



Reasons Parents Buy Prepackaged, Processed Meals: It Is More Complicated Than “I Don’t Have Time”

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ABSTRACT

Objective: To investigate reasons why parents purchase prepackaged, processed meals and associations with parental cooking self-efficacy, meal-planning ability, and home food availability.

Methods: This secondary data analysis uses *Healthy Home Offerings via the Mealtime Environment Plus* study data from parents of children aged 8–12 years ($n = 160$). Associations between reasons why parents purchase prepackaged, processed meals and the outcomes were assessed with chi-square, Fisher exact, and t tests.

Results: The most frequently endorsed reasons for purchasing prepackaged, processed meals included lack of time (57%) and family preferences (49%). Five of 6 reasons were associated with lower parental cooking self-efficacy and meal-planning ability. Some reasons were associated with less-healthy home food environments; few reasons varied by socio-demographic characteristics.

Conclusions and Implications: Because lower cooking self-efficacy and meal-planning ability are associated with most reasons reported for purchasing prepackaged, processed meals, strategies to increase these attributes for parents of all backgrounds may reduce reliance on prepackaged processed meals for family mealtimes.

Key Words: processed food, self-efficacy, meal-planning, parents, child, food environment (*J Nutr Educ Behav.* 2017;49:60–66.)

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INTRODUCTION

Prepackaged, processed meals such as boxed entrees and frozen dinners reduce the investment of energy, time, or cooking skills needed for food preparation.¹ These foods are widely available and relatively inexpensive² and simplify meal preparation. However, cross-sectional and longitudinal studies have demonstrated that youth who eat more prepackaged, processed foods have higher overall energy, sugar, sodium, and saturated fat intakes.^{3–5} Additional studies have shown positive associations between foods available in the home

and dietary intake of those foods; for example, higher home availability of non-nutritious foods has been associated with higher non-nutritious food intake.⁶ Therefore, home availability of prepackaged, processed meals may contribute to poorer dietary intake.

Given the negative impact of poor dietary intake on health,⁷ coupled with the direct associations between dietary intake and home food availability, it is important to understand why parents purchase prepackaged, processed meals for their families. Gaining such an understanding will help identify potentially modifiable factors for

intervention. Previous quantitative^{8,9} and qualitative¹⁰ studies found inverse associations between cooking skills and consumption of highly processed foods. An additional study found that low-income mothers prioritized making home-cooked meals when they reported greater cooking skills and self-efficacy; food choices were also influenced by meal-planning abilities.¹¹ Another study showed a negative correlation between cooking self-efficacy and a preference for time and energy savings around meal preparation.¹² Social Cognitive Theory emphasizes the importance of abilities, cognitions, and self-efficacy on motivation and behavior;¹³ therefore, parental cooking self-efficacy and meal-planning skills may be important targets for theoretically driven interventions to improve healthier eating.

Research on prepackaged, processed foods has examined purchases by several socio-demographic characteristics. Working more weekly hours was consistently associated with higher preference for and purchase and consumption of prepackaged, processed foods.^{8,14–16} However, to date, research has not evaluated

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whether a parent's sense of balance or lack thereof between home and work responsibilities is associated with convenience foods. Less consistent associations have been found between prepackaged, processed food purchasing and age, gender, education, and perceived time and money.^{8,14,17} In addition, children's presence in the home has been associated with lower preferences for and use of prepackaged, processed foods.^{8,14,15} Yet, qualitative research findings have suggested that parents felt conflicted about using prepackaged, processed foods because they knew these foods were not as nutritious but they valued time-saving benefits or decreasing conflict with picky eaters.^{10,18,19} These qualitative findings suggest that time is not the exclusive reason for purchasing convenience foods.^{10,18,19} Because parents are family food purchasers and gatekeepers,²⁰ it is important to understand the reasons why parents purchase prepackaged, processed meals and factors associated with the purchasing behaviors, in addition to the socio-demographic characteristics associated with them.

This secondary, cross-sectional study adds to the extant literature by assessing multiple reasons why parents purchase prepackaged, processed meals for their families. The current study also tests associations between these reasons and (1) family socio-demographic/work-life balance characteristics; (2) modifiable factors (ie, self-efficacy for cooking and meal-planning ability); and (3) home availability of prepackaged, processed meals, fruits, and vegetables. Findings will inform the development of interventions to reduce parent purchases of prepackaged, processed meals and improve the healthfulness of family meals.

METHODS

The current study used baseline data of parent and guardian participants ($n = 160$) from the *Healthy Home Offerings via the Mealtime Environment (HOME) Plus* randomized controlled trial.²¹ *HOME Plus* aimed to prevent excess childhood weight gain through a family intervention promoting family meal frequency, healthfulness of meals and snacks, and reduction in screen time. The University of Minnesota Institutional Review Board approved

the trial and procedures, and parent and guardian participants provided written informed consent.

In 2011 and 2012, primary meal-preparing parents and guardians and 1 of their children aged 8–12 years were recruited from 6 community center sites within a large metropolitan area of the Midwestern US.^{21,22} Recruitment criteria were that participants were fluent in English, they were not planning to move within 6 months of the start of the trial, they had no medical conditions that would limit study participation (eg, life-threatening food allergies), the 8- to 12-year-old child had a body mass index (age- and gender-adjusted) at or above the 50th percentile, and the child had to live with the participating parent or guardian most of the time. Recruitment strategies included flyers, site visits by study staff and staff at recreation centers, and small-group presentations about nutrition and family meals placed in and around community centers where interventions were held. Participants were randomized after baseline data collection into the intervention ($n = 81$) or control group ($n = 79$). Control group participants received monthly newsletters. Intervention participants were invited to attend 10-monthly intervention sessions; parent and guardian participants also received 5 goal-setting phone calls throughout the intervention.^{21,22}

The sample of *HOME Plus* adult participants contained almost all parents (99% parents and 1% guardians, here in called parents); 94% identified as mothers, 1% as grandmothers, and 5% as fathers, which is consistent with study samples from other research on prepackaged, processed meals.^{8-12,14,16-19} Subject characteristics are listed in [Table 1](#).

Measures

Trained staff went to families' homes to collect data. In their homes, parents completed a Home Food Inventory (HFI) and a psychosocial survey, which had been pilot-tested for overall comprehension and examined for internal consistency.

The study team developed psychosocial survey items after reviewing existing literature of qualitative studies^{19,23} to assess multiple reasons for purchasing

prepackaged, processed meals, because no scales were available in the literature at that time. The item stem, "I buy prepackaged foods like boxed foods and frozen meals because..." prompted each question: (1) I do not have time to prepare other foods; (2) My family really likes them; (3) They are easy for my child to prepare; (4) They are inexpensive; (5) I do not know what else to make; and (6) They are the only thing my whole family will eat. Response options were yes or no.

Parents self-reported their birth date (used to calculate age at the data collection visit), gender, marital status, education level, race, family receipt of economic assistance, and number of people in their household ([Table 1](#)). Parents also reported how their work-life balance affected family life and activities by responding to a 3-item scale.²⁴ The work-life balance scale had been previously adapted²⁴ from 2 longer scales of Marshall and Barnett²⁵; the scale used in the current study was found to be reliable in previous research (adapted $\alpha = .86$, test-retest $r = .75$).²⁴ An example item was: "Because of the requirements of my job, my family time is less enjoyable or more pressured"; and parents rated how much they strongly disagreed or agreed with the statement using 4-point response options. Items were summed, with higher scores indicating that work negatively interfered with family life (current study $\alpha = .90$).

Self-efficacy for cooking a healthful meal was measured with an adapted 4-item scale (original study α 's = .92²⁶ and .85¹²; current study $\alpha = .83$). Items were summed, with higher scores indicating higher self-efficacy. Meal-planning ability was measured with a 12-item scale (current study $\alpha = .71$) created with factor analysis (results not shown) using existing items and items created from focus group findings.²³ Items were summed, with higher scores indicating higher meal-planning ability.

In their homes, while they went through their pantry and/or food supply, parents also completed a valid and reliable HFI²⁷ to measure home availability of vegetables, fruits, and prepackaged, processed meals. The vegetable availability score and fruit availability score (original: kappas [κ 's] = .80 and .83; sensitivities = .89 and .87;

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