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## Research review

# Health and social determinants and outcomes of home cooking: A systematic review of observational studies



Susanna Mills <sup>a,\*</sup>, Martin White <sup>a,b</sup>, Heather Brown <sup>a</sup>, Wendy Wrieden <sup>c</sup>,  
Dominika Kwasnicka <sup>a,d,e</sup>, Joel Halligan <sup>c</sup>, Shannon Robalino <sup>a</sup>, Jean Adams <sup>b</sup>

<sup>a</sup> Institute of Health & Society, Newcastle University, Baddiley-Clark Building, Richardson Road, Newcastle Upon Tyne NE2 4AX, UK  
<sup>b</sup> Centre for Diet and Activity Research (CEDAR), MRC Epidemiology Unit, University of Cambridge, School of Clinical Medicine, Box 285 Biomedical Campus, Cambridge CB2 0QQ, UK  
<sup>c</sup> Human Nutrition Research Centre, Institute of Health and Society, Newcastle University, M1.151 William Leech Building, Medical School, Framlington Place, Newcastle Upon Tyne NE2 4HH, UK  
<sup>d</sup> School of Psychology and Speech Pathology, Faculty of Health Sciences, Curtin University, GPO Box U1987, Perth, WA 6845, Australia  
<sup>e</sup> School of Human Health and Social Sciences, Physical Activity Research Group, Central Queensland University, Australia

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## ABSTRACT

Many dietary interventions assume a positive influence of home cooking on diet, health and social outcomes, but evidence remains inconsistent. We aimed to systematically review health and social determinants and outcomes of home cooking. Given the absence of a widely accepted, established definition, we defined home cooking as the actions required for preparing hot or cold foods at home, including combining, mixing and often heating ingredients. Nineteen electronic databases were searched for relevant literature. Peer-reviewed studies in English were included if they focussed mainly on home cooking, and presented post 19<sup>th</sup> century observational or qualitative data on participants from high/very high human development index countries. Interventional study designs, which have previously been reviewed, were excluded. Themes were summarised using narrative synthesis. From 13,341 unique records, 38 studies – primarily cross-sectional in design – met the inclusion criteria. A conceptual model was developed, mapping determinants of home cooking to layers of influence including non-modifiable, individual, community and cultural factors. Key determinants included female gender, greater time availability and employment, close personal relationships, and culture and ethnic background. Putative outcomes were mostly at an individual level and focused on potential dietary benefits. Findings show that determinants of home cooking are more complex than simply possessing cooking skills, and that potential positive associations between cooking, diet and health require further confirmation. Current evidence is limited by reliance on cross-sectional studies and authors' conceptualisation of determinants and outcomes.

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**Abbreviations:** ASSIA, Applied Social Science Index and Abstracts; CENTRAL, Cochrane Central Register of Controlled Trials; CINAHL, Cumulative Index for Nursing and Allied Health Literature; DARE, Database of Abstracts of Reviews of Effects; ERIC, Education Resource Information Centre; HMIC, Health Management Information Consortium; IBSS, International Bibliography of the Social Sciences; PAIS, Public Affairs Information Service; PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses; PROSPERO, International Prospective Register of Systematic Reviews; UK, United Kingdom; USA, United States of America.

\* Corresponding author. Institute of Health & Society, Newcastle University, Baddiley-Clark Building, Richardson Road, Newcastle upon Tyne NE2 4AX, UK.  
 E-mail addresses: [susanna.mills@newcastle.ac.uk](mailto:susanna.mills@newcastle.ac.uk) (S. Mills), [martin.white@mrc-epid.cam.ac.uk](mailto:martin.white@mrc-epid.cam.ac.uk) (M. White), [heather.brown@newcastle.ac.uk](mailto:heather.brown@newcastle.ac.uk) (H. Brown), [wendy.wrieden@newcastle.ac.uk](mailto:wendy.wrieden@newcastle.ac.uk) (W. Wrieden), [dominka.kwasnicka@curtin.edu.au](mailto:dominka.kwasnicka@curtin.edu.au) (D. Kwasnicka), [joel.halligan@newcastle.ac.uk](mailto:joel.halligan@newcastle.ac.uk) (J. Halligan), [shannon.robalino@newcastle.ac.uk](mailto:shannon.robalino@newcastle.ac.uk) (S. Robalino), [jma79@medschl.cam.ac.uk](mailto:jma79@medschl.cam.ac.uk) (J. Adams).

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## 1. Introduction

Many governmental and non-governmental organisations across the world promote home cooking as a key component of strategies to tackle obesity and poor quality diets. There is accumulating evidence of relationships between obesity and poor nutritional intake, and consuming convenience foods (Lobato, Costa, & Sichieri, 2009), and away from home food consumption (Beydoun, Powell, & Wang, 2009). There are indications of a range of potential dietary- and obesity-related benefits derived from home food preparation, such as reduced risk of obesity (Kramer et al., 2012) and consumption of a healthful dietary pattern (Simmons & Chapman, 2012). However, these possible advantages have largely been studied in specific sociodemographic subgroups rather than on a larger population scale, and have generally focussed on the shorter term. Establishing the evidence base for health and social outcomes of home food preparation is crucial for informing the likely relative value of home cooking interventions. Domestic cooking incorporates a range of complex behaviours with multiple influences, spanning a broad spectrum of practices (Short, 2003). Since the mid-20<sup>th</sup> century, people have been cooking less often from basic ingredients in developed countries (Möser, 2010; Smith, Ng, & Popkin, 2013). Furthermore, the typical demographic of those cooking has shifted, such that home food preparation is no longer as dominated by women as it once was (Cutler, Glaeser, & Shapiro, 2003). Developing a clearer understanding of who engages in home food preparation and why, is of importance to inform the rationale for, and targeting and tailoring of, healthy eating and home cooking interventions.

Two recent systematic reviews that appraised evidence on home cooking interventions found that the evidence base was dominated by poor quality studies, making conclusions hard to draw (Rees et al., 2012; Reicks, Trofholz, Stang, & Laska, 2014). Observational research into home food preparation may offer further insights, both regarding the characteristics of those currently participating in home cooking, and the potential outcomes of home cooking practices. However, to date no synthesis of observational research has been conducted. In order to fill this gap,

we conducted a systematic review with the aim of assessing the health and social determinants and outcomes of home cooking.

## 2. Materials and methods

### 2.1. Protocol and registration

We registered the protocol for this review with PROSPERO International Prospective Register of Systematic Reviews (University of York Centre for Reviews and Dissemination, 2013) reference CRD4201401398 and documented deviations from the original research protocol in the online PROSPERO record. The review is described here according to recommendations from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009).

### 2.2. Search strategy

We searched the following electronic databases from inception through to December 2014: MEDLINE; Scopus; Web of Science; PsycInfo; Applied Social Science Index and Abstracts (ASSIA); Business Source Premier; CAB Abstracts; Cumulative Index to Nursing and Allied Health Literature (CINAHL); Cochrane Central Register of Controlled Trials (CENTRAL); Cochrane Database of Systematic Reviews; Database of Abstracts of Reviews of Effects (DARE); Embase; Education Resource Information Centre (ERIC); Health Management Information Consortium (HMIC); International Bibliography of the Social Sciences (IBSS); PubMed; Public Affairs Information Service (PAIS) International; Social Services Abstracts; and Sociological Abstracts. No language or date limits were used at this stage, and where possible searches were restricted to human studies. A sample search strategy for MEDLINE is shown in Appendix S1, which was adapted for use in other databases. We searched the internet, using the phrases 'home cooking' and 'home food preparation' in Google search engine and assessed the top 50 hits for each phrase. We also hand searched peer-reviewed journal special editions focussing on food preparation.

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