

## ORIGINAL ARTICLE

## Trends in the inequality of fruit and vegetable consumption between education levels indicated by the Korea National Health and Nutrition Examination Surveys

SA Hong<sup>1,2</sup>, K Kim<sup>1,3</sup> and MK Kim<sup>1,2</sup>

**BACKGROUND/OBJECTIVES:** The objective of this study was to investigate whether an inequality in fruit and/or vegetable (FV) consumption exists between adults of different educational levels in Korea and whether this has changed over the past decade.

**SUBJECTS/METHODS:** This study included adults ( $\geq 20$  years) who participated in the Korea National Health and Nutrition Examination Survey (1998–2009). The FV intakes were examined using 24-h dietary-recall surveys ( $n = 35\,725$ ) and food frequency questionnaires ( $n = 35\,400$ ). The relative index of inequality (RII) was used to examine the magnitude and trend of inequality in insufficient FV intake ( $< 500$  gram/day for total FV;  $< 100$  gram/day, less than once per day for fruits) between educational levels.

**RESULTS:** The low-education group had lower intakes of total FV, vegetables excluding Kimchi and fruit (both by frequency and quantity), but higher intakes of Kimchi, in both sexes in most years in which surveys were conducted. This group also had a higher proportion of adults with insufficient total FV and fruit intakes. The inequality, as indicated by the RII, was apparent in both sexes and in each survey year. The inequality in insufficient total FV intake increased between 1998 and 2009 in both sexes ( $P < 0.05$ ). An increase in the inequality in fruit intake was only detected in women ( $P < 0.0001$  for frequency and  $P = 0.0285$  for quantity, from 2007 to 2009).

**CONCLUSION:** There is a wide discrepancy in total FV and fruit consumption across education levels among Korean adults. This inequality has increased over time for total FV intake in both sexes and for fruit intake in women.

*European Journal of Clinical Nutrition* (2012) 66, 942–949; doi:10.1038/ejcn.2012.39; published online 25 April 2012

**Keywords:** fruit and vegetables (FV); relative index of inequality (RII); education level

## INTRODUCTION

It is well documented that fruit and/or vegetable (FV) consumption is correlated with morbidity and mortality due to chronic diseases,<sup>1,2</sup> and therefore is an important factor in public health. A possible relationship between FV consumption and increases in socioeconomic health inequalities in Korea has been suggested, as FV intake varies with socioeconomic position (SEP).<sup>3,4</sup> However, most studies on SEP and FV intake have only measured intake at a single time point.<sup>5–9</sup> Although some studies have examined trends in FV intake according to SEP, these were mostly performed in the West.<sup>10–13</sup>

Educational attainment, income and occupational social class are established indicators of SEP.<sup>14</sup> Of these indicators, education is the most likely to account for socioeconomic differences.<sup>15–17</sup> Education is closely correlated with knowledge and awareness, and thus may influence food choices through nutritional knowledge and health considerations.<sup>18,19</sup> Given the importance of food choices to public health, the relationship between education and food choices is a highly researched area, and a disparity in FV consumption between education levels has been suggested by many studies.<sup>15,17</sup>

The Republic of Korea has experienced enormous economic and social changes, and since the financial crisis in 1997, social inequality has deepened, as illustrated by an increase in the Gini

coefficient (0.28 in 1996 to 0.34 in 2006) and the relative poverty rate (8.9% in 1996 to 17% in 2006).<sup>20</sup> This increased social inequality could contribute to a widened inequality in health behaviors including FV intake. Therefore, the objective of this study was to examine trends in the inequality of FV consumption between adults (aged  $\geq 20$  years) with different levels of education by assessing the relative index of inequality (RII) in four cross-sectional nutritional surveys (the Korea National Health and Nutrition Examination Survey (KNHANES)) performed between 1998 and 2009.

## SUBJECTS AND METHODS

## Study population and data sets

Our analyses were based on the four KNHANES (1998, 2001, 2005 and 2007–2009), which were conducted by the Ministry of Health and Welfare and the Korea Centers for Disease Control and Prevention. The first three surveys were performed at a single time point, whereas the fourth was a continuous field survey with year-round data collection. The surveys were composed of four parts: (1) a household questionnaire to assess the structure of households and general characteristics of the members (sex, age, marital status and health insurance), (2) an individual questionnaire to assess sociodemographics (education, income, occupation, and region, and so on), general health status and health-related behaviors (medical history, smoking, drinking, and so on), (3) a 24-h dietary-recall survey and

<sup>1</sup>Department of Preventive Medicine, College of Medicine, Hanyang University, Seoul, Republic of Korea; <sup>2</sup>Institute for Community Health, Hanyang University, Seoul, Republic of Korea and <sup>3</sup>Division of Health and Nutrition Survey, Korea Centers for Disease Control and Prevention, Chengwon, Republic of Korea. Correspondence: Professor MK Kim, Department of Preventive Medicine, College of Medicine, Hanyang University, 17 Haengdang Dong, Sungdong Gu, Seoul, Republic of Korea 133-791.

E-mail: kmkim@hanyang.ac.kr

Received 23 August 2011; revised 8 March 2012; accepted 8 March 2012; published online 25 April 2012

food frequency questionnaire (FFQ) and (4) an anthropometric and clinical examination. Data were collected from the stratified multistage probability samples of Korean households representing the civilian, non-institutionalized population. Additional details regarding study design and methods are provided elsewhere.<sup>21</sup>

The response rates were 89.5% in 1998, 88.0% in 2001, 89.9% in 2005, 71.2% in 2007, 77.8% in 2008 and 82.8% in 2009. A total of 36 819 dietary surveys were completed over the length of the project. Surveys ( $n = 1094$ ) lacking corresponding education information were excluded from our study. Analyses were therefore performed using the data from 35 725 dietary surveys (7370 in 1998, 6970 in 2001, 6437 in 2005, 2588 in 2007, 5865 in 2008 and 6495 in 2009). A total of 15 443 surveys were completed by males and 20 282 by females. For FFQ, data were analyzed from 35 400 questionnaires (7355 in 1998, 6874 in 2001, 6428 in 2005, 2575 in 2007, 5787 in 2008 and 6381 in 2009).

Ethical approval for this study was obtained from the Institutional Review Board of the Korea Centers for Disease Control and Prevention and written consent was obtained from the participants. Further ethical approval for use of freely available KNHANES data is not required as it has been rendered anonymous.

### Dietary information

Dietary information was obtained from a 24-h dietary-recall survey and from a simple FFQ. A 24-h recall survey provides information on absolute intake of foods or nutrients, but this does not necessarily represent the usual diet. On the other hand, FFQs provide information on long-term dietary habits, but are relative. Therefore, in this study, we used data from both dietary-assessment methods to compromise for the limitations of each method.

The 24-h dietary-recall surveys were administered by trained dietary interviewers supervised by the Korea Health Industry Development Institute and were based on the food intake of one weekday. Supplementary tools, such as food models, two-dimensional example portion sizes and containers, were used to aid in recall. Fruit intake included all the raw, cooked, canned, frozen or dried fruits and vegetable intake included all the raw, cooked, canned, frozen or dried forms of most edible vegetables, seaweeds and mushrooms. A major source of vegetables in the Korean diet is Kimchi, which is a fermented vegetable dish made from pickled vegetables, garlic, onions, hot peppers, salt and other ingredients, and is typically served with every meal as a side dish. Kimchi is a good source of vitamin C and carotene, but is also high in sodium. Low-socioeconomic groups in Korea rely disproportionately on Kimchi for their vegetable intake.<sup>22</sup> Therefore, we calculated total vegetable intakes with and without Kimchi, as well as total Kimchi intake. Total consumption of FV was calculated from the 24-h recall data.

The food items investigated in FFQs were chosen based on the 24-h recall information from the previous survey; foods highly contributing to daily energy and nutrient intake, and foods eaten frequently or by a high proportion of subjects were selected.<sup>23</sup> Therefore, the number of food items varied between surveys: 58 (10 fruit and 19 vegetables) in 1998, 62 (10 fruit and 13 vegetables) in 2001, 63 (11 fruit and 14 vegetables) in 2005 and 2007–2009. Daily frequency of fruit consumption was calculated by summing the daily consumption frequency of raw, dried or canned forms of tangerines, persimmons, pears, watermelons, oriental melons, strawberries, grapes, peaches, apples, bananas, oranges and fruit juices. Daily frequency of vegetable consumption was calculated by summing the daily consumption frequency of raw, cooked, canned, frozen or dried forms of tomatoes, Chinese cabbage, radishes, soy bean sprouts, spinach, cucumbers, carrots, peppers, squash, seaweeds and mushrooms. The 1998 FFQ did not include mushrooms, bananas or grapes, however, as these are food items commonly consumed in recent years, they were included in our analyses for the later years.

Suggested daily FV intake and portion sizes vary between countries, and there is no universal recommendation for adequate intake of fruit, vegetables and total FV. In this study, we defined an adequate total intake of FV as a minimum of 500 g per day, as suggested in the Korean Health Plan 2010 guidelines.<sup>24</sup> For fruit intake, the Korean Nutrition Society recommends one serving per day for adults aged  $\geq 65$  years and two or three servings for adults aged 19–64 years.<sup>25</sup> We defined an adequate fruit intake as 100 g per day (amount) and one serving per day (frequency).

### SEP indicators

Education, occupation and family income were measured as SEP indicators. Education was classified as the highest level of individual

education completed and was categorized into three groups: middle school or less, high school and college or higher. Family income was defined as gross household income per month, and occupations were classified using the South Korean Standard Classification of Occupation. The use of family income may lead to the potential overestimation of income, as a substantial proportion of subjects were economically inactive (54.7% women and 23.7% men). Thus, given that education has been suggested to be the strongest indicator of SEP, we used education level as an indicator of SEP in this study.

### Statistical analysis

To take into account the complex sampling design and age differences, all the analyses (PROC SURVEYREG) included primary sampling units, stratification and sample weights and were centered on the average age of all the survey subjects. The age-adjusted proportions of the general characteristics were used to compare population differences between survey years. The age-adjusted least square means (with s.e.) were calculated for each education level for total FV intake, amount of fruit intake and frequency of fruit intake, along with the proportions of adults with inadequate intakes. The trend tests for linearity were conducted by treating the median value for each education group as a continuous variable in the analyses. All the analyses were conducted separately for men and women.

We used the RII to assess the magnitude of inequalities in inadequate FV consumption between education levels. The RII provides a meaningful measure of socioeconomic health inequalities over time.<sup>26</sup> The most frequently used method for presenting the RII is to use the exponent of the regression coefficient, which represents the odds or frequency predicted at the lowest point of the socioeconomic hierarchy divided by that predicted at the highest point.<sup>27–29</sup> To calculate the RII, a relative educational indicator needs to be calculated. The value of the relative indicator, ranging from 0 to 1, was calculated from the midpoint of the relative position in the cumulative population distribution for each educational hierarchy. It was entered as an independent variable into the log-binomial regression analyses<sup>30</sup> using PROC GENMOD,<sup>31</sup> and sample weights from the KNHANES were considered in the RII calculation. The trend for the RII was estimated by including an interaction term for the relative education indicator and a variable that identified the survey year.<sup>30</sup> As the RII increases, there exists a greater extent of inequality between educational hierarchies. Data analyses were performed with the software program SAS 9.2 (SAS Institute Inc., Cary, NC, USA).

## RESULTS

Table 1 shows the general characteristics of the subjects over time. Monthly household income and education level for both men and women showed an increasing trend. Approximately 50% of men and 30% of women had manual jobs throughout the surveys. Most subjects were married and the proportion of those living in a city or metropolitan area was approximately 80% throughout the surveys.

Mean daily FV consumption measured by amount (g/day) and frequency (times per day) is shown in Tables 2 and 3 for men and women, respectively. The low-education group had lower daily intakes of total FV, vegetables without Kimchi and fruit (in both amount and frequency) in most survey years, but higher Kimchi intakes than the high-education group. The discrepancy in fruit intake between education levels became more apparent throughout the years in both sexes.

The age-adjusted proportions of insufficient total FV and fruit consumption are shown in Table 4. The low-education group had a higher proportion of adults with insufficient consumption of total FV ( $< 500$  g/day) and fruit ( $< 100$  g/day or less than once per day) for both sexes and in almost all surveys. Although the proportions of adults with insufficient total FV intake were similar between sexes, the proportions of adults with insufficient fruit intake measured by both quantity and frequency were higher for males than for females.

The inequalities between educational levels in insufficient total FV and fruit intake, indicated by the RII, were apparent in both sexes and in each survey year (Figure 1), but in some cases

increased over time. A trend of increasing RII for the proportion of adults with inadequate total FV intake was observed for both sexes ( $P < 0.05$  for RII trend from 1998 to 2009). The RII values for proportions of adults with insufficient total FV intake ( $< 500$  g/day) were 1.20 (95% confidence interval (CI) 1.07, 1.36) in 1998 and 1.47 (95% CI 1.30, 1.67) in 2009 for men, and 1.27 (95% CI 1.13, 1.44) in 1998 and 1.52 (95% CI 1.36, 1.70) in 2009 for women. For the proportion of adults with an insufficient amount of fruit intake ( $< 100$  g/day), the inequality between education levels appears to increase over time in both sexes. However, only the increase for females from 2007 to 2009 is statistically significant ( $P = 0.0285$  for RII trend). Likewise, for the proportion of adults with an insufficient frequency of fruit intake (less than once per day), a significant increase in inequality between education levels was only observed for females; the RII gradually increased from 1.63 (95% CI 1.40, 1.91) in 1998 to 2.57 (95% CI 2.13, 3.10) in 2009 ( $P = < 0.0001$  for RII trend).

## DISCUSSION

The objective of this study was to investigate whether an inequality in FV consumption between education levels exists in Korea and whether it changed over a decade. An inequality in FV intake was observed for both daily mean intake and the proportion of adults with insufficient intakes in both sexes and in each survey year, and the inequality in total FV intake shows an increasing trend over time in both sexes. The increasing inequality trend was more apparent in the proportion of adults with insufficient fruit intake ( $< 100$  g/day or less than once per day) for females.

The positive relationship between FV and education level was consistent with previous studies.<sup>6,19,32–35</sup> For vegetables, Kimchi intake was higher in the low-education group, which is consistent with the results of a previous Korean study.<sup>5</sup> In contrast, vegetable intake without Kimchi was lower in the low-education group. This may reflect Korean cuisine, in which Kimchi is a traditional food with high availability and accessibility for all Koreans.<sup>22</sup> This finding may be relevant to the health inequalities in Korea, because Kimchi is well known to have positive health effects because of the presence of several beneficial nutrients,<sup>36</sup> but it is also high in salt, and the pickling process may lead to the loss of various bioactive components. Therefore, the role of Kimchi in health inequalities needs to be investigated further. Indeed, it would be useful to measure inequalities in consumption for other individual vegetables, as well as total vegetable consumption.

The inequality in fruit intake was greater than that of vegetable intake in this study. The diets of Koreans might be constrained by a scarcity of resources, with other living expenses such as visiting a physician possibly prioritized.<sup>37</sup> Within these constraints, some foods might be prioritized more than others; the priority of fruit may be lower than that of vegetables, especially in the low-education group. We also found a larger inequality in fruit intake in females than in males. Unfortunately, the reason for this gender disparity in fruit intake was not apparent and thus further study is needed to explain this.

Increasing trends in inequalities of proportions of adults with insufficient FV intake and fruit intake by amount and frequency were found. This has also been investigated in previous studies,<sup>11–13,38</sup> but unfortunately, direct comparison with those

**Table 1.** General characteristics of subjects according to the survey year

	Men (n = 15 443)						Women (n = 20 282)					
	1998	2001	2005	2007	2008	2009	1998	2001	2005	2007	2008	2009
Number	3426	3194	2875	1023	2261	2664	3944	3776	3562	1565	3604	3831
Age (years), mean (s.e.)	42.2 (0.32)	43.7 (0.31)	42.7 (0.35)	44.4 (0.59)	44.0 (0.51)	44.4 (0.43)	43.5 (0.40)	44.9 (0.37)	44.6 (0.36)	46.1 (0.57)	46.0 (0.46)	46.4 (0.43)
Income (%) <sup>a</sup>												
$\geq 250$	20.4	36.0	41.0	36.9	41.0	40.8	20.9	33.8	38.9	35.4	35.8	38.9
120–250	42.7	42.6	38.3	36.5	34.3	36.3	41.0	43.1	38.6	37.6	37.2	35.9
$\leq 120$	36.9	21.4	20.8	26.5	24.8	22.9	38.1	23.1	22.4	27.0	27.0	25.2
Education (%)												
College +	28.1	36.2	39.7	32.2	32.8	32.8	18.1	23.3	28.2	24.8	26.0	27.4
High school	39.5	35.9	35.2	41.4	40.6	42.0	32.8	35.4	34.5	38.8	38.4	38.4
Middle school	32.4	27.9	25.1	26.5	26.6	25.2	49.1	41.3	37.3	36.4	35.6	34.2
Occupation <sup>b</sup> (%)												
Nonmanual	21.2	24.4	23.2	24.6	25.0	28.4	10.7	11.8	15.6	15.4	14.8	18.6
Manual	56.4	52.1	51.9	49.2	51.5	48.0	33.6	30.6	32.5	25.2	30.3	30.2
No Job	22.5	23.6	24.9	26.2	23.5	23.7	55.7	57.5	51.9	59.5	54.8	51.3
Marital status <sup>c</sup> (%)												
Living with spouse	81.1	78.5	71.7	74.8	73.2	73.0	69.9	70.6	64.6	71.2	68.7	68.1
Living without spouse	3.98	4.19	6.24	5.63	5.13	4.45	18.3	16.9	18.8	16.8	16.0	15.6
Unmarried	14.9	17.3	22.0	19.6	21.7	22.6	11.8	12.5	16.6	12.0	15.3	16.3
Region <sup>d</sup> (%)												
Metro city	47.9	50.6	47.0	45.5	47.2	46.1	47.5	51.2	47.7	45.2	47.6	47.8
City	30.0	30.1	32.9	32.0	36.3	35.9	30.1	29.8	33.8	35.2	36.6	35.3
Rural	22.1	19.3	20.1	22.6	16.6	18.0	22.3	18.9	18.5	19.6	15.7	17.0

<sup>a</sup>Monthly household income expressed as a percentage of the poverty threshold by the Ministry of Health and Welfare. <sup>b</sup>Occupational class categories were as follows: nonmanual occupations (managers, professionals and clerks), manual occupations (service and sales workers, agricultural and fishery workers, craft and related trade workers, plant and machine operators and assemblers and elementary occupations) and no job (unemployed, retired, students and housewives). <sup>c</sup>Marital status is categorized as follows: living with spouse, living without spouse and unmarried. Living without spouse includes divorced, separated and widowed adults. <sup>d</sup>The metro city category includes seven metropolises, including Seoul.

**Table 2.** Age-standardized daily mean consumption of fruit and vegetables in the adult population according to the survey year and education level (men)

Food group, mean (s.e.)	1998				2001				2005			
	College +	High school	Middle school –	P-trend	College +	High school	Middle school –	P-trend	College +	High school	Middle school –	P-trend
<b>Men</b>												
Daily intake (g/day)												
Total fruit and vegetables	571 (17.4)	569 (14.5)	504 (13.1)	0.0037	610 (14.5)	601 (16.3)	504 (16.6)	<0.0001	533 (12.9)	497 (12.7)	449 (16.5)	0.0002
Total vegetables <sup>a</sup>	372 (11.3)	387 (8.60)	368 (8.68)	0.7918	403 (9.01)	422 (9.5)	376 (10.3)	0.0979	423 (9.39)	433 (9.58)	409 (13.1)	0.5111
Vegetables without kimchi	227 (9.75)	218 (5.91)	189 (6.67)	0.0032	238 (6.32)	249 (7.49)	204 (7.08)	0.0016	273 (7.39)	260 (7.02)	241 (10.6)	0.0201
Total kimchi	145 (5.49)	168 (5.28)	179 (5.97)	<0.0001	165 (5.85)	173 (4.71)	173 (7.70)	0.3708	151 (4.67)	173 (5.88)	168 (6.19)	0.0179
Total fruit <sup>b</sup>	199 (11.3)	182 (10.9)	136 (9.9)	<0.0001	207 (10.7)	179 (11.4)	127 (10.9)	<0.0001	110 (8.01)	64.1 (6.91)	39.7 (7.44)	<0.0001
Frequency (times per day)												
Total fruit and vegetables	4.06 (0.12)	3.61 (0.10)	2.91 (0.14)	<0.0001	7.25 (0.11)	7.29 (0.13)	6.44 (0.14)	<0.0001	8.20 (0.15)	7.82 (0.15)	6.82 (0.20)	<0.0001
Total vegetables <sup>c</sup>	2.21 (0.07)	1.96 (0.06)	1.53 (0.06)	<0.0001	6.13 (0.09)	6.27 (0.12)	5.61 (0.13)	0.0012	6.49 (0.11)	6.36 (0.11)	5.72 (0.16)	0.0002
Total fruit <sup>d</sup>	1.85 (0.07)	1.65 (0.06)	1.38 (0.08)	<0.0001	1.12 (0.05)	1.01 (0.05)	0.83 (0.04)	<0.0001	1.71 (0.07)	1.46 (0.06)	1.10 (0.06)	<0.0001
<b>2007</b>												
<b>Food group, mean (s.e.)</b>												
Daily intake (g/day)												
Total fruit and vegetables	594 (28.0)	543 (20.9)	518 (35.8)	0.0704	627 (20.8)	532 (15.3)	483 (21.0)	<0.0001	586 (15.6)	561 (15.9)	447 (16.9)	<0.0001
Total vegetables <sup>a</sup>	409 (21.0)	364 (10.5)	373 (22.1)	0.1498	426 (12.5)	382 (9.79)	372 (13.8)	0.004	400 (8.91)	399 (9.38)	356 (12.0)	0.0108
Vegetables without kimchi	263 (18.9)	220 (8.48)	204 (12.8)	0.0061	279 (10.8)	232 (8.43)	215 (11.9)	0.0001	252 (6.04)	237 (6.86)	203 (8.72)	<0.0001
Total kimchi	146 (7.98)	144 (7.69)	169 (14.0)	0.1841	147 (5.43)	150 (5.09)	158 (6.70)	0.2170	148 (6.31)	163 (5.26)	153 (7.01)	0.4641
Total fruit <sup>b</sup>	185 (17.9)	179 (17.9)	145 (25.1)	0.2245	201 (16.3)	150 (12.2)	110 (15.1)	<0.0001	186 (11.6)	161 (11.3)	90.9 (11.3)	<0.0001
Frequency (times per day)												
Total fruit and vegetables	7.00 (0.22)	6.82 (0.19)	6.50 (0.26)	0.1797	6.85 (0.12)	6.63 (0.11)	5.94 (0.16)	<0.0001	6.63 (0.11)	6.56 (0.13)	5.73 (0.14)	<0.0001
Total vegetables <sup>c</sup>	5.60 (0.17)	5.62 (0.15)	5.49 (0.21)	0.7473	5.65 (0.10)	5.48 (0.09)	5.08 (0.13)	0.0007	5.45 (0.10)	5.41 (0.10)	4.87 (0.11)	0.0001
Total fruit <sup>d</sup>	1.40 (0.09)	1.19 (0.08)	1.00 (0.09)	0.0029	1.21 (0.05)	1.15 (0.04)	0.86 (0.05)	<0.0001	1.17 (0.04)	1.15 (0.05)	0.87 (0.05)	<0.0001

<sup>a</sup>Total vegetable intake (g) included all the raw, cooked, canned, frozen or dried forms of vegetables, mushrooms, seaweeds and also *Baechu kimchi*. <sup>b</sup>Fruit included all the raw, cooked, canned, frozen or dried fruits. <sup>c</sup>Vegetables included tomatoes, Chinese cabbage, radish, soy bean sprouts, spinach, cucumbers, carrots, peppers, squash, seaweeds and mushrooms. In 1998, mushrooms were not included. <sup>d</sup>Fruit included tangerines, persimmons, pears, watermelons, oriental melons, strawberries, grapes, peaches, apples, bananas, oranges and fruit juices. In 1998, bananas and grapes were not included.

**Table 3.** Age-standardized daily mean consumption of fruit and vegetables in the adult population according to the survey year and education level (women)

Food group, mean (s.e.)	1998				2001				2005			
	College +	High school	Middle school –	P-trend	College +	High school	Middle school –	P-trend	College +	High school	Middle school –	P-trend
<b>Women</b>												
Daily intake (g/day)												
Total fruit and vegetables	542 (20.8)	563 (15.8)	487 (14.2)	0.0218	588 (20.7)	615 (17.3)	529 (14.4)	0.0191	451 (13.5)	448 (11.8)	420 (11.0)	0.1308
Total vegetables <sup>a</sup>	282 (9.74)	304 (8.12)	303 (8.45)	0.2021	312 (8.3)	332 (7.42)	319 (8.1)	0.7285	323 (7.79)	342 (6.69)	351 (8.74)	0.0373
Vegetables without kimchi	174 (8.67)	175 (6.24)	164 (6.88)	0.4164	195 (6.21)	184 (6.08)	173 (5.62)	0.0169	218 (6.75)	219 (5.65)	220 (8.06)	0.8668
Total kimchi	108 (5.28)	129 (4.25)	139 (4.49)	<0.0001	117 (4.85)	148 (4.32)	146 (4.92)	0.0008	104 (4.36)	123 (3.46)	131 (4.26)	0.00010
Total fruit <sup>b</sup>	260 (15.0)	259 (12.5)	184 (9.75)	<0.0001	276 (18.1)	283 (14.8)	210 (12.0)	0.0059	128 (9.72)	106 (8.97)	68.3 (6.92)	<0.0001
<b>Frequency (times per day)</b>												
Total fruit and vegetables	4.48 (0.20)	4.08 (0.12)	3.05 (0.12)	<0.0001	7.19 (0.18)	7.31 (0.15)	6.93 (0.12)	0.2014	8.06 (0.20)	8.36 (0.15)	7.60 (0.17)	0.1238
Total vegetables <sup>c</sup>	2.63 (0.11)	2.35 (0.06)	1.65 (0.06)	<0.0001	5.82 (0.15)	6.06 (0.13)	5.88 (0.12)	0.9509	6.10 (0.15)	6.41 (0.11)	6.02 (0.13)	0.7175
Total fruit <sup>d</sup>	1.85 (0.11)	1.73 (0.08)	1.39 (0.07)	0.0011	1.37 (0.06)	1.24 (0.05)	1.05 (0.04)	<0.0001	1.95 (0.09)	1.95 (0.08)	1.57 (0.08)	0.0027
<b>Food group, mean (s.e.)</b>												
Daily intake (g/day)												
Total fruit and vegetables	576 (38.4)	501 (24.9)	400 (22.9)	0.0017	541 (16.9)	526 (14.7)	407 (13.0)	<0.0001	546 (15.7)	517 (17.5)	418 (18.3)	<0.0001
Total vegetables <sup>a</sup>	295 (11.9)	281 (10.7)	245 (11.0)	0.0058	311 (9.2)	302 (7.60)	277 (8.42)	0.0162	307 (8.83)	291 (6.40)	273 (11.2)	0.0360
Vegetables without kimchi	195 (12.1)	175 (9.46)	140 (8.29)	0.0010	209 (8.32)	188 (6.43)	168 (7.46)	0.0017	213 (7.71)	188 (5.51)	154 (7.73)	<0.0001
Total kimchi	101 (6.08)	107 (5.74)	105 (7.07)	0.6847	102 (4.79)	115 (3.99)	109 (5.08)	0.4416	93 (4.51)	103 (3.78)	120 (7.11)	0.0067
Total fruit <sup>b</sup>	281 (38.7)	220 (21.3)	155 (19.3)	0.0165	230 (12.2)	224 (13.1)	130 (10.1)	<0.0001	240 (12.3)	226 (15.2)	145 (12.8)	<0.0001
<b>Frequency (times per day)</b>												
Total fruit and vegetables	7.86 (0.37)	7.47 (0.21)	6.36 (0.23)	0.0026	7.45 (0.16)	7.20 (0.10)	5.88 (0.11)	<0.0001	6.98 (0.13)	6.88 (0.11)	5.95 (0.14)	<0.0001
Total vegetables <sup>c</sup>	5.65 (0.23)	5.57 (0.14)	5.06 (0.16)	0.0574	5.67 (0.12)	5.60 (0.08)	4.74 (0.09)	<0.0001	5.21 (0.10)	5.35 (0.09)	4.84 (0.12)	0.0293
Total fruit <sup>d</sup>	2.21 (0.18)	1.90 (0.10)	1.30 (0.11)	0.0002	1.79 (0.07)	1.60 (0.05)	1.14 (0.04)	<0.0001	1.77 (0.05)	1.53 (0.04)	1.12 (0.05)	<0.0001

<sup>a</sup>Total vegetable intake (g) included all the raw, cooked, canned, frozen or dried forms of vegetables, mushrooms, seaweeds and also *Baechu kimchi*. <sup>b</sup>Fruit included all the raw, cooked, canned, frozen or dried fruits. <sup>c</sup>Vegetables included tomatoes, Chinese cabbage, radish, soy bean sprouts, spinach, cucumbers, carrots, peppers, squash, seaweeds and mushrooms. In 1998, mushrooms were not included. <sup>d</sup>Fruit included tangerines, persimmons, pears, watermelons, oriental melons, strawberries, grapes, peaches, apples, bananas, oranges and fruit juices. In 1998, bananas and grapes were not included.

**Table 4.** Age-adjusted proportion (%) of insufficient fruit and vegetable intake according to the survey year and education level

	1998					2001					2005				
	College +	High school	Middle school –	P-trend		College +	High school	Middle school –	P-trend		College +	High school	Middle school –	P-trend	
<i>Insufficient food intake</i>															
<i>Men</i>															
<i>Daily intake</i>															
Insufficient fruit and vegetable intake (<500 g/day) <sup>a</sup>	49.9	51.3	60.4	0.0006		46.7	48.2	59.1	<0.0001		54.2	61.5	68.6	<0.0001	
Insufficient fruit intake (<100 g/day) <sup>b</sup>	49.5	58.0	66.5	<0.0001		52.6	58.5	66.4	<0.0001		67.8	81.7	88.8	<0.0001	
<i>Frequency</i>															
Insufficient fruit frequency (less than once per day)	37.7	44.1	55.4	<0.0001		55.0	62.5	69.4	<0.0001		43.9	51.6	60.0	<0.0001	
<i>Women</i>															
<i>Daily intake</i>															
Insufficient fruit and vegetable intake (<500 g/day) <sup>a</sup>	53.7	54.3	62.5	0.0145		51.1	47.8	54.7	0.2788		66.6	68.7	71.9	0.0977	
Insufficient fruit intake (<100 g/day) <sup>b</sup>	42.2	40.5	51.4	0.0118		36.9	38.8	48.8	0.0005		63.6	70.1	79.7	<0.0001	
<i>Frequency</i>															
Insufficient fruit frequency (less than once per d)	39.9	42.2	55.7	<0.0001		43.8	49.4	58.7	<0.0001		35.4	36.7	48.6	0.0014	
<i>Insufficient food intake</i>															
<i>Men</i>															
<i>Daily intake</i>															
Insufficient fruit and vegetable intake (<500 g/day) <sup>a</sup>	49.9	53.9	61.0	0.0777		49.3	57.7	64.2	<0.0001		49.5	53.8	67.8	<0.0001	
Insufficient fruit intake (<100 g/day) <sup>b</sup>	55.8	58.4	68.7	0.0400		60.4	64.3	75.5	<0.0001		55.8	63.2	77.5	<0.0001	
<i>Frequency</i>															
Insufficient fruit frequency (less than once per day)	47.9	52.0	64.1	0.0070		52.0	55.0	67.7	<0.0001		51.3	57.7	69.0	<0.0001	
<i>Women</i>															
<i>Daily intake</i>															
Insufficient fruit and vegetable intake (<500 g/day) <sup>a</sup>	54.9	61.5	70.3	0.0051		56.2	61.0	69.6	<0.0001		54.1	60.9	71.4	<0.0001	
Insufficient fruit intake (<100 g/day) <sup>b</sup>	47.2	52.8	53.5	0.3130		47.7	51.7	63.8	<0.0001		41.1	50.4	62.4	<0.0001	
<i>Frequency</i>															
Insufficient fruit frequency (less than once per day)	30.0	34.1	49.2	0.0006		31.9	33.4	52.2	<0.0001		29.4	39.3	56.8	<0.0001	

<sup>a</sup>Fruit and vegetables included all kinds of fruits and vegetables and also *Baechu kimchi*. <sup>b</sup>Fruit included all the raw, cooked, canned, frozen or dried fruits.



**Figure 1.** Trends of insufficient FV consumers by education level using RII according to the survey years.

studies is not possible, because the previous studies did not take into account changeable sample distributions across the education groups over time.

The inequality between education levels in total FV and fruit intake could be explained by several possibilities. The first is awareness of food information and nutritional knowledge.<sup>18,19,32,39,40</sup> There is a strong relationship between dietary knowledge and education level.<sup>18,41</sup> As nutritional knowledge can affect food preferences and purchasing behavior,<sup>18</sup> low nutritional knowledge and awareness in the low-socioeconomic groups may influence dietary inequality.<sup>17,42</sup> Another possible explanation is that education encourages individuals to hold beliefs and values about healthy foods, and these then motivate and regulate their food-related behaviors.<sup>43</sup> Women of higher educational attainment consume FV more frequently with more awareness and greater self-motivation.<sup>44</sup> An intervention study demonstrated that increased dietary self-motivation, perceived benefits and knowledge of recommended intakes can result in increased FV consumption 12 months later.<sup>45</sup> Therefore, future promotion efforts for FV consumption aimed at low-socioeconomic groups should include nutritional information and education related to the value of consuming FV. Incidentally, because our study also revealed a high proportion of adults with insufficient FV intake in the high-education group, FV intake should also be promoted to higher socioeconomic groups.

Some limitations of the present study need to be acknowledged. Firstly, the KNHANES data sets were not collected in the same season (1998 and 2001: autumn, 2005: spring and 2007–2009: throughout the year). This might influence the perceived trend in inequality, especially for the 1998–2005 surveys. Moreover, the 1998 survey did not include certain FVs, such as mushrooms, grapes and bananas. Therefore, caution should be exercised in the interpretation of the results, although additional analysis excluding these food items in all the surveys did not substantially change the perceived trend over time. In addition, only one 24-h dietary-recall survey was used to assess FV intake, and it reflects typical intake poorly.<sup>46</sup> However, the FFQ may compensate for the limitations of the single 24-h dietary recall, although it did not include every kind of FV due to the limited number of food items and did not estimate the absolute amount of FV consumed. Regardless of these limitations, it is noteworthy that there was an increasing inequality in FV intake and fruit with taking into account the changed distributions across the education levels over time using RII.

In conclusion, we found a wide discrepancy in total FV and fruit consumption between Korean adults with different education levels. The inequality in total FV intake has increased continuously from 1998 to 2009. The inequality in fruit intake was greater than

that in vegetable intake, and the trend of increasing inequality was significantly greater in females.

#### CONFLICT OF INTEREST

The authors declare no conflict of interest.

#### ACKNOWLEDGEMENTS

We thank Professor Young-Ho Khang and Sung-Cheol Yun for their comments on the statistical analyses.

#### REFERENCES

- Liu S, Manson JE, Lee IM, Cole SR, Hennekens CH, Willett WC *et al*. Fruit and vegetable intake and risk of cardiovascular disease: the Women's Health Study. *Am J Clin Nutr* 2000; **72**: 922–928.
- Hung HC, Joshipura KJ, Jiang R, Hu FB, Hunter D, Smith-Warner SA *et al*. Fruit and vegetable intake and risk of major chronic disease. *J Natl Cancer Inst* 2004; **96**: 1577–1584.
- James W, Nelson M, Ralph A, Leather S. Socioeconomic determinants of health. The contribution of nutrition to inequalities in health. *BMJ* 1997; **314**: 1545–1549.
- Davey Smith G, Brunner E. Socio-economic differentials in health: the role of nutrition. *Proc Nutr Soc* 1997; **56**(1A): 75–90.
- Kwon J, Shim J, Park M, Paik H. Evaluation of fruits and vegetables intake for prevention of chronic disease in Korean adults aged 30 years and over: using the third Korea national health and nutrition examination survey (KNHANES III), 2005. *Korean J Nutr* 2009; **42**: 146–157.
- Satheanopkiao W, Aekplakorn W, Pradipasen M. Fruit and vegetable consumption and its recommended intake associated with sociodemographic factors: Thailand National Health Examination Survey III. *Public Health Nutr* 2009; **12**: 2192–2198.
- Kanungsukkasem U, Ng N, Van Minh H, Razzaque A, Ashraf A, Juvekar S *et al*. Fruit and vegetable consumption in rural adults population in INDEPTH HDSS sites in Asia. *Glob Health Action* 2009; **2**; doi:10.3402/gha.v2i0.1988.
- Estaquio C, Druenes-Pecollo N, Latino-Martel P, Dauchet L, Hercberg S, Bertrais S. Socioeconomic differences in fruit and vegetable consumption among middle-aged French adults: adherence to the 5A Day recommendation. *J Am Diet Assoc* 2008; **108**: 2021–2030.
- Prättälä R, Hakala S, Roskam AJ, Roos E, Helmert U, Klumbiene J *et al*. Association between educational level and vegetable use in nine European countries. *Public Health Nutr* 2009; **12**: 2174–2182.
- Popkin BM, Zizza C, Siega-Riz AM. Who is leading the change? U.S. dietary quality comparison between 1965 and 1996. *Am J Prev Med* 2003; **25**: 1–8.
- Hulshof KF, Brussaard JH, Kruijzinga AG, Telman J, Lowik MR. Socio-economic status, dietary intake and 10 y trends: the Dutch National Food Consumption Survey. *Eur J Clin Nutr* 2003; **57**: 128–137.
- Roos E, Talala K, Laaksonen M, Helakorpi S, Rahkonen O, Uutela A *et al*. Trends of socioeconomic differences in daily vegetable consumption, 1979–2002. *Eur J Clin Nutr* 2008; **62**: 823–833.

- 13 Paalanen L, Prättälä R, Palosuo H, Laatikainen T. Socio-economic differences in the consumption of vegetables, fruit and berries in Russian and Finnish Karelia: 1992–2007. *Eur J Public Health* 2010; **21**: 35–42.
- 14 Krieger N, Williams DR, NE M. Measuring social class in US public health research: concepts, methodologies, and guidelines. *Annu Rev Public Health* 1997; **18**: 341–378.
- 15 Roos E, Prättälä R, Lahelma E, Kleemola P, Pietinen P. Modern and healthy?: socioeconomic differences in the quality of diet. *Eur J Clin Nutr* 1996; **50**: 753–760.
- 16 Liberatos P, Link BG, Kelsey JL. The measurement of social class in epidemiology. *Epidemiol Rev* 1988; **10**: 87–121.
- 17 Irala-Estevez JD, Groth M, Johansson L, Oltersdorf U, Prattala R, Martinez-Gonzalez MA. A systematic review of socio-economic differences in food habits in Europe: consumption of fruit and vegetables. *Eur J Clin Nutr* 2000; **54**: 706–714.
- 18 Turrell G, Kavanagh A. Socio-economic pathways to diet: modelling the association between socio-economic position and food purchasing behaviour. *Public Health Nutr* 2006; **9**: 375–383.
- 19 Giskes K, Turrell G, van Lenthe FJ, Brug J, Mackenbach JP. A multilevel study of socio-economic inequalities in food choice behaviour and dietary intake among the Dutch population: the GLOBE study. *Public Health Nutr* 2006; **9**: 75–83.
- 20 Kang SW, Shin YS, Lee TJ, Kang EJ, Kim TW, Choi HS *et al*. *A Study on Social Polarization in Korea*. Korea Institute for Health and Social Affairs: Seoul, 2006.
- 21 Korea Centers for Disease Control and Prevention. *Korean National Health and Nutrition Examination Survey*. From <http://knhanesdcgokkr/> (accessed on 13 January 2011).
- 22 Choi J, Moon H. Comparison of dietary patterns by sex and urbanization in different economic status. *Korean J Community Nutr* 2008; **13**: 346–358.
- 23 Korean Health Industry Development Institute and Korea Centers for Disease Control and Prevention. *In-Depth Analysis on the 3rd (2005) Korea Health and Nutrition Examination Survey–Nutrition Survey*. Korean Health Industry Development Institute and Korea Centers for Disease Control and Prevention. Ministry of Health and Welfare: Seoul, Korea, 2007.
- 24 Ministry of Health and Welfare. *Health Plan 2010*. Ministry of Health and Welfare: Seoul, Korea, 2002.
- 25 The Korean Nutrition Society. *Dietary Reference Intakes for Koreans*. The Korean Nutrition Society: Seoul, Korea, 2005.
- 26 Mackenbach JP, Kunst AE. Measuring the magnitude of socio-economic inequalities in health: an overview of available measures illustrated with two examples from Europe. *Soc Sci Med* 1997; **44**: 757–771.
- 27 Davey Smith G, Hart C, Hole D, MacKinnon P, Gillis C, Watt G *et al*. Education and occupational social class: which is the more important indicator of mortality risk? *J Epidemiol Community Health* 1998; **52**: 153–160.
- 28 Davey-Smith G, Dorling D, Mitchell R, Shaw M. Health inequalities in Britain: continuing increases up to the end of the 20th century. *J Epidemiol Community Health* 2002; **56**: 434–435.
- 29 Regidor E. Measures of health inequalities: part 2. *J Epidemiol Community Health* 2004; **58**: 900–903.
- 30 Khang YH, Yun SC, Lynch JW. Monitoring trends in socioeconomic health inequalities: it matters how you measure. *BMC Public Health* 2008; **8**: 66.
- 31 Spiegelman D, Hertzmark E. Easy SAS. calculations for risk or prevalence ratios and differences. *Am J Epidemiol* 2005; **162**: 199–200.
- 32 Turrell G, Hewitt B, Patterson C, Oldenburg B, Gould T. Socioeconomic differences in food purchasing behaviour and suggested implications for diet-related health promotion. *J Hum Nutr Diet* 2002; **15**: 355–364.
- 33 Azagba S, Sharaf MF. Disparities in the frequency of fruit and vegetable consumption by socio-demographic and lifestyle characteristics in Canada. *Nutr J* 2011; **10**: 118.
- 34 Li Y, Li D, Ma CY, Liu CY, Hui D, Wen ZM *et al*. Consumption and factors influencing consumption of fruit and vegetables among elderly Chinese people. *Nutrition* 2011; **28**: 504–508.
- 35 Dehghan M, Akhtar-Danesh N, Merchant AT. Factors associated with fruit and vegetable consumption among adults. *J Hum Nutr Diet* 2011; **24**: 128–134.
- 36 Lee J, Jeong Y. Cholesterol-lowering effect and anticancer activity of Kimchi and Kimchi ingredients. *Korean J Life Sci* 1999; **9**: 743–752.
- 37 Clark AM, Duncan AS, Trevoy JE, Heath S, Chan M. Healthy diet in Canadians of low socioeconomic status with coronary heart disease: Not just a matter of knowledge and choice. *Heart Lung* 2011; **40**: 156–163.
- 38 Perrin AE, Simon C, Hedelin G, Arveiler D, Schaffer P, Schlienger JL. Ten-year trends of dietary intake in a middle-aged French population: relationship with educational level. *Eur J Clin Nutr* 2002; **56**: 393–401.
- 39 Darmon N, Drewnowski A. Does social class predict diet quality? *Am J Clin Nutr* 2008; **87**: 1107–1117.
- 40 Turrell G, Hewitt B, Patterson C, Oldenburg B. Measuring socio-economic position in dietary research: is choice of socio-economic indicator important? *Public Health Nutr* 2003; **6**: 191–200.
- 41 Kim H. Influence of age and education on food consumption and nutrient intakes of older women living alone. *J East Asian Soc Dietary Life* 2001; **11**: 82–88.
- 42 Giskes K, Turrell G, Newman B. Socioeconomic differences among Australian adults in consumption of fruit and vegetables and intakes of vitamins A, C and folate. *J Hum Nutr Diet* 2002; **15**: 375–385.
- 43 Worsley A. Nutrition knowledge and food consumption: can nutrition knowledge change food behaviour? *Asia Pac J Clin Nutr* 2002; **11**(Suppl 3): S579–S585.
- 44 Leganger A, Kraft P. Control constructs: do they mediate the relation between educational attainment and health behaviour? *J Health Psychol* 2003; **8**: 361–372.
- 45 Steptoe A, Perkins-Porras L, Rink E, Hilton S, Cappuccio F. Psychological and social predictors of changes in fruit and vegetable consumption over 12 months following behavioral and nutrition education counseling. *Health Psychol* 2004; **23**: 574–581.
- 46 Willet WC. *Nutritional epidemiology*. Oxford University Press, Inc.: New York, 1998.