



Research report

Association between perceived self-efficacy related to meal management and food coping strategies among working parents with preschool children



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ABSTRACT

Objective: This study assessed the associations between the perception of self-efficacy related to meal management and food coping strategies among working parents with preschool children. **Methods:** In this cross-sectional study, 417 working parents with at least one child between the ages of 2 and 5 years completed a self-administered questionnaire. The association between perceived self-efficacy related to meal management and food coping strategies referred to as home-based or “away from home” food strategies, and was verified with logistic regression analysis. **Results:** High self-efficacy among working parents was associated with planning a menu for the upcoming week (OR = 1.171–1.959), preparation of healthy meals with only few ingredients on hand (OR = 1.152–1.495), and preparation of meals in advance (OR = 1.131–1.364), which are home-based food strategies. Low self-efficacy was linked to adoption of “away from home” food strategies such as eating in fast-food restaurants (OR = 0.713–0.898). **Conclusion:** self-efficacy related to meal management stands out as one of the priority consideration in planning nutrition interventions targeting working parents. Actions related to acquiring cooking skills, planning menus, and drawing up grocery lists would also be of value.

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Introduction

During the last 20 years, the Organisation for Economic Co-operation and Development, which represents 34 countries worldwide, has witnessed an increase in the percentage of family households with children that were managed by a single parent (OECD, 2011). For example, in France, it is estimated that 17.7% of children under the age of 25 years now live in a single-parent family, compared to 7.7% in 1968 (INSEE, 2008). Moreover, women have massively entered the labor force to the point that both parents work in 60% of American families (US Census Bureau, 2012). Managing work and household responsibilities can be challenging for households with one working parent as well as families in which both parents work. Low-wage working parents interviewed about a work–family spillover and food-choice coping strategies mentioned that job stressors like varied hours, overtime, and shift work made it difficult for them to use coping strategies like planning meals ahead or taking time off to address family needs (Devine et al., 2006).

Time scarcity, in many families, has compressed meal preparation and consumption, therefore leading to new trends in family

food management (Bianchi, Robinson, & Milkie, 2006; Devine, Connors, Sobal, & Bisogni 2003; Devine et al., 2006; Jabs & Devine, 2006; Serecom Management Consulting Inc, 2005). As a parent, food management is considered a responsibility that involves “having to” plan meals, buy food (ingredient foods as well as convenience foods), prepare and cook meals (from scratch or prepackaged) on a day-to-day basis (Byrd-Bredbenner & Amurer Abbot, 2008; Engler-Stringer, 2010; Lawrence & Barker, 2009). Yet the regular use of “away from home food strategies” such as eating out, using quick takeout services, and buying convenience foods are coping strategies that might alleviate job stressors, and provide one of the few calm, quiet, rewarding times of the week when tired mothers could relax and eat with everyone (Devine et al., 2006). These strategies, however, entail a reduction in food nutritional quality since such meals are often high in calories, fat, salt, and sugar (Blake, Wethington, Farrell, Bisogni, & Devine, 2011; Guthrie, Lin, & Frazao, 2002). Moreover, these strategies cut back on the opportunities to develop cooking skills, since these meals are widely available, easily accessible, and simple to prepare (Lyon, Colquhoun, & Alexander, 2003). Indeed, certain parents of young children admit that they settle for a limited selection of foods because they lack cooking skills (Caraher, Dixon, Lang, & Carr-Hill, 1999). On the other hand, studies have shown that individuals who feel competent in making healthy food choices eat more fruit,

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vegetables, foods high in fiber and low in fat (AbuSabha & Achterberg, 1997; Anderson, Winett, & Wojcik, 2000; Lawrence & Barker, 2009). Using “home-based food strategies” such as writing a grocery list, doubling recipes, cooking from scratch on days off or in advance, and anticipating busy times allow parents to save time and money and reduce the stress associated with daily meal management, while ensuring that the family diet is of higher nutritional quality (Devine et al., 2006; US Department of Agriculture, 2008). In a study carried out with about 50 parents from underprivileged areas, Devine et al. (2009) observed that approximately half of the parents cooked double quantities or cooked during their days off in order to have meals on hand when lack of time was an issue, such as on work days.

Consequently, with a view towards continuing efforts to promote healthy eating among young working parents, it would appear relevant to gain a better understanding of the associations between self-efficacy and food coping strategies. As time scarcity in working families with young children has become an issue, this study aimed at understanding the associations between self-efficacy perception related to food management and food coping strategies.

Conceptual model

Self-efficacy is defined as the ability to produce an appropriate action in response to a specific context (Bandura, 1997). According to sociocognitive theory, an individual adopts a behavior when he considers it will help in achieving anticipated outcomes, but, above all, when he believes in his ability to perform this behavior at the right time. Here, different food coping strategies, which, by extension, might have an impact on the nutritional quality of the family diet, could be influenced by the perception of self-efficacy related to meal management. Parental feelings of self-efficacy related to meal management were estimated based on three components emerging from the literature on coping strategies: “menu planning,” “choosing healthy and nutritious foods at the grocery store,” and “cooking for the family” (Fig. 1). Food coping strategies include, on one hand, away from home food strategies, such as eating in family restaurants or fast-food restaurants, using delivery and buying convenience or ready prepared foods (e.g., frozen, cooled, canned, dehydrated). On the other hand, home-based food strategies need more skills. They refer to determining a menu for the upcoming week, preparing meals in advance (prewashing and pre-cutting vegetables, cooking meals or side dishes during the week-end or holidays), doubling recipes for use when time is tight, and mostly cooking from scratch (Blake et al., 2009; Devine et al., 2006, 2009; Engler-Stringer, 2010; Lyon et al., 2003). Characteristics of working parents might have an impact on perception of self-efficacy related to meal management, on food coping strategies or both.

This study aims to assess the associations between the perception of self-efficacy related to meal management and food coping strategies among working parents with preschool children.

Methods

The authors used a cross-sectional study examining perceptions, attitudes, and eating practices among working parents living with their small children.

Study sample

A convenience sample of employed parents was recruited, without incentives, through public childcare centers from various socioeconomic backgrounds in the Eastern Townships area (Quebec).

Inclusion criteria were being French-speaking, born in Canada, at least 18 years old, working more than 20 h a week, parent of a child aged between 2 and 5 years, and mainly responsible for feeding the child. Parents of a child with medical conditions affecting appetite or dietary habits (severe allergies, digestive disorders, etc.) were excluded.

A detailed analysis (follow-up) of questionnaire distribution was monitored in 8 of the 33 childcare centers. We observed that 25% of all parents were not eligible for the study, primarily because they did not work at least 20 h a week. We therefore expected to receive, in theory, 924 questionnaires. From the 653 completed questionnaires returned by the parents 23% did not meet the eligibility criteria stated on the cover page and were removed from the database. A total of 502 parents met the eligibility criteria, corresponding to a participation rate of 54.3%. Since data pertaining to food allergies was incomplete in 81 questionnaires (16.1%), a final sample of 417 working parents was analyzed.

The sample was predominantly female, working full time (80%), and earning a household income greater than or equal to C\$50,000. Overall, a majority of the parents had worked for 6 months or more during the year preceding the survey (Table 1).

Data collection

Center managers were informed of the study at a regional meeting for which 45 out of 64 attended. Thirty-three managers (73% of meeting attendees) agreed to distribute the introductory letter and questionnaire to all parents of children aged from 2 to 5 years enrolled in their centers. The letter asked parents to complete the questionnaire only if they met the inclusion criteria. The questionnaire was to be completed and returned to the center within a week in a sealed envelope to ensure confidentiality. A reminder letter was sent out a week after questionnaire distribution in order to increase the response rate. Also, each family was supposed to fill out a single questionnaire regardless of the number received. The study was approved by the ethics committee of the principal investigator's organization.

Measures

The questions were based on the self-efficacy components and food coping strategies described in the conceptual model (Fig. 1). The questionnaire was validated by three content experts and pre-tested on a convenience sample of 10 employed parents prior to administration. Minor wording adjustments were made according to their comments. The time required to complete the self-administered questionnaire was about 20 min.

Self-efficacy related to food management was measured according to the participants' responsibilities or role pertaining to these three items, as a parent: (1) I feel very competent to plan our meals, (2) I feel very competent in choosing healthy and nutritious foods at the grocery store, and (3) I feel very competent in cooking for the family. Responses to these items were obtained using an 11-point Likert scale (from 0 [This is not at all what I think] to 10 [This is exactly what I think]).

Food coping strategies were divided according to away from home or home-based. The *away from home food strategies* include eating in a family restaurant, eating in a fast-food restaurant, using delivery and quick takeout services, and buying convenience foods. These strategies were measured using four items. Responses were collected using a five-point Likert scale (1 = never to 5 = very often). *Home-based food strategies* comprise determining a menu for the upcoming week, making a weekly grocery list, preparing a healthy meal with only few ingredients on hand, preparing meals in advance, and doubling recipes. These strategies were measured using five items, while responses were collected using a five-point

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