



What does cooking mean to you?: Perceptions of cooking and factors related to cooking behavior



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ARTICLE INFO

Article history:

Received 14 August 2015

Received in revised form

26 October 2015

Accepted 25 November 2015

Available online 30 November 2015

Keywords:

United States

Adults

Cooking

Convenience foods

Focus groups

ABSTRACT

Despite the importance of cooking in American life and evidence suggesting that meals cooked at home are healthier, little is known about perceptions of what it means to cook in the United States. The objective of this study was to describe perceptions of cooking and factors important to how cooking is perceived and practiced among American adults. Seven focus groups (N = 53; 39 female; 35 Black, 16 White, 2 Asian) were conducted from November 2014 to January 2015 in Baltimore City, Maryland. Participants were recruited from two neighborhoods; one with higher median income and access to healthy food and the other with lower income and low access to healthy food. Focus groups were audio recorded, transcribed verbatim and analyzed using a grounded theory approach. Participants' perceptions of cooking varied considerably, regardless of neighborhood income or food access, and spanned a continuum from all scratch cooking to anything made at home. Perceptions of cooking incorporated considerations of whether or how food was heated and the degree of time, effort and love involved if convenience foods were used. Key barriers to cooking included affordability, lack of time, and lack of enjoyment. Key facilitators of frequent cooking included extensive organization and time management to enable participants to incorporate cooking into their daily lives. Cooking is a complex concept and not uniformly understood. Efforts to encourage healthy cooking at home should consider the broad spectrum of activities Americans recognize as cooking as well as the barriers and facilitators to preparing food at home. Public health messages to encourage more frequent cooking should account for the heterogeneity in perspectives about cooking. More research should explore differences in perceptions about cooking in other diverse populations.

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1. Introduction

Despite the importance of cooking in American life, little is known about how Americans perceive cooking. The Oxford English Dictionary defines cooking as “to prepare food by the action of heat” (Oxford English Dictionary and 2015). However, limited evidence suggests that people interpret the meaning of cooking quite differently (Short, 2006). Moreover, the terms ‘homemade’, ‘convenience’, ‘proper cooking’, ‘cook’, ‘basic ingredients’ and ‘ready prepared’ are not uniformly understood (Carrigan, Szmigin, & Leek, 2006; Short, 2003; Short, 2006). In addition, most available studies have been conducted outside of the United States and may lack

relevance to Americans (Costa & et al., 2007; Daniels & et al., 2012; De Backer, 2013; Kaufmann, 2010; Short, 2006, 2003). Therefore, the meaning of cooking in the U.S. context is not well understood and this is an important limitation in studies examining cooking skills and behavior (Hartmann, Dohle, & Siegrist, 2013; Virudachalam & et al., 2013; Smith, Ng, & Popkin, 2013; Soliah, Walter, & Jones, 2012; Sobal & Hanson, 2014). Improved knowledge in this area is important as greater frequency of cooking at home is associated with consumption of a healthier diet (Wolfson et al., 2015a) particularly among households with higher income (Wolfson et al., 2015b).

What is clear is that Americans cook less frequently and spend less time cooking now than in the past (Smith et al., 2013; Zick & Stevens, 2010). Yet, half of Americans still report engaging in meal preparation on a daily basis (Hamrick & et al., 2011), and in a typical American household, dinner is reported as being cooked an average of 5 nights per week (Virudachalam & et al., 2013;

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Wolfson et al., 2015a). The frequency of cooking is associated with a variety of socio-demographic characteristics (Virudachalam & et al., 2013). Employment status, particularly female employment, is associated with decreased time spent cooking (Mancino & Newman, 2007) while lower income (<185% of the poverty threshold) is associated with increased time spent cooking (Hamrick & et al., 2011). Younger individuals are less likely to cook. Among race/ethnic groups, frequency of cooking dinner is lower among Black households (4.4 days/week) and higher among Hispanic households (5.6 days/week) (Virudachalam & et al., 2013).

Reductions in the time available for cooking have been associated with an increased role for convenience foods in the American diet. Convenience foods, (“any fully or partially prepared foods in which significant preparation time, culinary skills or energy inputs have been transferred from the home kitchen to the food processor and distributor” (Celnik, Gillespie, & Lean, 2012)), are now ubiquitous in the marketplace, and 90% of Americans purchase convenience foods (Harris & Shiptsova, 2007). Approximately 20% of all food expenditures are spent on convenience foods compared to 10% for fruits and vegetables (Guthrie & et al., 2012). Although convenience foods have become common in the marketplace (Caraher & et al., 1999; Lang & Caraher, 2001), are marketed as an essential component of a home-cooked meal (Shapiro, 2004), and are widely used (Carrigan et al., 2006), the extent to which the American public considers use of these products to be cooking is unknown. Furthermore, the extent to which the meaning of ‘cooking’ or ‘homemade’ differ systematically is unclear. Interestingly, one study found that younger people incorporate convenience foods into their definition of homemade to a much greater extent than older people who emphasize ‘cooking from scratch’, using fresh ingredients, and tradition into their definition of homemade (Moisio, Arnould, & Price, 2004).

The objective of this qualitative study is to examine American adults’ perceptions of concepts related to cooking. The specific aims of this formative research are to: 1) explore how individuals perceive what it means “to cook”, and 2) describe factors that are important to how cooking is perceived and practiced. We used a social-ecological framework to inform the study design. Evidence suggests that perceptions of cooking and cooking behavior may be influenced by individual factors such as age, gender, socio-economic status, time pressures, taste preferences, and values around food (Fitzgerald & Spaccarotella, 2009; Furst & et al., 1996; Glanz & et al., 1998; Kolodinsky & Goldstein, 2011; Mancino, 2012; Zick, Stevens, & Bryant, 2011). These individual factors are closely tied to other interpersonal factors, most specifically family cooking habits and food preferences (Simmons & Chapman, 2012; Stead & et al., 2004). Cooking knowledge, skills and behavior for both individuals and families are shaped by the physical built environment, the community culture, norms and values, and the accessibility of affordable, quality food in the communities in which people live (Andreyeva & et al., 2008; Chenhall, 2010; Drewnowski, 2012; Gittelsohn & et al., 2010; Poti & Popkin, 2011; Sallis & Glanz, 2006; Singh, Siahpush, & Kogan, 2010). Individual and family cooking knowledge and behavior while being influenced by community factors, also play a role in determining the norms and values in the community, and due to the dynamics of supply and demand, help to shape the food environment in which food purchasing decisions are made. Thus, while we did not have specific hypotheses (due to the exploratory nature of the research), we theorized that cooking perceptions and practices would be a function of individuals’ family backgrounds, as well as their local communities, neighborhoods and social environments.

2. Methods

This study used qualitative methods to explore cooking perceptions and practices among adults. We conducted seven focus groups in two neighborhoods in Baltimore, MD between November, 2014 and January, 2015; participants were recruited from one neighborhood with higher median income and access to healthy food and another with lower income and low access to healthy food. The study was approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

2.1. Site selection

Two neighborhoods were purposively selected for participant recruitment and data collection based on differences in socio-economic status (SES) and food environment indicators. Neighborhoods were identified using data from the Maryland Food System Map (Center for a Livable Future, 2014) and Baltimore City Department of Public Health (Baltimore City Health Department, 2012). The two neighborhoods were selected to facilitate comparisons between individuals with high SES living in a neighborhood with high food access, and individuals with low SES living in a food desert neighborhood. Appendix Table 1 describes demographic, socio-economic and food environment characteristics of the two neighborhoods and Baltimore City overall.

2.2. Recruitment and selection of participants

We used the Maryland Food System Map to identify all food stores and businesses in the two recruitment neighborhoods. Neighborhood specific fliers (identical except for different information about where the focus groups would be conducted) were posted at a random selection of those food outlets (with permission of the owner or manager). In addition, fliers were posted on bulletin boards at libraries, churches and apartment buildings in the neighborhoods. Fliers specified that we were conducting research about home cooking and that we were interested in the views of people who “love to cook, hate to cook, cook all the time or not at all”.

Participants could respond to the flyer via telephone or email. The lead author responded to all inquiries, and participants who fit the inclusion criteria (over 18 years old and living in the recruitment neighborhood (based on self-report)) were accepted on a first come first served basis. In order to achieve a more diverse sample, before recruitment began for the final group in the higher income/food access neighborhood (hereafter called Neighborhood 1), the flyer was posted on social media website of a neighborhood group, and individuals who had previously inquired about the groups but who had been unable to attend were re-contacted. Participants accepted to this group met the additional inclusion criteria of identifying as non-Black and having at least some college education.

2.3. Data collection

Focus groups were held in meeting rooms at public libraries centrally located within the neighborhoods. Four focus groups took place in Neighborhood 1, three with all female participants and one mixed gender group. Three groups took place in Neighborhood 2, two with all females and one with all males. In Neighborhood 2 all participants were Black and, in Neighborhood 1, one focus group was comprised of all Black participants, one with all White participants, and two groups were comprised of White, Black and Asian participants. At the start of each group participants filled out a short demographic survey. In this survey,

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