



Food skills confidence and household gatekeepers' dietary practices



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ARTICLE INFO

Article history:

Received 25 May 2016

Received in revised form

29 August 2016

Accepted 27 September 2016

Available online 28 September 2016

Keywords:

Food skills

Food confidence

Food behaviours

Household food gatekeeper

ABSTRACT

Introduction: Household food gatekeepers have the potential to influence the food attitudes and behaviours of family members, as they are mainly responsible for food-related tasks in the home. The aim of this study was to determine the role of gatekeepers' confidence in food-related skills and nutrition knowledge on food practices in the home.

Methods: An online survey was completed by 1059 Australian dietary gatekeepers selected from the Global Market Insite (GMI) research database. Participants responded to questions about food acquisition and preparation behaviours, the home eating environment, perceptions and attitudes towards food, and demographics. Two-step cluster analysis was used to identify groups based on confidence regarding food skills and nutrition knowledge. Chi-square tests and one-way ANOVAs were used to compare the groups on the dependent variables.

Results: Three groups were identified: low confidence, moderate confidence and high confidence. Gatekeepers in the highest confidence group were significantly more likely to report lower body mass index (BMI), and indicate higher importance of fresh food products, vegetable prominence in meals, product information use, meal planning, perceived behavioural control and overall diet satisfaction. Gatekeepers in the lowest confidence group were significantly more likely to indicate more perceived barriers to healthy eating, report more time constraints and more impulse purchasing practices, and higher convenience ingredient use. Other smaller associations were also found.

Conclusion: Household food gatekeepers with high food skills confidence were more likely to engage in several healthy food practices, while those with low food skills confidence were more likely to engage in unhealthy food practices. Food education strategies aimed at building food-skills and nutrition knowledge will enable current and future gatekeepers to make healthier food decisions for themselves and for their families.

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1. Introduction

Over the past century, there have been significant changes in how, what, when and with whom we eat and these changes have impacted on food intake and preparation, as well as rituals of eating (Vidgen, 2016). At the same time, there have been concerns regarding the state of cooking and other food-related skills among health professionals, which have intensified, particularly in the last two decades.

Meal planning and preparation is often perceived to be time-consuming and is a commonly reported barrier to the preparation

of healthy meals from scratch (Bava, Jaeger, & Park, 2008). With an increasing number of dual-career families and single parent households in paid employment (ABS, 2011), this perceived lack of time means that families today rely heavily on convenience products in the construction of meals (Monteiro, Moubarac, Cannon, Ng, & Popkin, 2013; Rosenkranz & Dziewaltowski, 2008; Soliah, Walter, & Barnes, 2003). The majority of convenience food products are highly processed and have high energy and sodium content (Remnant & Adams, 2015). This is of great concern for the health of the population, as reliance on such highly-processed, energy-dense, nutrient-poor (EDNP) food products can contribute to obesity (Canella et al., 2014; Monteiro et al., 2013) and other chronic diet-related diseases (Moubarac et al., 2013). Furthermore, in families where convenience food products are the norm, children are not likely to be taught cooking and other food-skills, which

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could potentially result in another generation of adults who will continue to rely on EDNP convenience products rather than fresh food ingredients.

In response to the rapid changes in eating and food-related behaviours, the term ‘food literacy’ has emerged. Vidgen (2016) describes it as an attempt to summarise the knowledge, skills and behaviours needed for everyday eating. Through qualitative research with food experts and young people, Vidgen (2016) developed a definition of food literacy which describes an inter-related set of components grouped into four domains: planning and management, selection, preparation, and eating. This study focuses on nutrition knowledge and cooking capabilities. In terms of Vidgen’s (2016) definition of food literacy, cooking capabilities is a component of the preparation domain, while nutrition knowledge covers components in both the selection and eating domains.

Some studies have shown that individuals with greater nutrition knowledge often consume healthier diets and carry out healthier food purchasing practices (Ball, Crawford, & Mishra, 2006; McLeod, Campbell, & Hesketh, 2011; Turrell & Kavanagh, 2006; Wardle, Parmenter, & Waller, 2000). However, that is not always the case, as other studies have found the relationship between nutrition knowledge and dietary behaviour to be weak (Contento, Manning, & Shannon, 1992; Dickson-Spillmann & Siegrist, 2011; Long & Stevens, 2004; Story, Lytle, & Birnbaum, 2002). One possible explanation for the inconsistency between studies is that even though an individual may be able to distinguish healthy foods from unhealthy foods, they may not have the food preparation/cooking skills to transform food into meals. Several studies have suggested that inadequate cooking skills may be a barrier to healthy eating (Caraher, Dixon, Lang, & Carr-Hill, 1999; Larson, Perry, Story, & Neumark-Sztainer, 2006; Lichtenstein & Ludwig, 2010; Reicks, Trofholz, Stang, & Laska, 2014).

Cooking skills though, are difficult to measure and are often self-reported, rather than measured objectively. Thus, self-reported cooking skills may reflect self-confidence regarding the ability to cook, rather than actual capabilities. Very few studies have examined the relationship between food-skills confidence and food practices.

A cross-sectional study of 426 randomly selected households in Brisbane, Australia, found that a greater variety of vegetables were purchased regularly in households where the main food preparer was confident about their preparation skills or the use of a variety of cooking techniques (Winkler & Turrell, 2009). Similarly a British study found that older men who considered themselves good cooks, consumed more vegetables and had lower energy intakes (Hughes, Bennett, & Hetherington, 2004). Conversely, low confidence in cooking ability has been associated with increased use of pre-prepared and convenience foods because they are easy to prepare and come with step-by-step instructions (Bava, Jaeger, & Park, 2008; Brunner, van der Horst, & Siegrist, 2010; van der Horst, Brunner, & Siegrist, 2010).

Associations have also been found between food skill confidence and several demographic factors. Lower confidence has been associated with being male (Caraher et al., 1999; Winkler & Turrell, 2009), young in age (Caraher et al., 1999), having low income or education level (Caraher et al., 1999; Winkler & Turrell, 2009) and living with minors (Winkler & Turrell, 2009). For example, Caraher et al. (1999) found that young women were most confident with boiling, grilling and oven-baking/roasting, and least confident with stir-frying, microwaving and steaming. Young men were most confident with grilling, boiling and shallow-frying, and least confident with steaming, stir-frying and stewing. Confidence in the use of all techniques increased with income and education and generally, women were more confident than men. Both men and women were most confident cooking with potatoes, fresh green

vegetables, root vegetables and chicken, and least confident cooking with oily fish and pulses.

Although sharing of food related tasks does take place in households, most families possess a ‘food gatekeeper’ who takes primary responsibility for planning, purchasing and preparing meals for the family (Cunningham & Green, 1974; Reid, Worsley, & Mavondo, 2015). Traditionally, this was the role of women (Charles & Kerr, 1988; Cunningham & Green, 1974; Davis & Rigaux, 1974; Lake et al., 2006; Murcott, 1982, 1983). However, with more women now in paid employment, some men appear to be playing a greater role in the planning, purchasing and preparing of family meals (Harnack, Story, Martinson, Neumark-Sztainer, & Stang, 1998; Kemmer, 2000; Lake et al., 2006; Reid et al., 2015).

Household food gatekeepers are in a position to influence the food practices of other family members through their attitudes, actions and choices (Bassett, Chapman, & Beagan, 2008). For example, Wansink (2003) showed that household food gatekeepers vary greatly in cooking skills, cooking behaviours, food usage, and personality. Wansink further showed that parents believe that they control an average of 83% of the food their children eat at home. With the potential to have such a large influence on the family diet, it is important to determine the factors that influence the food provision practices of the gatekeeper.

The level of nutrition knowledge (Pendergast, Garvis, & Kanasa, 2011) and cooking skills (Larson et al., 2006; Pendergast et al., 2011) practiced in the home has been shown to be an important determinant of diet quality. Therefore, individuals’ confidence in their nutrition knowledge and cooking skills is likely to influence home cooking practices and the home food environment (Bava, Jaeger, & Park, 2008; Caraher et al., 1999; Hughes et al., 2004; Winkler & Turrell, 2009). As dietary gatekeepers appear to have substantial influence on households’ food practices (Bassett et al., 2008; Wansink, 2003, 2006), examination of the relationships between gatekeepers’ confidence in their cooking skills and nutrition knowledge, and the home food environment, will provide valuable insight as to where and who to target public health efforts.

2. Method

2.1. Sampling and administration

One thousand and fifty nine Australian adults completed an online survey during a one week period in January 2011. A quota sample was drawn from a consumer database held by an international research field house (Global Market Insite) that administered the survey. Potential respondents were sent an email inviting them to participate in the online survey. Respondents were eligible to complete the survey if they were the main household food shopper and food preparer – the food gatekeeper. They were drawn from all states and territories of Australia in proportion to their population. Table 1 outlines the demographic profile of the sample. The sample consisted mostly of couples with children living at home (56.4%) and females (64.7%).

2.2. The questionnaire

Prior its administration to the 1059 participants, the questionnaire was extensively pre-tested among local researchers, then with 46 respondents in Australia and was initially administered to 323 Australian dietary gatekeepers. The pretesting and first administration of the questionnaire aided in evaluating respondents’ ability to complete the questionnaire, timing and question skips, and the calculation of initial scale reliabilities. Subsequently, changes were made to the questionnaire prior to its administration to the sample. The variables included in the study

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