

Can cooking skills be the key to health?

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Many different factors affect the type of food chosen and consumed, but the skill to prepare appropriate food plays an important role. A lack of skills in preparing and cooking food could impact on health as it can limit choices. Can building people's confidence in cooking food make Europeans healthier?

Food choice in Europe

Food choice is a complex process and the factors influencing it differ throughout Europe.¹ Typically, many socio-cultural factors determine which foods are chosen, and which dietary patterns emerge from these choices. Culturally speaking, food can express hospitality, celebration and sociability. For many people, mealtimes are seen as an opportunity to come together, giving pleasure and playing an essential role, especially in Southern Europe, in strengthening social ties.¹ Tradition also plays a part in food choice and food behaviour, passed through generations, sometimes linked to ethical or religious beliefs.

Practical factors also influence the decisions regarding which food to buy, prepare and eat, including preferred taste among competing alternatives parallel to 'best price' or the available options. The ability to plan and prepare a meal, alongside skills and confidence in cooking, is currently attracting attention.

Cooking skills: a factor in food choice and health

The ability to prepare food, follow a recipe and the facilities available, can impact on people's food choices. If a person becomes reliant on foods requiring minimal preparation, or food prepared for them, it puts a constraint on their choice such that consumers will become increasingly disconnected from food preparation.² Since nutrition is known to play a major role in health, food preparation and cooking skills have the potential to affect one's wellbeing and health.

Research has also focused on cooking skills as a factor in socioeconomic dietary differences. Studies in the UK and Ireland have shown an association between occupation or socioeconomic status and skills or confidence to cook, and suggested that the lack of confidence and poor cooking skills contributes towards the lower fruit and vegetable intake of low socioeconomic groups.³ Other European studies suggest that interventions targeting cooking skills could be an effective strategy to promote healthy eating.⁴

Several cooking-based interventions have targeted disadvantaged groups as a means of narrowing the gap in diet-related health. One intervention in Scotland used a practical food skills intervention study in socially deprived areas, and showed a small but positive effect on improving food choice and confidence in food preparation, which might be a useful starting point to initiate dietary change.⁵ After-school cooking clubs have also been used as a model for enhancing both cooking skills and community cohesion.⁶

Do Europeans know how to cook?

In many European countries, food is an important part of culture, and traditional dishes are associated with many countries. However, it is becoming of concern that young people across Europe are not acquiring the basic skills of cooking that enable them to have autonomy over the foods they choose.¹ This degradation of traditional cooking skills in an era of culinary transition, appears to be occurring despite increasing exposure to raw produce. In the UK, 10% of people cite not knowing how to cook as a factor limiting their food choice.⁷ In fact, in the UK, this is such a concern that even government strategy highlighted a need to improve young people's cooking abilities. Conversely, cooking appears to be very popular, as indicated by the popularity of TV cooking shows, cookery books and magazines, but this interest does not mean that the viewing is applied in the kitchen.

It has been suggested that the demise of cooking skills could be as a result of women in today's society increasingly going out to work, whereas they traditionally took most responsibility for food-related activities in the home. This highlights that there is a deskilling of food-preparation tasks. In addition, studies have shown that most people learned to cook from their mothers; pressure on working mothers may mean that cooking skills are not passed on to children.⁶ This manifests as increased reliance on convenience foods.

Recent years have seen an evolution in cooking, moving from almost entirely raw ingredients to convenience foods now widely available.² The choice to use convenience products depends on a number of factors, including social and economic factors as well as culinary skills. However, cooking skills do not always guarantee that a meal will be prepared from 'scratch', as other skills such as menu planning, knowledge and cooking facilities are also important. Moreover, some degree of skill may also be needed to prepare some convenience foods. Food preparation skills today may be different to those used by previous generations.

At a time of increased concern regarding food sustainability, food skills go beyond cooking and nutrition, with food choices having implications for society.²

The rise of ready meals and convenience foods

One factor that has been explored is the increasing use of ready-meals and convenience foods. This is particularly significant in the UK where consumption of convenience foods is the highest in Europe and food is cooked less from raw ingredients.¹ However, even in France, which is more strongly traditional regarding cooking meals from basic ingredients, with great emphasis on structured mealtimes and the social aspects of eating, there appears to be some shift towards convenience foods, especially among young adults.

Convenience can be defined in a number of ways: time saving is one element of convenience, but in terms of meals, convenience can also mean minimising the physical and mental effort that is needed for food preparation. Technological innovations such as the microwave, cultural changes with multicultural societies introducing new foods, the increase in single households, a decrease in families eating together and more women pursuing paid work for longer hours all lean towards an increasing demand for more convenience foods.

A study from Switzerland showed that in general most people use convenience foods to some extent. The term 'homemade meal' has been reinterpreted to include using some convenience products, such as canned tomatoes, frozen vegetables or dried pasta. One study reported that even when prepared at home, most evening meals include some processed foods, with 36% of dishes purchased in their finished form.⁴

With the growth in use of ready-meals, concerns have been raised about their healthfulness. Researchers in Switzerland reported that in general people have negative images of ready-meals regarding their nutritional and health value.⁴ Those who consumed the most ready-meals perceived convenience foods as more time-saving, healthful and better value for money than consumers reporting low consumption of ready-meals.

Cooking to control diet and health

Food prepared at home tends to be more nutritious than that prepared away from home, and healthier dietary variety can be achieved by people who regularly cook from fresh or raw ingredients.⁷ Furthermore, cooking from scratch gives the consumer maximum flexibility in the choice of ingredients, and thus allows public health guidelines (related to nutrients such as salt, saturated fat and sugar) to be followed more rigorously, to help achieve a nutritionally-balanced diet.

Research shows that those individuals who report being more involved in food purchase and preparation or who cook more often, are more likely to meet dietary guidelines.⁸ Moreover, a dislike of cooking is associated with lower fruit and vegetable intake.⁸ Lack of confidence may also be significant. In one Australian study, significantly more, and a greater variety of vegetables were bought and prepared regularly in households where the main 'cook' had confidence in how to prepare them. The study also showed that confidence to cook was lower amongst low socioeconomic groups.³

Health implications of cooking and eating together

Eating and cooking together is far more common in France than in England.¹ Having a regular meal pattern and not skipping breakfast is also more likely in France. However, even in France some degree of destructuring of eating habits is emerging, though not to the same extent as in England. These differences might, in part, explain the higher prevalence of obesity in England than in France.¹

Many studies have shown that having family meals and other aspects of meal structure, including eating dinner with others is significantly associated with a more nutritionally adequate diet, with higher intakes of fruit, vegetables, grains and calcium-rich foods.⁸⁻¹⁰ Conversely, research has shown that eating food prepared away from the home and eating on the run is linked to a poorer diet, with higher intakes of total fat and saturates.¹

Conclusions

In an era where diet-related diseases continue to spread in large parts of Europe, there is great need to

improve public health. Reviving cooking skills, as well as building confidence to prepare good food, may have an enormously positive impact on food choice and dietary intake. Potential ideas are to more widely include cooking classes in school curricula and to establish structures in the home, including single households, that make cooking a fun experience for all ages.

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