

Perceived Motivators to Home Food Preparation: Focus Group Findings

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ABSTRACT

Family meals are positively associated with increased consumption of fruits and vegetables and numerous nutrients, promoting good eating habits and disease prevention. Families benefiting from home-cooked meals are more likely to consume smaller portions and fewer calories, less fat, less salt, and less sugar. Some Western cultures have lost confidence in preparing meals and tend to rely on foods prepared outside the home. The ability of young adults to prepare foods at home may be impaired. The purpose of our study is to identify motivators and, consequently, barriers to preparing foods at home vs purchasing preprepared foods from a deli or eating in a restaurant. Focus groups of college students (n=239) from two universities were asked questions about motivators to preparing meals at home in two subsequent sessions. The primary motivators among the students were that they desired to save money; had a model in food preparation; were familiar with cooking techniques; and had enough time to shop, cook, and clean up after meals. Food and nutrition practitioners have opportunities to promote cost-effective, simple, and time-saving home food preparation techniques as healthful habits.

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FOOD CHOICES, WHETHER EATING FAMILY MEALS inside the home or outside the home, have significant effects on the health and well-being of family members.^{1,2} Studies have demonstrated that family meals promote good eating habits,^{3,4} and parents may be able to influence eating patterns of teenagers in the family by providing meals at home.⁴ Home-cooked meals are positively associated with higher consumption of fruits and vegetables,⁵ fiber, and several vitamins and minerals.⁶ Family meals coincide with increased dark green and orange vegetable intake among male and female adolescents.⁷ Conversely, consumption of saturated and *trans* fats, soft drinks, and fried foods are negatively associated with family meals.⁶ Overall, people who prepare food in the home are more inclined to eat smaller portions and consume fewer calories and less fat, salt, and sugar,^{8,9} which is more likely to result in healthy weight and chronic disease prevention.¹⁰ Habits learned as children, such as eating healthful meals, can affect eating during adulthood.⁷

Unfortunately, whole cultures in Western countries have experienced foundational shifts in eating patterns and skills required to provide food for the family. Entire populations exhibit a lack of confidence in basic cooking skills,¹¹⁻¹⁴ which causes dependence on prepared foods.¹¹ Studies show that around 10% of adults in the United States¹⁴ and Australia¹⁵ do not know how to prepare home-cooked meals. Failure to learn food preparation in childhood may decrease the likelihood of performing this skill as an adult.¹ Many young adults have limited experience in food preparation, and they may lack the ability to prepare foods by reading and

understanding a recipe or following instructions on a food package.¹⁴

The inclination to purchase, prepare, and consume fruits and vegetables appears to be dependent not only on perceived cooking skills, but also the amount of time this might require.^{13,16} Women in many families juggle multiple responsibilities, which limits time available for food preparation.¹⁷ Working women prefer to spend <15 minutes preparing meals.¹⁸ Other adults, such as busy college students, may believe it is necessary to spend time studying or working rather than preparing food.

An obvious alternative to home-cooked meals is eating foods outside the home. When eating out, people tend to consume a greater total amount of food, and/or they choose higher-energy foods.¹⁹ A review of seven studies showed eating meals away from home frequently is positively associated with risk of becoming overweight or obese.^{20,21}

PURPOSE

The purpose of our research was to identify motivators and consequently barriers to preparing foods at home vs purchasing preprepared foods from a deli or eating in a restaurant.

METHODS

Participants

A series of focus groups were held with young adults enrolled at Abilene Christian University and Baylor University (n=239). Institutional review board approval was attained for

the study at both universities. Eligible participants were students from diverse majors with different perspectives and backgrounds and were in various classes at the universities. The participants were homogenous in that they were all college students. The Table shows some demographics of the participants.

Qualitative Methodology

Interview guides were developed for focus group sessions based on survey data gathered by two of the researchers in a previous study and in literature reviews. Extensive lists of food items from main entrées, vegetables/salads, egg dishes, sauces, salad dressings, and baked goods were presented to the college students. They were asked, "Do you ever eat this food? Do you know how to make it? Have you ever made it? If you do not prepare the item, what are the reasons?"¹ Conclusions from these works were used to identify barriers and motivators to home food preparation.

Table. Demographics of focus group participants from two universities who answered questions pertaining to home food preparation

Demographic variable	Abilene Christian University (n = 83) ages 18-25 y	Baylor University (n = 156) ages 18-23 y
Type of academic major		
Family and consumer sciences	0	77
Exercise science	50	0
Liberal arts	10	8
Nursing	0	52
Other health/medical field	6	13
Technical field	12	4
Other	5	2
Sex		
Male	38	10
Female	45	146
Classification		
Freshman	1	22
Sophomore	15	50
Junior	25	21
Senior	42	61
Postgraduate	0	2
Housing		
Off campus ^a	67	113
Dormitory	13	40
Parents	3	3

^aIncludes apartments and houses.

A summarized list of motivators and barriers was compiled, which centered around intricate skills in menu planning, acquiring of food preparation skills, and home acquisition of food stuffs. The list of motivators and barriers were then converted to questions that could be posed in a focus group setting. Other researchers and two undergraduate students (for the viewpoint of college students) were asked to review the statements for clarity. Statements were adjusted from these comments.

A demographic questionnaire was completed, and an informed consent form was signed by each focus group member before sessions began. The students were assured that personal information was confidential. Specific goals and ground rules for the focus group discussions were explained to participants at the beginning of the interviews.

Two sessions were implemented for each focus group. Each group met for 30 to 45 minutes each time and consisted of approximately 15 people. Focus groups were conducted according to standard procedures similar to those recommended by Krueger and Casey.²² The director of the session asked uncued questions, and participants were encouraged to speak freely until all views were expressed. Additional probing and clarification followed to facilitate group discussion. Participants were allowed time to reflect on one another's statements and make comments. The director was careful not to give personal opinions and did not approve or disapprove of participant statements either verbally or nonverbally.

Each focus group session was videotaped and audiotaped. With each question posed to the group, responses were recorded by hand. Sessions were transcribed from audio tapes, and recorded notes were used to add content. Researchers reviewed and analyzed the videos, audios, and transcripts. Responses were reviewed to reveal clustered answers, atypical clustering answers, and nonclustering answers. Clustered answers were studied for common content and emerging patterns and themes. More clustering indicated greater strength and significance of answers. Videotapes were reviewed to observe facial expressions and body language of individuals and group interactions that would give more value to the findings. A descriptive summary was written. Rigorous attention to objectivity was considered essential.

RESULTS

A sampling of the focus group questions asked of all participants are shown in the Figure. The questions in session 2 were follow-up items deduced from round 1 answers.

Results of the review process yielded common themes of perceived motivators to home food preparation that were noted and are shown below.

- Desire to save money.
- Had a parent who modeled food preparation.
- Familiar with cooking techniques.
- Have equipment available to use.
- Have access to a kitchen stocked with basic ingredients.
- Desire for healthier, more nutritious food.
- Enjoy cooking.
- Like having control over the preparation of foods they consume.
- Have an interest in knowing what is in foods they consume.

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