely a reflection of, as discussed earlier, societal tendency to provide recommendations without pausing to consider whether the recommendations address the root cause. I also want to note that sometimes no meaningful recommendations were included in an article because power was discussed as something that has already been accomplished by dietitians or because gender inequity is normalized and not seen as a problem. When a problem is introduced without a solution, this leaves the reader with a sense that resolution is either unattainable or not worthy of warranting a recommendation for change.

Most of the recommendations (35 percent) that I identified in dietetics discourse to address gender inequity in nutrition placed responsibility on the oppressed to take control of their oppressive situation and utilized a ‘pull yourself up by your bootstraps’ ideology.<sup>15</sup> This is the

---

<sup>15</sup> I want to note that there is some crossover between two of these categories – ‘placing responsibility on the oppressed’ and ‘dealing with the symptoms rather than the cause.’ For example, the promotion of dietitian value in the field of dietetics not only falls on the individual, but also addresses the symptom rather than the cause. Both distract from addressing the true issue of why the field of dietetics is not valued in the first place. I did my best to categorize as I thought best and no recommendation was counted twice.



idea that individual hard work will solve most problems. It places an emphasis on the oppressed rather than focusing on the oppressor or on systems that need to change. For example, I found numerous recommendations made to dietitians for improving their powerlessness. This includes encouragement for dietitians to refine their communication skills with doctors, to work on their leadership, advocacy and negotiation skills, to further their education, to work hard, do more, and advocate for themselves, and to constantly self-promote and demonstrate their value. The list is endless and exhausting. These recommendations do not address the root cause, but instead promote the idea that the individual hard work of a dietitian will eradicate the problem. It also gives the impression that the problem lies with the individual and persists because an individual is not working hard enough or doing the right things. These recommendations emphasize individual responsibility and distract from the root cause of gender inequity in nutrition.

I found that some recommendations not only distract from the root cause of the problem, but they also actively reproduce oppression. This happens when the solution does not address any area of oppression and creates a new or similar problem. I found that 13 percent of the recommendations fit this category. For example, dietitians are often encouraged to increase their value and credibility (aka improve their powerlessness) by volunteering their time with professional or local organizations and helping other health care professionals with projects.<sup>16</sup> Volunteering time is an admirable activity, but it should not be in response to the need to increase power. This contributes to the problem by creating a potentially exploitative situation. Another example is Kornblum's "For Your Information" article about how dietitians can negotiate a higher salary. The author recommends that dietitians address low wages

---

<sup>16</sup> And/or improve marginalization.

(exploitation) by maintaining a positive attitude while asking for a raise (Kornblum 1993, 144). This recommendation contributes to cultural imperialism through upholding the stereotype that a good woman is pleasant and happy. It also contributes to cultural violence through maintaining societal expectations that a woman would try not to offend someone in her request for higher wages (even in an exploitative situation). Solutions that reproduce oppression entrench the problem of gender inequity in nutrition.

Recommendations that address the symptom rather than the root cause also embed gender inequity in nutrition. When solutions address the symptoms, the problem may be taken care of briefly, but it will always crop up elsewhere. This creates a problematic whack-a-mole situation where as soon as one problem is addressed, another crops up. Thirteen percent of the recommendations I found in dietetics discourse addressed the symptom rather than the cause. For example, Quest's (1992) article on household economics encourages the use of convenience foods as a solution when women have less time to cook (981).<sup>17</sup> Similarly, in Visocan et al.'s (1993) "Perspectives in Practice" article on job-sharing for clinical nutrition managers, the authors promote job-sharing as a solution for women trying to balance career and family workloads (1141). The need for convenience foods or job-sharing stems from the exploitation of women in unpaid domestic labor, but rather than addressing the exploitative practice, the recommendations create coping mechanisms to deal with the symptoms of the problem. In another example, Schneider (1996) recognizes the importance of addressing women's health issues and malnutrition in their "For Your Information" article reviewing a recent attendance to a world health conference (556). However, the author neglects to acknowledge that many of these

---

<sup>17</sup> Article type unknown.

health problems stem from the fact that men are more valued than women in numerous countries. While symptoms must be dealt with, it is always best to address the source of the problem so that symptoms subside long term.

Another recurring category of recommendations to address gender inequity that I identified in the literature as contributing to the persistence of oppression was an ‘if you can’t beat them, join them’ philosophy. This philosophy encourages becoming like the oppressor to address the problem. Eight percent of the recommendations fit into this category. An example of this is Whaley and Hosig’s (2000) recommendation to increase male representation in dietetics to increase credibility [power] and wages [decrease exploitation] in their research article on male perspectives of the dietetic profession (1537). Increasing male representation in dietetics is not inherently bad, but the root problem of female powerlessness is not addressed with this solution and may even be exacerbated. This recommendation contributes to female powerlessness because the suggestion to increase men in dietetics to increase dietitian power essentially states that female dietitians are not credible on their own nor worthy of adequate wages. It emphasizes that to obtain power and adequate wages, women are dependent on men. This perpetuates gender inequity and highlights male power rather than female empowerment. Another example is the idea that to augment power in the field of dietetics, reimbursement must be increased (Monsen 1993, 392). This feeds into a ‘money = power’ mentality. While increasing reimbursement for dietitians is not a terrible goal, it does not address the root cause, which is the lack of importance placed on food work even though health hinges on nutrition. These recommendations contribute to the persistence of the problem rather than providing an alternative such as sharing male power with women, or recognizing the value of care work, nutrition, and aspects of life that cannot be monetized.

The final category I identified among solutions that contribute to the persistence of gender inequity was the recognition that some recommendations provide suggestions that address the root cause of oppression, but also contribute to oppression in another area. This is similar to the previously discussed category of solutions that reproduce oppression, but different in that these solutions simultaneously address the root cause while contributing to oppression in a different way. These solutions can be helpful, but are woefully incomplete. Four percent of the recommendations in dietetics discourse fit into this category. This is a small number of articles, but I find it important to acknowledge this phenomenon because it is imperative to keep in mind that even meaningful solutions can have unintended consequences. For example, Visocan et al.'s earlier discussed article recommends that the ADA create a model innovative work system to benefit women in response to unpaid labor in the home (Visocan et al. 1993, 1141). This additional burden of unpaid labor placed primarily on women is exploitation. While the innovative work system addresses cultural imperialism (workplaces that are oriented around men), it circumvents the exploitative practice that is at the root of the problem. The solution needs to encourage degendered unpaid domestic labor, including food work, to eliminate the exploitation of women in the home and should encourage cultural change around work/life balance and expectations for men and women. An alternative solution could include job sharing for men as well as women to help both genders balance care work and paid work. Recommendations that address oppression while reproducing it in another area can be a good starting point for meaningful solutions although they need to be approached with a critical eye to tackle every aspect of the oppressive behavior.

All six of the categories discussed in Table 4.3 reveal that recommendations to address the problem can sometimes make it worse. Solutions can contribute to the original problem, miss

the mark, or even reproduce oppression in a different way. It is imperative that recommendations that tackle the systemic and cultural root causes of oppression are developed to address gender inequity in nutrition so that this social problem can be eradicated.

While analyzing *JAND* for recommendations to address gender inequity in nutrition, I also found several current practices that the AND claims are addressing this social problem. Table 4.4 reviews current practices that address oppression in the field of dietetics and notes whether they tackle the root cause or if they reproduce oppression. All the current practices noted are being done by the AND and primarily focus on increasing value, leadership skills, recognition, respectability, visibility, power, and the professional status of dietitians. Some of the current practices mentioned, such as the Leadership Institute, do not provide enough detail to understand the extent to which the root issue is being addressed. Most of the current practices address the symptom (lack of respect and value of dietitians) without pausing long enough to consider why dietitians are constantly struggling for recognition. It is apparent that the AND is working hard to promote dietitians, but the AND does not seem to recognize that they are fighting against systemic exploitative practices against women that cannot be eradicated simply by telling dietitians to increase their value.

Table 4.4 Review of current practices

Current practices of AND:	Does this address the root cause?	Comments:
Working on increasing money and recognition	Unable to determine.	No mention of how increasing money/recognition is being done.
Leadership Institute	Unable to determine.	No mention of details. This could be a means of addressing the root issue depending on whether the root cause is discussed, how leadership skills are taught, and how so-called masculine/feminine traits are addressed.
Policy on defining licensure was passed	Does not address the root cause.	Increases power by increasing recognition.

Current practices of AND:	Does this address the root cause?	Comments:
Provides toolkit of resources such as Evidence Analysis Library, Nutrition Care Process, evidence-based positions, and practices groups	Does not address the root cause.	Purpose is to provide evidenced-based information as basis for reimbursement, thereby increasing value of RDs although does not address the reason why dietetics is constantly struggling to be valued.
Making connections with organizations through Corporate Relations Sponsorship Program and Aspen		
Changed branding to be more cohesive and provides branding resources for RDs	Does not address the root cause.	Goal is to increase power by increasing visibility and ultimately respectability and power but does not address why the field is not valued or respected.
Changed mission/vision statement to focus externally to increase brand recognition		
ADA offers info and resources on payment services, webinars on reimbursement and articles promoting RD value		
Provides FNCE as best possible option for continuing education	Does not address the root cause.	To help maintain RD status as expert (no mention of why this is so tenuous).
<i>Note:</i> RD = Registered Dietitian		

Although most of the recommendations and current practices that I found in my research on *JAND* articles reproduced oppression, I did find some recommendations that addressed the systemic and cultural root cause of exploitation, powerlessness, cultural imperialism, and some aspects of violence as related to gender inequity in nutrition (Table 4.5).<sup>18</sup> There were 15 recommendations that tackled the systemic and cultural cause of oppression out of a total 101

---

<sup>18</sup> Marginalization could also be included.

recommendations over the past thirty years. These recommendations were from 9 different articles, nearly half (44 percent) of which were research articles. Of these, 5 of the articles were from the 1990's and the other 4 spanned 2000-2018. Despite the low number of recommendations that address the root cause of gender inequity in nutrition, I find it hopeful that they exist, given that gender inequity is rarely or obliquely discussed in *JAND* dietetics discourse as reviewed in the results for Research Question One. Gender inequity is frequently mentioned in a way that hides its oppressive nature, yet there are recommendations in *JAND* that directly addresses gender inequity in the field of nutrition. If recommendations that address the cultural or systemic origins of this social problem occasionally arise out of a hidden discussion, imagine how powerful it could be if dietetics discourse started having explicit conversations about gender inequity and the resulting oppression.

Table 4.5 Recommendations that address the root cause of gender inequity

---

To address exploitation:

- Increase gender equity in food work and nutrition responsibility in the domestic sphere.
- Dietitians can encourage male involvement in food work.
- ADA should lobby for governmental policies that support care work.
- Managers can use their power to increase RD salaries.

To address powerlessness:

- Managers should share power to empower employees.
- Dietitians should educate themselves about systems of gendered dominance.
- Foster a relationship of equality based on mutual humanity and recognition that all people have skills/knowledge to share in the workplace.
- Encourage those in power to listen and seek to understand.
- Management and organizational structure as a means for increasing power for RD's.
- Incorporate nutrition curriculum taught by dietitians into medical school.
- Future research on how power/subordination dynamics impact family decision-making on food and the role that gender roles, patterns of dominance, communication styles, and family/household structure have on family dietary patterns.

To address cultural imperialism:<sup>1</sup>

---

- Health educators need to involve fathers in nutrition interventions for children and promote shared parenting food practices.
- Increase father's participation in nutrition education; more research to better understand both parents view of the home environment, increase understanding of parenting behaviors with the goal of finding new ways to increase parental involvement in healthy behaviors in the home.
- Nutrition education literature should depict degendered food roles.
- Dietitians should avoid assuming gendered roles in food work.
- ADA can promote and model innovative workplace systems that benefit those participating in care work.

To address violence:

- Cultural violence: the normalization of gendered food work is addressed through the promotion of degendered food roles as discussed above.
- Direct / Structural violence: not addressed in a meaningful way.

---

<sup>1</sup> Recommendations that address domestic food work could be classified under either cultural imperialism or cultural violence.

*Note:* Many of these recommendations could also be classified as addressing marginalization. RD = Registered Dietitian.

I found several recommendations that address exploitation in female unpaid and paid labor. For example, in Hill's previously discussed article about women's changing work roles and how this affects the field of dietetics, there are two recommendations for unpaid female care work. To address this exploitation, dietitians should encourage men to get involved in food work and the ADA can lobby for government policy to support "parental leave...pay equity, tax credits for homemakers...[and policies to support] elder care" (Hill 1991). Both recommendations would result in support for care work and would share the burden between men, women, and the government. Another good example of this is Kornblum's (1993) previously discussed article that recommends that managers use their power to increase dietitian salaries to address low wages (143-144). This is an example of how people with power in the system can use their power to acknowledge and remedy the problem of undercompensated dietitians. These recommendations address the root cause of the problem even though exploitation is not explicitly mentioned.



It is not surprising that the problem of powerlessness has the highest number of meaningful recommendations given that it is the most frequently discussed and the *only* explicitly discussed facet of oppression in dietetics discourse. Powerlessness is addressed in several ways, primarily in the professional sphere. A recent example is an AND position paper, published in 2017, that encourages nutrition education as a part of medical education. To increase dietitian value (aka power), the AND position paper recommends the incorporation of nutrition curriculum taught by dietitians into medical schools (“Position of the Academy” 2017, 1104). This could increase dietitian power through normalizing the idea that dietitians are nutrition experts and doctors have much to learn from them about nutrition. This article encourages dietitians to participate in teaching doctors about nutrition through both paid and unpaid labor; however, the key to addressing the root cause without contributing to exploitation is that this labor must be adequately *paid*. As discussed earlier in the results for Research Question Two, encouraging unpaid labor to address oppression reproduces exploitation. An older example from Baldwin’s (1993) previously discussed commentary on the impact of gender dominance on dietitians in the workplace recommends that dietitians educate themselves about the issues of systemic gender dominance (26). This could be a starting point for promoting change although it is also important to avoid getting stuck in a cycle of endless self-education without action. Another excellent example is from Arredondo et al.’s (2006) research article assessing how shared decision-making in Hispanic households impact Hispanic women’s food practices. They conclude with the recommendation that research should be done to better understand how power/subordination dynamics impact family decision-making on food and more research should be done to better understand the impact that gender roles, patterns of dominance, communication styles, and family/household structure have on family dietary

patterns (Arredondo et al. 2006, 44). This research would be helpful for increasing awareness of the power dynamics behind gender inequity in domestic food work and would be key to providing insight for how to address powerlessness and exploitation in the home. Each of these recommendations would be a great place to start in addressing powerlessness.

Several articles pointed out the role that management can have in addressing powerlessness through their use of power for the good of the group. This is similar to the earlier recommendation that managers use their power to address exploitation. Baldwin (1993) recommends that managers share power to empower their employees and encourages those in power to listen and seek to understand those with less power (26). This is an example of those with power recognizing that power is not limited and can be useful when shared. Like Baldwin's recommendation, Covey (1994), points out in an interview with the AND that teams operating within a hierarchy should foster a relationship of equality in the workplace based on mutual humanity and the recognition that all people have skills and knowledge to share regardless of position (385). It is important for those with more power, such as a physician, to listen and seek to understand those who have less power (Covey 1994, 385). This is another example of shared power. As Mislavy et al. (2000) points out, those with power, such as management, can "take an assertive role in gaining greater access to sources of power [for dietitians]" (1042). This is an example of using power to increase power. It is key that those in power participate in solutions to address powerlessness. As discussed in Chapter Two, Brené Brown emphasizes that the use of power is significant and points out that "daring and transformative leaders share power with, empower people to, and inspire people to develop power within" (Brown 2019). When those in management share power, they reduce powerlessness and produce meaningful solutions.

Cultural imperialism was not mentioned explicitly in dietetics discourse nor was it mentioned frequently (even implicitly), yet numerous solutions were provided to address the stereotype that women are primarily in charge of domestic food work. Dietitians can encourage male participation in nutrition education for the family (Baldwin 1993, 26; Lora et al. 2017, 920; Zhang et al. 2018, 2078) and promote shared parenting food practices (Zhang et al. 2018, 2078). Increased male participation in food work can be facilitated through dietitians' intentional avoidance of reproducing the stereotype of women as the primary food preparer. Dietitians should avoid assuming gendered roles in their work with patients (Baldwin 1993, 26) and should provide nutrition literature that shows food work as degendered (Baldwin 1993, 26; Hill 1991). Dietitians can play a key role in dismantling cultural imperialism in domestic food work and can help destroy the stereotype of food work as a woman's job. This also addresses aspects of cultural violence.

There were a limited number of recommendations that address violence; however, the recommendations that address cultural imperialism can also resolve aspects of cultural violence. As discussed in the results for Research Question Two, cultural violence and cultural imperialism are similar when it comes to gendered food work because the normalization of the idea that women are to serve men through food is similar to the stereotype that women are in charge of domestic food work. I chose to classify the recommendations as cultural imperialism but recognize that any recommendation related to gendered food work could also dismantle cultural violence. This is the only aspect of violence that I found recommendations for in the literature.

The intersection of gender inequity and nutrition with violence is rarely acknowledged in dietetics discourse making the lack of meaningful recommendations unsurprising. I did not find

articles on direct violence connected to the social problem so it is not remarkable that no recommendations were found to address it. While I did find a few examples of implicit structural violence in dietetics discourse, I do not find it surprising that there were no meaningful recommendations to address it. This is because structural violence seems to be the most hidden form of oppression in gender inequity, which makes it the most difficult to address. It is important to start discussing these different aspects of violence as a problem in gender inequity in nutrition so that solutions can be developed.

In summary, gender inequity in nutrition is a deeply entrenched societal problem and solutions that address its oppressive nature are difficult to generate. Current practices tend to focus on the symptoms rather than the root cause, and most solutions discussed in dietetics discourse contribute to the persistence of the problem and overemphasize individual action. It is important to be aware that solutions can easily reproduce oppression or address the symptoms of the problem rather than the root cause. When attempting to provide solutions to address gender inequity in nutrition, it is beneficial to dig deeply for the root cause of a problem and to assess for systemic or cultural origins to ensure recommendations that eradicate the problem. While most recommendations being offered by dietetics discourse have come from the 1990's, they are still relevant in addressing gender inequity in nutrition today. These solutions are a good place to start.

### **Contribution**

This research addressed the social problem of gender inequity in the field of nutrition by asking about the ways in which dietetics discourse addresses it so that the field of dietetics can create an empowered female field and can work towards dismantling gender inequity.

The first step towards increasing gender equity in the food system is to talk about it. If this social problem is not being discussed, then it cannot be addressed in a meaningful way. Not only is gender inequity in nutrition a form of oppression, but it also intersects with and contributes to other forms of oppression. If gender inequity is not understood as oppressive but instead as something that exists without negative consequences, then it is easy to avoid doing anything about gender inequity even when acknowledging its existence. After recognizing gender inequity in nutrition as oppressive, it is imperative to generate meaningful solutions that address it without reproducing oppression or distracting from the root cause of the problem. My analysis provides insight into the extent to which dietetics discourse is acknowledging this social problem and in what ways. This work reveals how gender inequity in nutrition is framed by dietetics discourse, sheds light into the harm caused by gender inequity, and discusses the extent to which dietetics discourse acknowledges that harm. My research clarifies whether recommendations and current practices promoted by dietetics discourse address the root cause of gender inequity or if these recommendations/current practices reproduce oppression.

The field of dietetics could become a profession that empowers women in the domestic and professional sphere through individual action and systemic solutions. Dietitians could be a key part of the individual action that is necessary for social justice and social change in the food system. Dietitians could actively participate in social justice through their daily work with patients by promoting food work as degendered and developing nutrition literature that depicts food work as degendered. As mentioned in the recommendations section under Research Question Three, dietitians could involve both fathers and mothers in nutrition education for their family and in cooking classes. Dietitians could use literature and patient handouts that promote both men and women in the kitchen through pictures and degendered language. Dietitians can

advocate for and help produce research that assesses gendered power dynamics in the home to provide increased understanding of this dynamic and how it impacts food choices and the desire to cook. Dietitians work closely with the domestic sphere of nutrition through their work with patients and they could help dismantle gender inequity in this sphere. Dietitians can also participate in undoing gender inequity in nutrition in the professional sphere although there are numerous systemic aspects that must be addressed first.

The AND sets the tone for the field of dietetics and could play a crucial systemic role in social justice and social change in the food system. They could work towards dismantling gender inequity in nutrition in both the domestic and professional sphere in numerous ways. First, the AND could advocate for the empowerment of degendered leadership to address gender inequity in the professional sphere through their Leadership Institute, articles published in *JAND*, and continuing education offered to dietitians. They could promote the use of traditionally feminine leadership traits in both men and women that tend to be devalued such the ability to nurture, provide empathy, and share power. They could support the use of traditionally masculine leadership traits in women that are often criticized such as the willingness be direct, assertive and take charge. Second, the AND could advocate for increasing the societal value of unpaid domestic labor for all genders in several ways. They could endorse governmental policies that support this vital work such as paid parental leave, subsidized childcare, and universal child or family allowances. They could promote professional environments that recognize the necessity of domestic unpaid labor by providing well-paid, benefitted flexible schedules, work-from-home options, and job-sharing for men and women. Third, the AND could participate in increasing the visibility of gender inequity in nutrition and the need for solutions by providing education through *JAND* articles and continuing education to dietitians who can then share knowledge with

their clients. They can demand that dietetics discourse and college level nutrition education curriculum discuss this social problem with the goal of raising awareness, increasing research, developing meaningful solutions, and changing culture. Finally, the AND could sponsor research that evaluates the pay structure of other health care professionals, who are equivalent to dietitians in education and responsibility, to provide baseline recommendations for compensation for dietitians to address under compensation. They could advocate for and support shared power in management. They could take the lead in better understanding how the gendered origins of health care impact gendered fields such as dietetics and nursing, and how societal value of money and power overshadows other valuable aspects of life and work such as emotional labor and food work. The AND could be instrumental in setting systemic action into motion, which would then support the individual work of dietitians.

My research contributes to this end goal of social justice and social change in the food system in several ways. I discuss the origins of gender inequity in nutrition and the impact it has both in the domestic and professional sphere. I ask questions that provide insight into the ways in which dietetics discourse addresses this social problem and understands it as oppressive. These questions dig deeper into the extent to which the recommendations from dietetics discourse address gender inequity or if they reproduce the problem. Ultimately, my research concludes with highlighting a path forward so that the field of dietetics can participate in advancing social justice and social change in the food system.

### **Summary**

Dietetics discourse is discussing gender inequity in the field of nutrition in a minor way that has steadily decreased over the past thirty years. The focus is mostly on the professional sphere, which leaves gender inequity in domestic food work nearly out of the conversation. The

discussion on gender inequity is primarily implied except for the discussion on power, making this the most visible problem. Dietetics discourse frames gender inequity as primarily an issue of the lack of power for dietitians, although this discussion is made more palatable by using words such as ‘value’ and ‘influence,’ which hides the true nature of the problem. Lack of recognition of gender inequity as a problem leads many recommendations to reproduce oppression rather than address the root cause. This is not surprising. If dietetics discourse does not talk about the problem in plain terms, then the recommendations easily miss the mark. There were several significant recommendations in *JAND* articles for addressing gender inequity in the field of nutrition, and these would be an excellent place to start – both to elevate the conversation and to begin solving the problem.



## Chapter Five

### Conclusion

This research helps address the social problem of gender inequity in nutrition by uncovering the ways that dietetics discourse acknowledges gender inequity in the field. To address this issue, it is imperative to have meaningful conversations and to expand on current research to better understand the problem. Gender inequity in nutrition must be discussed in a way that recognizes its oppressive nature and how it is detrimental to both men and women. This research analyzes how dietetics discourse approaches gender inequity in nutrition to better understand whether there are any gaps.

Dietetics discourse addresses gender inequity in a small part of the conversation primarily using implicit language, which hides the true nature of the problem and leads to solutions that often reproduce oppression. On the rare occasion that this social problem is acknowledged in dietetics discourse, it primarily focuses on the professional sphere and almost entirely neglects gender inequity in the domestic sphere. Few research articles discuss gender inequity in nutrition making this a glaring gap in the *JAND's* overt focus on providing research that enables dietitians to excel in their work. The use of implicit language to discuss gender inequity obscures the gravity of the issue. For example, examining dietitians' struggle with lack of influence and respect as a problem of individual dietitians, rather than bringing attention to the systems of male dominance that cause these conditions, distracts from meaningful solutions and leaves dietitians in an endless (and often fruitless) individual struggle for recognition. Identifying systemic and cultural problems at the root of an issue helps develop meaningful solutions. Most of the solutions provided by dietetics discourse reproduce oppression by emphasizing individual action and providing recommendations that do not address the root cause of the problem. This

entrenches gender inequity in systems rather than working to eradicate it. Now that it is established that discussion on gender inequity in the field of nutrition is woefully inadequate and couched in palatable, implied language, there is much work to be done, particularly by the AND.

These findings suggest that the AND could play a pivotal role in addressing gender inequity in the field of nutrition in several ways. First, it is imperative that the AND recognize that the dietitian's struggle in the medical field to be valued, seen as an authority, and compensated fairly stems from gender inequity in the medical system and a lack of value placed on food work. It must be addressed as such by the AND. Second, the AND could support an increase in societal value of care work by endorsing policies and government programs that provide monetary support for care work. They could encourage workplaces that promote work-life balance in recognition of the necessity of care work. Third, the AND could advocate for degendered leadership traits in the workplace and provide education for dietitians to support them in addressing gender inequity in the domestic and professional sphere. And finally, the AND could play a vital role in increasing awareness of gender inequity in nutrition through publishing and promoting research on this problem. More research is needed to improve understanding of the power dynamics at play in domestic food work and how this impacts food choices and, ultimately, an individual's health. Additional research is needed to understand the power dynamics at work in the medical field and the ways this affects the credibility of the field of dietetics. Increased research on these topics could help produce a variety of recommendations to address gender inequity in nutrition. This is important because eradicating this problem will take numerous approaches, including the work of dietitians to promote degendered food work.

Dietitians must intentionally promote degendered food work through their efforts with patients and in the literature they provide. It is important that dietitians are aware of how food

work is deep-seated in female identity and how a patient's lack of desire to cook may stem from the power dynamics present in this role. For example, as a dietitian, many of my female patients manage their household's food work, but they have a hard making nutrition changes because even though their spouse is supportive of their efforts, their spouse prefers unhealthy foods, and the patient feels unspoken pressure to cooking according to male preference. This stems from male dominance in the home and it would benefit dietitians to have the resources to navigate this. Dietitians must further educate themselves about this gendered role so that they can better address it and promote degendered food work.

Women continue to disproportionately carry the burden of domestic food work and promoting enduring change requires a cultural change towards viewing domestic food work as degendered. Society must recognize that all humans regardless of gender have a responsibility to nourish themselves and that there is immense value in all genders caring for themselves and others through food provision. Gendered responsibility with food work is absurd given that all humans require sustenance through food. Every person needs to eat to live. Placing responsibility on only half the population for a task so fundamental to human existence is like telling half the population they do not need to breath on their own. If all humans took responsibility of food work, this would give women more time to do the work that matters to them just as men have this freedom, and this could help level the power dynamics between genders. This change in power dynamics in the kitchen may improve all people's ability to take control of their health because the current perception of food work as an undervalued task may be causing both men and women to despise cooking. Cooking allows people to take control of their health, and societal promotion of food work as a degendered task may increase people's desire to spend time in the kitchen. Food work as a degendered task may also improve health because more people in

the household would feel capable of making food, which could potentially decrease societal reliance on fast food and convenience foods. A societal shift in understanding food work as valuable to all humans, similar to how it is understood that exercise is important for one's health, would allow for differences in individuals in the desire and ability to cook without it being a reflection on female worth. This societal change would relieve women of fear from violence in any form including ridicule, verbal abuse, or physical abuse from men for food work that makes men unhappy. Degendered food work would be an important step towards dismantling the system of oppression created by gender inequity in the field of nutrition. Men, women, and the field of dietetics would benefit from a societal change in recognizing the value of all people participating in food work. Degendered food work could help improve the societal power dynamics between men and women and ultimately, increase social justice.

This research contributes to social justice and social change by unveiling that dietitians and the AND could be a key part of dismantling gender inequity in the home and workplace and by providing meaningful recommendations as a place to start in addressing gender inequity in nutrition. The field of dietetics has the ability to create an empowered field of dietitians through efforts by the AND, which is a powerful professional organization, and could work towards dismantling domestic gender inequity through the work that dietitians do with patients. The field of dietetics could be a powerful instrument in undoing gender inequity by addressing gendered power dynamics in the workplace and promoting food work as degendered.

Gender inequity in the field of nutrition remains a problem and it cannot be addressed if it is ignored. It is imperative to recognize how embedded gender inequity is in society and the ways this impacts homes and workplaces. Just as society is beginning to understand the importance of addressing not just individual racism, but also tackling the systemic racism that

perpetuates inequities, so society must recognize that gender inequity entrenched in systems and cultural norms must be addressed so that men and women can realize their full potential and coexist in ways that are mutually beneficial. Society must reckon with the systems of male dominance that continue to subordinate women. This could start with the field of dietetics.

## References

- Adams, C.J. 1990. "The Sexual Politics of Meat." In *The Sexual Politics of Meat: A feminist-vegetarian critical theory*, 47-63. New York: The Continuum International Publishing Group Inc
- Adams, K.M., K.C. Lindell, M. Kohlmeier, and S.H. Zeisel. 2006. "Status of nutrition education in medical schools." *American Journal of Clinical Nutrition*. 83(4): 941S-944S
- Alessio, J.C. 2011. "The Systematic Study of Social Problems." In *Social Problems and Inequality: Social Responsibility through Progressive Sociology*. 1-17. Farnham: Taylor & Francis Group.
- Allen, P. 2004. *Together at the Table: Sustainability and Sustenance in the American Agrifood system*. University Park, PA: The Pennsylvania State University Press.
- Allen, P. and C. Sachs. 2007. "Women and Food Chains: The Gendered Politics of Food." *International Journal of Sociology of Food and Agriculture*. 15(1):1-23.
- Arredondo, E.M., J.P. Elder, G.X. Ayala, D. Slymen, and N.R. Campell. 2006. "Association of a Traditional vs Shared Meal Decision-Making and Preparation Style with Eating Behavior of Hispanic Women in San Diego County." *Journal of the American Dietetic Association* 106 (1): 38-45.
- Baldwin, C. 1993. "Gender dominance in the work setting: Implications for dietitians." *Journal of the American Dietetic Association* 93 (1): 25-26.
- Barrett, E.B. and C.W. Shanklin. 1996. "Sex-role orientation and career importance factors do not explain salary inequities between male and female foodservice directors." *Journal of the American Dietetic Association* 96 (2): 181-183.
- Bell, L.A. 2018. "Theoretical Foundations for Social Justice Education." In *Readings for Diversity and Social Justice*, edited by M. Adams, W.J. Blumenfeld, D.C.J.C. Catalano, K.S. DeJong, H.W. Hackman, L.E. Hopkins, B.J. Love, M.L. Peters, D. Shlasko, and X. Zúñiga, 34-41. London: Routledge.
- Bennhold, K. 2010. "The Stigma of Being a Housewife." *The New York Times*. July 10, 2010. <https://www.nytimes.com/2010/07/21/world/europe/21iht-LETTER.html>
- Bergstrom, G. and K. Boreus. 2017a. "Analyzing Text and Discourse in the Social Sciences." In *Analyzing text and discourse: eight approaches for the social sciences*, edited by G. Bergstrom and K. Boreus, 1-22. London: Sage.

- Bergstrom, G. and K. Boreus. 2017b. "Content Analysis." In *Analyzing text and discourse: eight approaches for the social sciences*, edited by G. Bergstrom and K. Boreus, 23-52. London: Sage.
- Bergstrom, G., L. Ekstrom and K. Boreus. 2017. "Discourse Analysis." In *Analyzing text and discourse: eight approaches for the social sciences*, edited by G. Bergstrom and K. Boreus, 208-241. London: Sage.
- Bowen, S., J. Brenton, and S. Elliot. 2019. *Pressure Cooker: Why Home Cooking Won't Solve Our Problems and What We Can Do About It*. New York: Oxford University Press.
- Boyce, B. 2014. "Learning to Lead: Developing Dietetics Leaders." *Journal of the Academy of Nutrition and Dietetics* 114 (5): 688-692.
- Boyhtari, M.E. and B.J. Cardinal. 1997. "The role for clinical dietitians as perceived by dietitians and physicians." *Journal of the American Dietetic Association* 97 (8): 851-855.
- Brady, J. 2018. "Toward a critical, feminist sociology of expertise." *Journal of Professions and Organization* 5 (3): 123-138. <https://doi.org/10.1093/jpo/joy004>.
- Brown, B. 2019. "Brené with Joe Biden on Empathy, Unity and Courage." *Unlocking Us with Brené Brown*. Podcast. Aired October 21, 2020.
- Cairns, K. and J. Johnston. 2015. *Food and Femininity*. New York: Bloomsbury Academic.
- Cairns, K., J. Johnston, and S. Baumann. 2010. "Caring about food: Doing gender in the foodie kitchen." *Gender and Society* 24 (5): 591-615. <https://doi.org/10.1177/0891243210383419>.
- Cannon, G. 2005. "The rise and fall of dietetics and of nutrition science, 4000 BCE-2000 CE." *Public Health Nutrition* 8 (6A): 701-705. <https://doi.org/10.1079/PHN2005766>.
- CDC (Centers for Disease Control and Prevention). 2021. "Health and Economic Costs of Chronic Diseases." US Department of Health & Human Services. Last modified April 28, 2021. <https://www.cdc.gov/chronicdisease/about/costs/index.htm>
- Commission on Dietetic Registration. 2020. "Registered Dietitian (RD) and Registered Dietitian Nutritionist (RDN) by Demographics." Registry Statistics. Accessed October 10, 2020. <https://www.cdrnet.org/registry-statistics-new?id=1779&actionxm=ByDemographics>
- Covey, S.R. 1994. "Effective leadership begins with Seven Habits: An interview with Stephen R. Covey." *Journal of the American Dietetic Association* 94 (4): 382-385.
- Crossley, N. 2005. *Key Concepts in Critical Social Theory*. London: Thousand Oaks. SAGE.
- DeVault, M. 1991. *Feeding the Family*. Chicago and London: The University of Chicago Press

- Duffy, M. 2007. "Doing the dirty work: Gender, race, and reproductive labor in historical perspective." *Gender and Society* 21 (3): 313-336.  
<https://doi.org/10.1177/0891243207300764>.
- EatRight Pro. n.d.a. "About us." Accessed October 31, 2020. [https://www.eatrightpro.org/about-us?\\_ga=2.48761893.2098104668.1604178835-1845583703.1604178835](https://www.eatrightpro.org/about-us?_ga=2.48761893.2098104668.1604178835-1845583703.1604178835)
- EatRight Pro. n.d.b. "Academy Mission, Vision, and Principles." Mission and Vision Statements. Accessed January 17, 2021. <https://www.eatrightpro.org/about-us/academy-vision-and-mission/mission-and-vision-statements>
- EatRight Pro. n.d.c. "Journal of the Academy of Nutrition and Dietetics." Applied Practice. Accessed January 17, 2021. <https://www.eatrightpro.org/research/applied-practice/journal-of-the-academy-of-nutrition-and-dietetics>
- Ehrenreich, B. and D. English. 2005. *For Her Own Good: Two Centuries of the Experts Advice to Women*. New York: Random House, Inc.
- Ehrenreich, B. and D. English. 2010. *Witches Midwives & Nurses: A History of Women Healers*. New York: Feminist Press.
- Finn, S.C. 1997. "Women in the new world order: Where old values command new respect." *Journal of the American Dietetic Association* 97 (5): 475-480.
- Galtung, J. 1990. "Cultural Violence." *Journal of Peace Research* 27(3): 291-305.
- Gilbride, J.A. 2006. "Advice for Consumers, Marketing for ADA: Successful Customer Focus." *Journal of the American Dietetic Association* 106 (6): 791.
- Grix, J. 2002. "Introducing Students to the Generic Terminology of Social Research." *Politics* 22 (3): 175-186
- Harding, S. 2004. "Is there a feminist method?" In *Social Research Methods*, edited by C. Seale, 456-464. London: Routledge.
- Hill, L. 1991. "Women's changing work roles: implications for the progress of the dietetic profession." *Journal of the American Dietetic Association* 91 (1): 25+.
- Holmes, J. 2005. "Power and Discourse at Work: Is Gender Relevant." In *Feminist Critical Discourse Analysis: Gender, Power and Ideology in Discourse*, edited by M. Lazar, 31-60. Palgrave.
- "How the new strategic plan works - for you." 1992. *Journal of the American Dietetic Association* 92 (9): 1069+.



- Hsieh, H. and S.E. Shannon. 2005. "Three Approaches to Qualitative Content Analysis." *Qualitative Health Research*. 15 (9): 1277-1288.
- Hwalla, N. and M. Koleilat. 2004. "Dietetic practice: The past, present and future." *Eastern Mediterranean Health Journal* 10 (6): 716-730.
- Keane, A. 2013. "Too Hard to Swallow? The palatability of healthy eating advice." In *Food, Health and Identity*, edited by P. Caplan, 172-192. Taylor & Francis Group.
- "Key trends affecting the dietetics profession and the American Dietetic Association." 2002. *Journal of the American Dietetic Association* 102 (12): S1821-S1839.
- Kornblum, T.H. 1993. "Negotiating a Higher Salary: Information from the 1991 ADA membership database." *Journal of the American Dietetic Association* 93 (2): 142-144.
- Krishna, P. 2020. "Is American Dietetics a White-Bread World? These Dietitians Think So." *The New York Times*. Accessed December 7, 2020.  
<https://www.nytimes.com/2020/12/07/dining/dietitian-diversity.html>
- Joy, P., B. Gheller, D. Lordly. 2019. "Men who are Dietitians: Deconstructing Gender within the Profession to Inform Recruitment." *Canadian Journal of Dietetic Practice and Research* 80: 209-212
- Journal of the Academy of Nutrition and Dietetics (JAND)*. n.d. "About the Journal." *Journal of the Academy of Nutrition and Dietetics*. Accessed January 17, 2021.  
<https://jandonline.org/content/aims>
- Levanon, A., P. England, and P. Allison. 2009. "Occupational Feminization and Pay: Assessing Causal Dynamics Using 1950-2000 U.S. Census Data." *Social Forces* 88 (2): 865-891.  
<https://doi.org/10.1353/sof.0.0264>
- Lazar, M. 2005. "Politicizing Gender in Discourse: Feminist Critical Discourse Analysis as Political Perspective and Praxis." In *Feminist Critical Discourse Analysis: Gender, Power and Ideology in Discourse*, edited by M. Lazar, 1-28. Palgrave.
- Lazar, M. 2018. "Feminist Critical Discourse Analysis." In *Routledge Handbook of Critical Discourse Studies*, edited by J.E. Richardson and J. Flowerdew, 372-387. London: Routledge.
- Lora, K.R., M. Cheney, and P. Branscum. 2017. "Hispanic Mothers' Views of the Fathers' Role in Promoting Healthy Behaviors at Home: Focus Group Findings." *Journal of the Academy of Nutrition and Dietetics* 117-922 (6): 914-922.
- Mandel, E.D. and J.G. Garey. 1993. "Perception of power among dietitians." *Journal of the American Dietetic Association* 93 (4): 423-428.

- McCaffree, J. 2006. "Promote Yourself and Your Profession with Sound Bites." *Journal of the American Dietetic Association* 106 (5): 661-662.
- Mislevy, J.M., M.R. Schiller, K.N. Wolf, and S.C. Finn. 2000. "Clinical nutrition managers have access to sources of empowerment." *Journal of the American Dietetic Association* 9 (9): 1038-1042.
- Monsen, E.R. 1993. "The hour for power: Nutrition's time has come." *Journal of the American Dietetic Association* 93 (4): 392.
- Moody, K. 2008. "Neoliberalism: the shadow of class." *Dialectical Anthropology* 32 (September):53-58. <https://doi.org/10.1007/s10624-008-9038-9>
- Myers, E.F., G. Barnhill, and J. Bryk. 2002. "Clinical Privileges: Missing piece of the puzzle for clinical standards that elevate responsibilities and salaries for registered dietitians?" *Journal of the American Dietetic Association* 102 (1): 123-132.
- Patten, E.V. and K. Sauer. 2018. "The Framework and Future Opportunities for Leadership in Clinical Dietetics." *Journal of the Academy of Nutrition and Dietetics* 118 (11): 2017-2023.
- Patten, E.V. and K. Sauer. 2019. "A Leadership Taxonomy for Clinical Dietetics Practice." *Journal of the Academy of Nutrition and Dietetics* 119(3):369-374.
- "Performance, proficiency, and value of the dietetics professional." 2002. *Journal of the American Dietetic Association* 102 (9): 1304-1315.
- Pollard, P., M. Taylor, and N. Daher. 2007. "Gender Based Wage Differentials Among Registered Dietitians." *The Health Care Manager* 26 (1): 52-63.
- "Position of the Academy of Nutrition and Dietetics: Interprofessional Education in Nutrition as an Essential Component of Medical Education." 2017. *Journal of the Academy of Nutrition and Dietetics* 117 (7): 1104-1113.
- Quest, K.J. 1992. "Convenient food and the new household economics." *Journal of the American Dietetic Association* 92 (8): 981.
- Reeves, R.S. 2006a. "Earning the Right to Be Called "Most Valued Source"." *Journal of the American Dietetic Association* 106 (3): 343.
- Reeves, R.S. 2006b. "See Ourselves as Others See Us: Appreciate Your Excellence." *Journal of the American Dietetic Association* 106 (5): 653.
- Rusness, B.A. 1993. "Striving for empowerment through nutrition education." *Journal of the American Dietetic Association* 93 (1): 78-79.

- Saldana, J. 2016. "Theming the Data." In *The Coding Manual for Qualitative Researchers*, 198-206. London: Sage.
- Schaeffer, K. 2019. "Among U.S. couples, women do more cooking and grocery shopping than men." Pew Research Center: FACTANK News in the Numbers. September 24, 2019. <https://www.pewresearch.org/fact-tank/2019/09/24/among-u-s-couples-women-do-more-cooking-and-grocery-shopping-than-men/>
- Schiller, M.R., M.B. Foltz, and S.M. Campbell. 1993. "Dietitians' self-perceptions: Implications for leadership." *Journal of the American Dietetic Association* 93 (8): 868-874.
- Schneider, G. 1996. "Bringing home the mission of the Fourth World Conference on Women." *Journal of the American Dietetic Association* 6 (96): 555-556.
- Skipper, A., M. Young, N. Rotman, and H. Nagl. 1994. "Physicians' implementation of dietitians' recommendations: A study of the effectiveness of dietitians." *Journal of the American Dietetic Association* 94 (1): 45-49.
- Smith, J. 2006. "Healthy America - The Opportunity to Meet the Challenge in Our States." *Journal of the American Dietetic Association* 106 (5): 663-664.
- Spencer, R., J.M. Pryce, and J. Walsh. 2014. "Philosophical Approaches to Qualitative Research." In *The Oxford handbook of Qualitative Research*, edited by P. Leavy, 81-98. Oxford: Oxford University Press.
- Szabo, M.K. 2014. "'I'm a real catch': The blurring of alternative and hegemonic masculinities in men's talk about home cooking." *Women's Studies International Forum* 44 (1): 228-235. <https://doi.org/10.1016/j.wsif.2013.08.003>.
- Terstappen, V., L. Hanson, and D. McLaughlin. 2013. "Gender, Health, Labor and Inequities: A Review of the Fair and Alternative Trade Literature." *Agriculture and Human Values* 30: 21-39
- U.S. Department of Labor. n.d. "100 Years of Working Women." Women's Bureau. Accessed May 23, 2021. <https://www.dol.gov/agencies/wb/data/occupations-decades-100>
- Visocan, B.J., L.S. Herold, M.J. Mulcahy, and M.F. Schlosser. 1993. "Job sharing in clinical nutrition management: A plan for successful implementation." *Journal of the American Dietetic Association* 93 (10): 1141-1145.
- Wansink, B. 2006. "Nutritional Gatekeepers and the 72% Solution." *Journal of the American Dietetic Association* 106 (9): 1324-1327.
- Wardley, B.L. and S. Dalton. 1993. "Professional image of British and American dietetics." *Journal of the American Dietetic Association* 93 (6): 684-685.

- Whaley, G.A. and K.W. Hosig. 2000. "Male dietitians in 5 Southern states: Some perspectives on the profession." *Journal of the American Dietetic Association* 100 (12): 1535-1537.
- White, J. 2013. "'Hearing the Voices': African American Nutrition Educators Speak about Racism in Dietetics." *Journal of Critical Dietetics* 1 (3): 26-35.
- Wikipedia. 2021. "Neoliberalism." Wikimedia Foundation. Last modified May 13, 2021, 05:05. <https://en.wikipedia.org/wiki/Neoliberalism#:~:text=Neoliberalism%20began%20accelerating%20in%20importance,Stigler%20and%20Ludwig%20von%20Mises.&text=While%20the%20first%20conference%20in,the%20Europeans%20dominated%20by%201951>.
- Wolgemuth, J.C. 1995. "Gender, Women, and Health in the Americas." *Journal of the American Dietetic Association* 95 (1): 137.
- Young, I.M. 1990. "Five Faces of Oppression." In *Justice and the Politics of Difference*, edited by I.M. Young, 39-65. Princeton: Princeton University Press.
- Zhang, Y., G.A. Hurtado, R. Flores, A. Alba-Meraz, and M. Reicks. 2018. "Latino Fathers' Perspectives and Parenting Practices Regarding Eating, Physical Activity, and Screen Time Behaviors of Early Adolescent Children: Focus Group Findings." *Journal of the Academy of Nutrition and Dietetics* 118 (11): 2070-2080.