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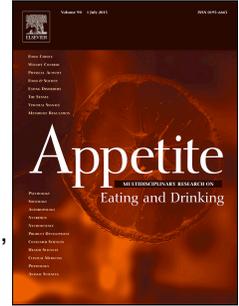
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Fiona Lavelle, Lynsey Hollywood, Martin Caraher, Laura McGowan, Michelle Spence, Dawn Surgenor, Amanda McCloat, Elaine Mooney, Monique Raats, Moira Dean, Professor



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Title: Increasing intention to cook from basic ingredients: A randomised controlled study

Authors: Fiona Lavelle^a, Lynsey Hollywood^b, Martin Caraher^c, Laura McGowan^d, Michelle Spence^a, Dawn Surgenor^b, Amanda McCloat^e, Elaine Mooney^e, Monique Raats^f, Moira Dean^a

^a*Institute for Global Food Security, School of Biological Sciences, Queen's University Belfast, UK*

^b*Department of Hospitality and Tourism Management, Ulster Business School, Ulster University, UK*

^c*Department of Sociology, School of Arts and Social Sciences, City University London, UK*

^d*Centre for Public Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast, UK*

^e*Department of Home Economics, St Angela's College, Sligo, Ireland*

^f*Food, Consumer Behaviour and Health Research Centre, School of Psychology, University of Surrey, UK*

Names for PubMed indexing: Lavelle, Hollywood, Caraher, McGowan, Spence, Surgenor, McCloat, Mooney, Raats, Dean.

Email addresses:

FL: flavelle01@qub.ac.uk

LH: l.hollywood@ulster.ac.uk

MC: M.caraher@city.ac.uk

LM: Laura.McGowan@qub.ac.uk

MS: m.s.spence@qub.ac.uk

DS: e10218120@uucde.ulst.ac.uk

AM: amccloat@stangelas.nuigalway.ie

EM: emooney@stangelas.nuigalway.ie

MR: M.Raats@surrey.ac.uk

MD: moira.dean@qub.ac.uk

Running Head: Increasing intention to cook from basic ingredients.

Corresponding author:

Prof Moira Dean

Professor

Institute for Global Food Security

School of Biological Sciences

Queen's University Belfast

University Road

Belfast, BT7 1NN, UK.

Email: moira.dean@qub.ac.uk Tel: +44 (0) 28 90976561, Fax: +44 (0) 28 90976513

1 Abstract

2 The promotion of home cooking is a strategy used to improve diet quality and health. However,
3 modern home cooking typically includes the use of processed food which can lead to negative
4 outcomes including weight gain. In addition, interventions to improve cooking skills do not always
5 explain how theory informed their design and implementation. The Behaviour Change Technique
6 (BCT) taxonomy successfully employed in other areas has identified essential elements for
7 interventions. This study investigated the effectiveness of different instructional modes for learning to
8 cook a meal, designed using an accumulating number of BCTs, on participant's perceived difficulty,
9 enjoyment, confidence and intention to cook from basic ingredients.

10 141 mothers aged between 20-39 years from the island of Ireland were randomised to one of four
11 conditions based on BCTs (1) recipe card only [control condition]; (2) recipe card plus video
12 modelling; (3) recipe card plus video prompting; (4) recipe card plus video elements. Participants
13 rated their enjoyment, perceived difficulty, confidence and intention to cook again pre, mid and post
14 experiment. Repeated one-way factorial ANOVAs, correlations and a hierarchical regression model
15 were conducted.

16 Despite no significant differences between the different conditions, there was a significant increase in
17 enjoyment ($P < 0.001$), confidence ($P < 0.001$) and intention to cook from basics again ($P < 0.001$) and a
18 decrease in perceived difficulty ($P = 0.001$) after the experiment in all conditions. Intention to cook
19 from basics pre-experiment, and confidence and enjoyment (both pre and post experiment)
20 significantly contributed to the final regression model explaining 42% of the variance in intention to
21 cook from basics again.

22 Cooking interventions should focus on practical cooking and increasing participants' enjoyment and
23 confidence during cooking to increase intention to cook from basic ingredients at home.

24

25 **Keywords:** Cooking, Experiment, Randomised Controlled Study, Confidence, Enjoyment, Perceived
26 Difficulty, Basic Ingredients, Ireland¹

27

28 **Introduction**

29 Recent concerns regarding the increase in diet related chronic diseases and obesity [1-3] have been
30 partially attributed to a decrease in diet quality [4,5]. Factors associated with the decline in diet
31 quality include; snacking, increased consumption of takeaways and meals consumed outside the home
32 environment as well as the increased consumption of convenience products, many of which contain
33 excessive energy, sugars, fats and salt and low concentrations of dietary fibre [6-9]. These factors
34 have also transformed the domestic meal preparation landscape where meals are prepared at home.
35 Current trends show that less time is being spent in meal preparation, larger portions are being served,
36 less skills are being used to prepare meals and convenience products are being used in the majority of
37 meals, if not the entirety of each meal [10-13].

38 In response to this transformation in food preparation and the types of food products typically
39 consumed, there has been an increase in the number of nutrition intervention programmes;
40 specifically cooking skills interventions [14,15]. The desire for the population to return to home meal
41 preparation has been highlighted throughout government policies and the academic literature, and by
42 the media and health professionals [16-19]. While research has shown positive outcomes resulting
43 from home meal preparation including improved diet quality and weight reduction [9, 15, 20, 21], it
44 has also been shown that the inclusion of processed convenience products in modern home meal
45 preparation [10,13] has negative dietary implications [8]. Therefore, when discussing the merits of

¹ **Abbreviations:**

SCT: Social Cognitive Theory; BCT: Behavioural Change Technique; ROI: Republic of Ireland; NI:
Northern Ireland; UK: United Kingdom; RCT: Randomised Controlled Trial.

46 home meal preparation in the public domain, the possible negative side effects of consuming
47 processed convenience foods (typically those high in sugars, salt, fat and additives), including weight
48 gain [21] and a possible link to an increased risk of autoimmune diseases must be highlighted [22].
49 Thus, what may be needed is the encouragement to increase cooking from minimally processed basic
50 ingredients and a reduction in the use of convenience products [23], similar to the guidelines of other
51 countries, such as in Brazil, where one of the key recommendations is “*Always prefer natural or*
52 *minimally processed foods and freshly made dishes and meals to ultra-processed products*” [24].

53 In general, the aim of the majority of cooking interventions has been to improve diet quality through
54 increasing cooking and food skills [15] and not solely on cooking from basic ingredients. However,
55 studies have shown that consumers with higher levels of cooking skills are less likely to use many
56 convenience products [25]. Self-efficacy theory [26] has shown that perceived confidence and
57 difficulty may play key roles in the implementation of a behaviour. In addition, intrinsic motivation
58 (the enjoyment in performing the activity), is theorised to be a driver in behavioural change in Self-
59 determination theory [27]. The importance of enjoyment in sustained behavioural change has also
60 been qualitatively supported by those who were successful in their behaviour change maintenance
61 [28]. Furthermore, some studies have shown that increased enjoyment in cooking may follow the
62 learning of simple and easily replicable recipes which increase confidence and help participants to
63 engage more with cooking in their home environment, with a positive impact on diet quality [14, 17,
64 25,29,30]. In addition, Chapman-Novakofski and Karduck [31] found a significant decrease in the
65 perceived difficulty in meal preparation by women who participated in a cooking intervention study.
66 Enjoyment, confidence and perceived difficulty have been theoretically linked to behaviour change
67 and empirically connected to home cooking in general, however little is known about their impact on
68 cooking from scratch. As there is an increased awareness of negative effects of the use of convenience
69 products in modern home cooking, it is important to understand how enjoyment, confidence and
70 perceived difficulty are associated with cooking from basic ingredients.

71 Despite the current interest in cooking skills interventions, many of the devised adult programmes
72 tend not to be underpinned by a theoretical framework [15]. Those that use theories cite psychological

73 theories, such as Social Cognitive Theory (SCT) [32] but provide few details on how these were
74 operationalised or implemented for the intervention. Additional theories used in interventions and
75 teaching cooking skills includes Applied Behavioural Analysis, Systematic Instruction and
76 Information Processing Theory and Blooms Taxonomy [33-37].

77 While there is overlap between these theories from different disciplines, for example relating to key
78 techniques such as observation and modelling, the important techniques that provide optimal learning
79 of cooking skills remain unclear. Using an existing framework that can be applied to multiple types of
80 interventions with the goal of changing or increasing certain behaviours would be one method which
81 would enable the identification and replication of successful elements and allow comparisons between
82 interventions. Michie and colleagues [38] developed such a framework, a 40-item CALO-RE
83 taxonomy of Behaviour Change Techniques (BCTs) such as goal setting and provision of information.
84 This taxonomy was created so that researchers could identify and repeat successful elements in
85 interventions that target change in behaviours. The identification of common successful BCTs in
86 different types of interventions is important as there is an increasing number of general health
87 interventions incorporating cooking demonstrations and practical sessions as one element of the
88 intervention.

89 This study had two aims; firstly, to examine the role of enjoyment in cooking, perceived confidence to
90 cook a recipe, and perceived difficulty of meal preparation on the intention to cook from basic
91 ingredients. The second aim was to investigate the effectiveness of different ecologically valid
92 instructional modes for learning to cook a meal based on accumulating numbers of behaviour change
93 techniques on perceived difficulty, enjoyment in cooking, confidence in cooking and intention to cook
94 from basic ingredients.

95

96 **Methods**

97 *Sampling and Design*

98 This research was a dual-site randomised controlled study conducted in Sligo (Republic of Ireland
 99 [ROI]) and Coleraine (Northern Ireland [NI], United Kingdom [UK]). A dual-site study was chosen as
 100 the project was funded as an island of Ireland study and therefore a sample from both NI and ROI was
 101 required. Using G Power, a sample size of 148 participants was calculated as being required for a
 102 medium effect size. In total, 160 young mothers that lived within a 30-mile radius of the two sites
 103 were recruited by the market research company SMR. Mothers were chosen as the target population
 104 as they remain the primary source for learning cooking skills [39] and recent research suggests that
 105 there is a culinary transition and that mothers may not have the skill level to prepare meals from
 106 scratch [40].

107 Participants were eligible if they were between the ages of 20 to 39 years, had young children, were of
 108 a lower socioeconomic status, had no strict dietary requirements (such as lactose intolerant,
 109 vegetarian) and prepared meals more than twice a week using mainly pre-prepared ingredients. The
 110 participants' incentive package for taking part in the study included a small financial gift as
 111 contribution for time and travel, a cookbook and a cooked meal to take home. A final sample of 141
 112 participants was obtained (77 participants in NI, 64 participants in ROI) due to 18 participants failing
 113 to show for their allocated times and 1 mother being unable to participate due to health and safety
 114 concerns regarding willingness to participate with a child in a baby sling. Although the sample
 115 consists of two different jurisdictions, from previous research of island of Ireland samples [41] a
 116 difference was not expected across the two locations of the one sample. Table 1 highlights that there
 117 is no difference across the locations in this study, with the exception of age where there is a
 118 marginally significant difference between jurisdictions. As the difference in age is only two years
 119 between the groups and no important differences in cooking behaviours would be expected for such a
 120 small difference, the results were aggregated and treated as one island of Ireland sample.

121 **Table 1: Basic Demographic characteristics of participants by jurisdiction**

Baseline	NI (77)	ROI (64)	Significance (<i>p</i>)
	M (SD)	M (SD)	
Age	29.57 (5.36)	31.50 (5.96)	0.05

Cooking Skills Confidence	63.96 (15.09)	67.89 (13.94)	0.12
Food Skills Confidence	82.23 (20.70)	86.49 (19.97)	0.22
Likelihood to cook again	4.70 (1.76)	4.98 (1.71)	0.34

122 *Cooking skills confidence range: 30-97; Food skills confidence range: 14-124.*

123 Using Michie and colleagues [38] BCT taxonomy, commonly used BCTs in cooking interventions
 124 were identified. These BCTs were then applied to different instruction modes as part of the design of
 125 our experimental study, to cook a lasagne dish from basic ingredients. For example, BCT 21, to
 126 provide information on how to perform the behaviour, was used as the control instruction mode.
 127 Participants in this group were given a recipe of a lasagne dish. In the other conditions an additional
 128 commonly used BCT was incorporated as explained below.

129 Participants were randomly assigned within site to one of four conditions (1) recipe card only [control
 130 condition]; (2) recipe card plus video modelling; (3) recipe card plus video prompting; (4) recipe card
 131 plus video elements. The four conditions were based on BCTs commonly found in cooking and food
 132 skills interventions which had ecological validity. Ecological validity is the degree to which the
 133 measures, methods and setting of the study must reflect and be relevant and applicable to the real
 134 world setting. In this study each condition had to be similar to a real-life method of learning how to
 135 cook. The accumulative effect of the BCTs [38], within which the mode of instruction varied (see
 136 Table 2), on the intention to cook the meal again from basic ingredients was investigated. Each
 137 condition offered an instruction mode that could be used by a person when learning to cook.

138 Participants were provided with instructions on how to cook a lasagne from basic ingredients based on
 139 one of four conditions within which the mode of instruction varied (Please see Table 2). All other
 140 aspects of the experiment (e.g. ingredients, equipment, allotted time and protocols, etc.) were identical
 141 in all four conditions and across both sites including the observers (two researchers attended all
 142 sessions across both locations to maintain consistency).

143 **Table 2 – Overview of Experimental conditions**

	Condition 1	Condition 2	Condition 3	Condition 4
Experimental Instructions	Recipe plus picture only – static cookbook condition – CONTROL	Video modelling (plus recipe) (watch full demo as a group, then -> cook - with recipe + photo)	Video prompting (plus recipe) (do it in a sequence, step by step -> cook - with recipe + photo)	Video ‘elements’ (plus recipe) – user has total control over what to watch/re-watch) -> cook - with recipe + photo
Ecological Validity	Similar to traditional cookbook	Similar to seeing on TV	Similar to school - teacher demonstrates skills and students repeat	Similar to watching video clips online, can watch parts of videos, rewind, fast forward, repeat.
BCT Explanations	21) Provide instruction on how to perform behaviour	21) Provide instruction on how to perform behaviour	21) Provide instruction on how to perform behaviour	21) Provide instruction on how to perform behaviour
		22) Model or demonstrate the behaviour	22) Model or demonstrate the behaviour	22) Model or demonstrate the behaviour
			9) Set graded tasks	9) Set graded tasks
				26) Behavioural practice/rehearsal- As regardless of whether the participants watch the podcasts or not, they are being advised to ‘practice’

144

145 Ethical approval for this study was obtained from Queen's University Belfast Research Ethics
146 Committee, Ulster University's Ethics Committee and St. Angela's College Sligo's Research and
147 Ethics Committee. All research was conducted in accordance with the guidelines given in the
148 Declaration of Helsinki. Participants provided consent and were aware of their right to withdraw.

149 *Procedure and Measures*

150 For the cooking experiment, participants were required to follow the instructions in their assigned
151 condition to make a lasagne from basic or raw ingredients within 90 minutes. The lasagne recipe was
152 taken from the funding body's cookbook and subsequently adapted and developed by the researchers
153 to include multiple skills and different ingredients. Two of the authors (AMC and EM, lecturers in
154 Home Economics) assessed multiple dishes from the cookbook and concluded that lasagne contained
155 a wide and varied range of cooking skills with differing difficulty levels and also a substantial number
156 of ingredients. It is a commonly made meal in the home (a nationally representative IOI survey was
157 conducted [39,42], from this it was shown that amongst young mothers lasagne was a common main
158 meal) that can be supplemented with convenience products or replaced in its entirety by a ready-made
159 version of the dish. Reed et al. [43] in an IOI population showed that lasagne was the most frequently
160 purchased and favourite ready-made product as it was perceived to be very time consuming to prepare
161 from basic ingredients in the home. Piloting of the cooking task included a green side salad to
162 highlight how lasagne could be included as a component in a healthy meal, however, due to timing the
163 salad was removed and the focus was on the preparation and cooking of the more complex lasagne.
164 The ingredients of the lasagne included low fat ingredients where possible to highlight that a dish that
165 may not necessarily be considered healthy can be made healthier and depending on the side dishes
166 and the frequency it is served, can be included in a healthy diet. In addition, this helped to show that
167 common main meals that may not be seen as healthy, do not need to be excluded from the diet but can
168 be adapted and depending on preparation can be included as part of a balanced diet. The ingredients
169 and preparation instructions received by participants in the study can be seen in the supplementary
170 material. While the focus of the current study was on cooking skills, cooking lasagne also includes

171 wider food related skills such as planning, budgeting and affordability of cooking with basic
172 ingredients, storage, the transferability of the skills to other dishes, and substitution of ingredients for
173 adaption to family preferences, dietary requirements or to make the dish healthier. These wider food
174 related skills were elicited and discussed with participants as part of post-experimental focus groups,
175 but are not the focus of the current study. All aspects of this intervention were extensively piloted
176 from initial concepts to final format. Piloting was conducted at both sites to reduce any differences
177 between sites. Minimal changes occurred after these trials, such as the inclusion of background music
178 to make the atmosphere more relaxing and to give a 'homely feel' (participants in the pilot stated that
179 they would listen to the radio while cooking and never cook at home in silence), and the reduction of
180 the number of observers so as to reduce the stress on the participants. It was deemed acceptable for
181 observers to intervene in the experiment if it was felt there was a significant health and safety risk to
182 the participant, however, this occurred only three times, for meat handling and potential fire hazards.
183 All participants completed the cooking task at their own individual kitchen station fitted with all
184 equipment necessary to complete the dish, including individual hob and ovens. This was kept
185 consistent across both sites with the placing of all necessary equipment for the completion of the dish
186 on the unit benches and the removal from sight of any extra utensils that were not necessary for
187 completion of the dish. The setup of the individual kitchen units was inspected between each session
188 by the two researchers (FL, DS) that were present at all 16 sessions across both locations. There was a
189 minimum of one spare kitchen unit for each session of the cooking task to ensure each participant
190 would be able to complete the task even if there was a fault with equipment. Participants were not
191 allowed to communicate or observe other participants during the cooking task. All measures were
192 answered individually by participants without consultation.

193 All eligible participants completed an adapted cooking and food skills questionnaire at home [42]
194 prior to the experiment. This enabled the researchers to calculate baseline cooking skills confidence
195 and food skills confidence. When all questionnaires were collected from participants, participants
196 were informed of the dish they would be making. Next, participants answered questions relating to
197 previous attempts at making lasagne and the types of ingredients used. Following this, participants

198 were assigned to an individual kitchen unit and instructed to familiarise themselves with the unit (and
199 tablets in conditions two to four). Participants in conditions two to four received a demonstration on
200 how to use their individual tablets and headsets, which enabled them to watch the different videos
201 depending on their condition. After the demonstrations, all participants were asked four questions
202 which were repeated again at the mid-point (45 minute) and post-experiment (upon completion of the
203 cooking task each participant individually answered this question and reported their end point to
204 counteract any communication and bias; Mean 74.20 min, SD 22.12). The four questions were; (1) at
205 this moment how confident do you feel about producing a safe, edible meal (not at all confident to
206 extremely confident); (2) At this moment, how enjoyable do you think you will find cooking this meal
207 (not at all enjoyable to extremely enjoyable); (3) At this moment, how difficult do you think it will be
208 to cook this meal (not at all difficult to extremely difficult); and (4) At this moment, do you think you
209 would cook this meal from basic ingredients at home (not at all likely to extremely likely)? All
210 answers were given on a 7 point Likert score, ranging from 1 to 7.

211 *Data Analysis*

212 All data were analysed using IBM SPSS Statistics Version 22 (IBM Corporation, 2013). Descriptive
213 statistics (means, standard deviations [SD]), Chi squared and ANOVAS with Tukey HSD post hoc
214 tests were used to assess any baseline differences between the four conditions (recipe only, recipe plus
215 full demo, recipe plus video prompting, recipe plus video elements). The answers to the four
216 questions regarding confidence, enjoyment, perceived difficulty and intention to cook from basic
217 ingredients again, were analysed as scores (1 to 7). Low scores indicated low levels of confidence,
218 enjoyment and intention to cook again. However, low scores in perceived difficulty were positive
219 scores as the less the participants perceived the task as difficult the better. Missing data was handled
220 using listwise deletion as the missing values were scattered randomly through the dataset. Repeated
221 measures one-way factorial ANOVAs with Bonferroni post hoc tests were conducted to test between
222 and within conditions, to determine an interaction effect of the intervention for confidence,
223 enjoyability, perceived difficulty and likelihood to cook again. Using correlations, the strength of the
224 relationships among the variables were evaluated. Further, using a hierarchical regression model, it

225 was determined how much of the variance in the dependent variable (likelihood to cook the meal
226 again from basic ingredients) was accounted for by the predictor variables (likelihood to cook again at
227 the beginning (0 minute), and both pre (0 minute) and post (individual finish times) scores for
228 confidence, enjoyability, and perceived difficulty). For regression analyses, multicollinearity was
229 assessed using the variance inflation factor and by examining the tolerance statistic. These were below
230 the suggested critical values of 10 for variance inflation factor [44] and above 0.2 for tolerance [45],
231 indicating that the level of multicollinearity was acceptable. In addition, the autocorrelation between
232 the measures of the predictor variables was assessed in the analysis with the Durbin-Watson test and
233 found to be acceptable at a value of 2.08. A level of 0.05 was used as the significance value for
234 interactions in the analysis.

235

236 **Results**

237 *Baseline*

238 The baseline demographic details between the different conditions are displayed in Table 3. There
239 were no differences between the mean scores of all measures by condition. Further, there were no
240 differences between the conditions for: the highest level of education achieved ($\chi^2(1,139) = 13.15, p$
241 $= 0.36$), number of children ($\chi^2(6,139) = 10.05, p = 0.12$), and perceived weight status ($\chi^2(9,140) =$
242 $6.49, p = 0.69$). The majority of participants (88.7%) reported eating lasagne at home. Of the
243 participants that reported the ingredients they had used in previous lasagnes, 72% had used
244 convenience products. The ingredients used by those participants that reported eating lasagne at home
245 included: a lasagne 'meal kit' (9.9%), 2 premade sauces (29.8%), 1 premade sauce (19.9%), from
246 scratch – excluding lasagne sheets (23.4%), unclear/don't make it (5.7%). There was no difference
247 between the conditions and the type of ingredients used in previous versions of lasagne ($\chi^2(12,125) =$
248 $12.18, p = 0.43$).

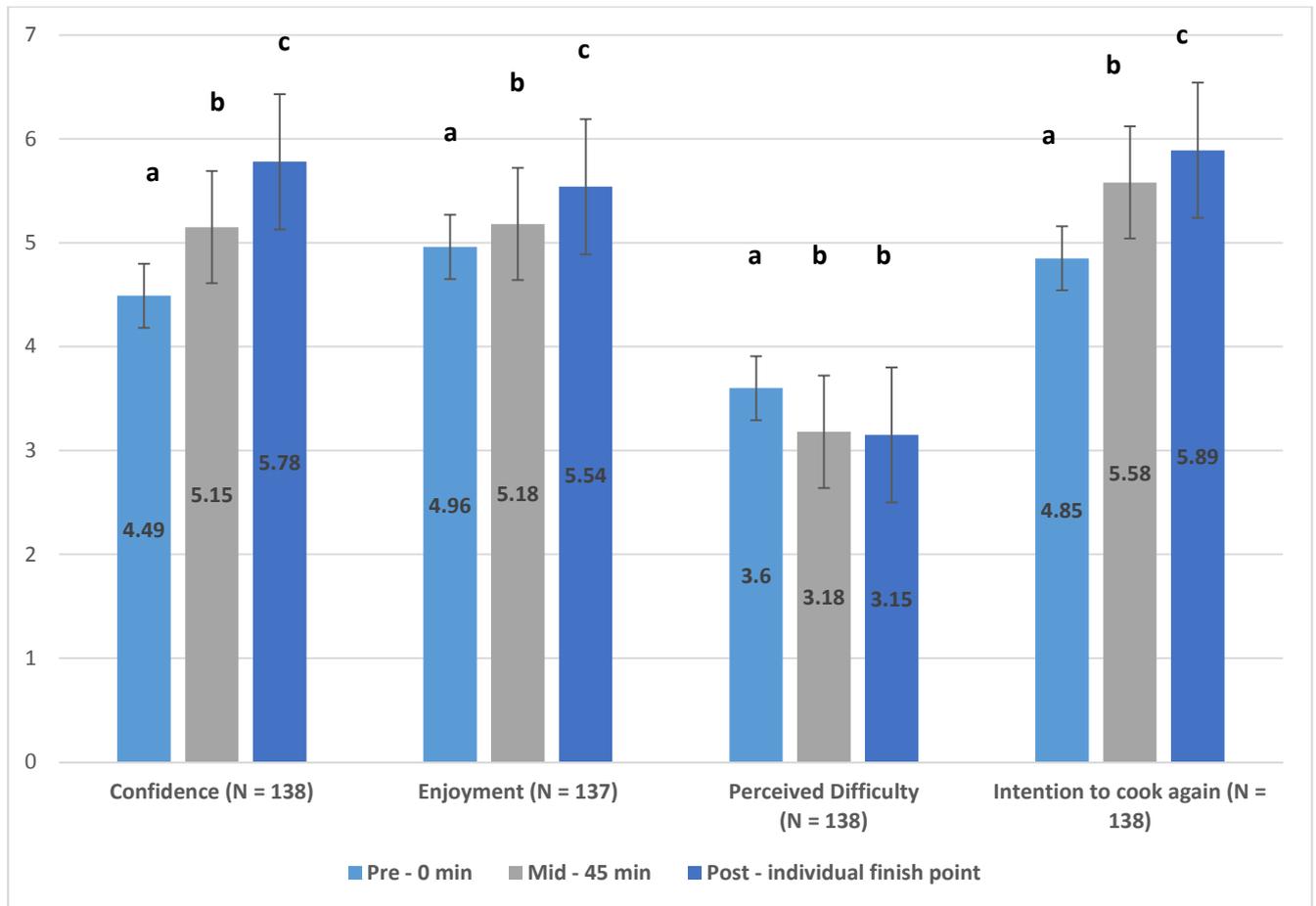
249 **Table 3 – Baseline demographic characteristics of participants by condition**

Baseline	Significance (<i>p</i>)	Recipe Only	Recipe + Full Video	Recipe + Video Prompting	Recipe + Video Elements
Number		34	33	35	39
		M (SD)	M (SD)	M (SD)	M (SD)
Age	0.27	31.52 (5.77)	30.03 (5.51)	31.28 (5.64)	29.18 (5.78)
Perceived Enjoyment (Pre)	0.42	4.94 (1.37)	5.27 (1.26)	4.91 (1.48)	4.72 (1.49)
Perceived Difficulty (Pre)	0.19	3.35 (1.35)	3.88 (1.36)	3.80 (1.23)	3.33 (1.42)
Likelihood to cook again (Pre)	0.40	4.59 (1.76)	4.67 (1.43)	5.23 (1.65)	4.85 (2.01)
Perceived Confidence (Pre)	0.49	4.71 (1.47)	4.49 (1.54)	4.63 (1.21)	4.20 (1.67)
Cooking Skills Confidence	0.62	65.56 (15.77)	66.81 (15.31)	68.00 (12.53)	63.92 (15.03)
Food Skills Confidence	0.05	88.64 (20.92)	82.13 (19.78)	88.80 (17.72)	77.72 (21.45)

250 *Cooking skills confidence range: 30-97; Food skills confidence range: 14-124.*

251 *Temporal effects*

252 Factorial repeated measures ANOVAs were conducted to check for the effects of the experiment and
253 an interaction effect, conditions and time on confidence scores, enjoyment scores, perceived levels of
254 difficulty, and likelihood to cook the meal again from basic ingredients. For each score no significant
255 difference was found between the conditions; confidence ($F = 1.18 (3,137), p = 0.32$), enjoyment ($F =$
256 $0.54 (3,136), p = 0.66$), perceived difficulty ($F = 0.39 (3,137), p = 0.76$), and intention to cook again
257 from basic ingredients ($F = 2.28 (3,137), p = 0.32$). However, for each of these scores, a significant
258 effect of time was seen (Figure 1). Confidence significantly increased across all time points
259 ($p < 0.001$), with a large effect size (Eta squared = 0.44). A positive effect of time was found for
260 enjoyment scores across all time points ($p < 0.001$, eta squared 0.17). Again for perceived difficulty
261 scores a medium significant effect of time was found ($p = 0.001$, eta squared = 0.10). There was a
262 significant decrease between the start and midpoint and the start and the endpoint for perceived
263 difficulty scores ($p < 0.05$), however, no further decrease was seen between the mid-point and the end-
264 point. Finally, there was a significant effect of time ($p < 0.001$) for intention to cook the meal from
265 scratch again, with intention to cook increasing over each time point ($p < 0.05$), with a large effect size
266 (Eta squared = 0.32).



267

268 **Figure 1:** The effect of the overall experiment on confidence, enjoyment, perceived difficulty and
 269 intention to cook again. *Letters depict where significance lies between means; Error Bars represent
 270 Standard Error.

271

272 *Predictors of Intention to cook from basic ingredients*

273 . Confidence ($r = 0.38, p < 0.01$) and enjoyment ($r = 0.50, p < 0.01$) in the cooking experiment were
 274 positively associated with intention to cook from basic ingredients again. Perceived difficulty of
 275 cooking the lasagne was negatively correlated with intention to cook again ($r = -0.26, p < 0.01$).
 276 Similarly, confidence was positively correlated with enjoyment ($r = 0.42, p < 0.01$) and perceived
 277 difficulty was negatively correlated with both confidence ($r = -0.27, p < 0.01$) and enjoyment ($r = -$
 278 $0.19, p < 0.05$).

279 Table 4 shows the results of a hierarchical multiple regression analysis predicting intention to cook
 280 the meal from basic ingredients again. The baseline model included the participants' intention to cook

281 the meal from scratch at the beginning of the experiment as a potential predictor of cooking from
282 scratch upon completion of the experiment. This variable accounted for 28% of the variance, with a
283 significant independent contribution ($p < 0.001$). As the different models are accumulative, models 1
284 and 2 control for initial conditions and model 3 tests the impact of enjoyment, perceived difficulty and
285 confidence on intention to cook from scratch. Model 2 included the participants' confidence,
286 enjoyment and perceived difficulty scores at the beginning of the experiment. These variables
287 accounted for a further 4% of the variance. In model 3, the model was adjusted to include
288 participants' confidence, enjoyment and perceived difficulty scores at the end of the experiment
289 which led to an additional 10% of the variance being explained. Each model explained a significant
290 amount of variance ($p < 0.05$). The final model explained 42% of the total variance in participants'
291 intention to cook the meal from basic ingredients again.

292 **Table 4 – Hierarchical multiple regression across all conditions predicting intention to cook from scratch again**

Variables	Model 1		Model 2		Model 3	
	B (SE)	β	B (SE)	β	B (SE)	β
Intention to cook from scratch again at start (N=141)	.455 (.062)	.535***	.417 (.074)	.491***	.351 (.072)	.413***
Confidence at start (N=141)			-.152 (.092)	-.153	-.196 (0.92)	-.197*
Enjoyment at start (N=141)			.287 (.091)	.272**	.178 (.090)	.169*
Perceived Difficulty at start (N=141)			-.007 (.086)	-.007	-.035 (.084)	-.032
Confidence at end (N=138)					.263 (.100)	.208**
Enjoyment at end (N=137)					.292 (.102)	.233**
Perceived Difficulty at end (N=138)					-.010 (.074)	-.010
F	54.007***		16.773***		14.854***	
Adjusted R²	.28***		.32*		.42***	

293 * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

294 **Discussion**

295 This novel study investigated intention to cook from basic ingredients using different modes of
296 instruction. The impact of enjoyment, confidence and perceived difficulty of the task on intention to
297 cook from basic ingredients was also examined. It is the first study in this area to design experimental
298 conditions based on BCTs.

299 Overall, while the intervention increased participants' intentions to cook the meal again from basic
300 ingredients, no differences were found between the different conditions. The conditions in this study
301 were designed with accumulating BCTs. This was deliberate, as it was important that if there was an
302 optimal instruction mode for learning the dish, it was necessary that the instruction mode was relevant
303 and applicable to the general population, and therefore it was necessary that each condition had
304 ecological validity. The modes for learning to cook that were used as conditions had naturally
305 accumulative BCTs and therefore, it was decided to implement the study with an accumulative design
306 instead of manipulating the conditions and losing ecological validity and relevance. The results show
307 that adding video (in whichever format full, segmented, or full control over video) to basic written
308 instructions (a recipe) provides no additional benefit above and beyond providing instruction when
309 participants get the experience of practically preparing the dish. These results imply that what is
310 important for increased intention to make the meal in the future was the practical experience of
311 making the dish. However, as our sample size was smaller than the number required, due to non-
312 attendance, the non-significant result between conditions may be due to the study being under
313 powered. Therefore the research needs to be repeated with a larger sample before any conclusions can
314 be reached. In addition, in a setting where practical experience is not possible, these different modes
315 of instruction (and the accumulating BCTs) may provide additional benefit or may have differences
316 on intention to cook from scratch. This was not investigated in this study and could be key for
317 interventions that aim for widespread dissemination, such as through the internet. Adam et al. [32]
318 reported that from an online cooking intervention, there was a significant increase in the numbers
319 cooking from fresh ingredients. However, differences between mode of instruction was not
320 considered in this study. Short video clips were provided throughout the intervention and participants

321 also had the opportunity to submit photographs after they tried a recipe, differences between those
322 who submitted evidence of their practical experience of trying the recipes and those that did not, were
323 not reported. In addition, smaller video clips of the more advanced or complicated skills in a recipe
324 were not available for those that did not want to watch the video clip in its entirety. These components
325 should be considered in future online cooking interventions, to assess differences between BCT's
326 when practical experience is not an integral component of the intervention.

327 The explanation of theory used in the design of cooking interventions has been lacking [15]. In this
328 study, theory clearly informed the design. The results, the significance of confidence and enjoyment
329 as predictors, indicate that self-efficacy theory [26] and self-determination theory [27] may have the
330 potential to strongly underpin interventions to increase cooking from basic ingredients with positive
331 outcomes. Given the lack of theory-based studies, it is difficult to make comparisons between
332 interventions and how different techniques are implemented and this study provides initial evidence of
333 theoretically underpinned research having positive outcomes in cooking from basic ingredients. Our
334 results show that for intention to cook again, with practical experience the only BCT required is the
335 provision of information. Without clearly identifying BCTs it is difficult for comparisons on the
336 important BCTs for other elements for cooking. With greater theoretical explanations in the cooking
337 area, there would be greater comparisons which would enable improvements in intervention design. In
338 addition, using the BCT taxonomy would allow greater ease of incorporating successful BCTs
339 identified in other behaviour change interventions such as increasing physical activity.

340 The positive correlations between confidence, enjoyment and likelihood to cook again and the
341 negative correlation with perceived difficulty, highlight how these elements are linked. These
342 elements should be considered when designing future cooking and food skills interventions. The
343 increase in confidence after practical experience of cooking seen here is similar to findings by Wriden
344 et al. [46]. Furthermore, the results support previous qualitative research which noted that those
345 participants with a higher cooking efficacy attributed this to practical "hands on" cooking experiences
346 they had at a younger age [23]. Thus, it appears that practical cooking experience increases cooking

347 confidence and should be an essential component of interventions or programmes with the aim of
348 increasing home meal preparation and cooking from scratch.

349 The observed decrease in perceived difficulty over the course of the experiment is regarded as a
350 positive outcome of this intervention. This mirrors findings by Chapman-Novakofski and Karduck
351 [31]. The desire for meals that require no effort has been previously inferred as a reason for not
352 cooking from basic ingredients [23]. Addressing this by reducing the perceived difficulty may
353 encourage general consumers to cook from basic ingredients.

354 The role of enjoyment in cooking is not the focus of studies and interventions that promote cooking
355 skills with a health agenda [40]. However, this research indicates that enjoyment may be a crucial
356 component to the success of cooking interventions. Our results show that enjoyment increased with
357 practical cooking experience and enjoyment was the most significant predictor of intention to cook
358 from basic ingredients in the future. Previous studies have also found enjoyment to be the most
359 significant predictor of cooking skills [25] and that adults who enjoyed cooking were most likely to
360 have engaged in meal preparation at younger ages [47]. Health promoting cooking interventions
361 should have a strong emphasis on the enjoyment and fun in cooking for optimal outcomes.

362 The final regression model (model 3) accounted for a substantial amount of the variance (42%) in
363 likelihood to cook again from basic ingredients, with 32% of the variance attributed to baseline
364 variables. This highlights that interventions may have limited impact if initial favourable conditions
365 are not present. The additional 10% of variance in the regression model 3 suggests the practical
366 experiment contributed significantly to their intention to cook from basic ingredients. This appears to
367 support past qualitative research which suggests that practical experience increased self-efficacy in
368 cooking and this facilitated cooking from basic ingredients [23, 49]. Both enjoyment and confidence
369 remained significant predictors in the final model, highlighting the importance of these factors when
370 considering the design and implementation of cooking interventions. However, it should be noted that
371 a lack of confidence at the beginning of the intervention also had a significant impact on intention to
372 cook again. As Beta for confidence at start was negative in Model 2 this may indicate that effects
373 were higher for people who lacked most confidence at start of the study. The unaccounted variance

374 (58%) in intention to cook from basic ingredients again, may be attributable to external factors which
375 were not controlled in this experiment. In the home environment previously explored barriers to
376 cooking from basic ingredients include family preferences, financial restraints, time pressures of work
377 and family commitments and previous negative experiences [23]. Future interventions should take
378 these external factors into consideration and design strategies that help participants cope with and
379 overcome these barriers to maximise the likelihood of cooking from basic ingredients again in the
380 home environment. Methods to overcome some of these barriers may include: 1) including children in
381 the cooking process, as greater exposure to different foods has been shown to increase willingness to
382 try foods [50]; 2) calculating monthly food budgets for using basic ingredients, where the initial cost
383 is greater for investment in certain ingredients but over the month the cost works out the same as, if
384 not cheaper than, convenience products, and helping participants to calculate their own budgets; and
385 3) highlighting quick, easy and tasty recipes.

386 *Implications for cooking interventions*

387 Our findings highlight the key elements of cooking interventions to be enjoyment, practical
388 experience and confidence. Recently, in a Belgian population it was shown that only 30% of
389 household food budgets are spent on raw or basic ingredients [13]. Similarly, in this study, only 28%
390 of participants had not used convenience products in previous attempts at preparing a Lasagne. The
391 negative health aspects of processed and convenience products [21, 22, 51] have been noted and it has
392 also been shown that health is a principal motivator for cooking from basic ingredients [23].
393 Therefore, it is important for health-promoting cooking interventions to support cooking from basic
394 ingredients. From our results it can also be seen that increasing confidence and practical experience
395 are essential to improving intentions to cook from basic ingredients and strategies should be
396 implemented to improve confidence in cooking. Interventions should include some level of practical
397 cooking experience, ideally some element in each session if feasible. As there were no additional
398 benefits to providing extra modes of instructions (accumulating BCTs), our results show that for
399 cooking interventions that can include practical elements need only provide instructions (a recipe) and
400 let their participants practice. This would help reduce the cost of interventions, with the removal of

401 costs associated with hiring a demonstrator or purchasing technology for displaying videos, and in
402 turn make the interventions more sustainable, economical and enticing to government and health
403 promotion bodies as potential health-promoting programmes. A main finding from our study is the
404 importance of enjoyment in cooking which may not always be an element considered in cooking
405 interventions that are focused on health [40]. Interventions should be practical with some fun
406 activities (to increase enjoyment of cooking) such as introducing food design (plate layout, structure
407 of the food, creating sculptures out of food) or competitions (best outcome, best effort/improvement,
408 participants voted favourite) or games such as participants pick ingredients for each other or suggest
409 ingredients that should be the focus of the next session. In addition, they could include achievable
410 cooking activities to increase confidence, this could be implemented by starting with very basic
411 simple tasks, however, a demonstration of the final more complicated dish is given during the first
412 session as a target for the participants to work towards and after completion of the final session, a
413 demonstration of the initial simple task could be given. A key element to this would be that an
414 appropriate and achievable task is planned in a progressive manner. The final session would highlight
415 to the participants how far they have progressed and emphasise the new skills they have learned.

416 *Strengths, Limitations and Future Research*

417 Key strengths of this study are its randomised control design and ecological validity of each condition
418 which incorporated and explicitly highlighted the use of some BCTs commonly implemented in
419 cooking research. Some limitations to this study must be considered and in turn provide areas for
420 improvement for future research.

421 Although participants recruited were screened regarding their use of mainly prepared ingredients, a
422 small number of this sample had previously made a lasagne from basic ingredients. The recipe was
423 chosen and adapted from the funding body's cookbook. Future interventions should consider using a
424 relatively new or unknown recipe not commonly cooked in its target population. The sample consisted
425 of young mothers only and this could be regarded as a further limitation of this study. Currently,
426 mothers remain the main cook in households [39], and perhaps targeting a different sample of the
427 population, such as young men or students would yield different results that can be compared.

428 Furthermore, the results should be considered within the cultural context of the populations of the UK
429 and Ireland; replicating the study in other populations would allow for an understanding of key
430 cultural differences in learning. In addition, differences in time to completion of the cooking
431 experiment may have an influence and future research could implement time restrictions for
432 completion or control for time differences in analysis. Time was not strictly controlled in the current
433 study as it was felt to be essential that all participants experienced the whole cooking process to
434 completion of the dish, by limiting time some participants would not finish and this may act as a
435 future deterrent to repeating the process.

436 Although the use of a randomised controlled design was a strength of the study, it would be
437 interesting to repeat this study and allocate participants to their preferred cooking instruction method
438 and assessing the impact of this on learning. As there were no differences between the conditions on
439 the various measures, by allowing participants choose their method, this would increase autonomy, a
440 key aspect of adult learning [52]. In addition, as there are different types of learners, allowing
441 participants the choice of method that is closest to their learning style may achieve better outcomes
442 and would establish initial evidence in how different learning styles impact cooking education [53].

443 Focus group discussions were conducted with the participants after each experimental session and
444 after the participants tasted their lasagnes. These were designed to gather insights and experiences of
445 the cooking experiment and cooking in general and included topics on: overall impressions of the
446 lasagne; transferability of skills; adapting the recipe for health and family preferences; barriers to
447 cooking; sources of learning; and engagement with, liking, use of, and effectiveness of technology.
448 Focus group discussions were chosen as this elicits a rich, detailed descriptive understanding of the
449 experience that would enable future adaptation and improvement. Future research could implement
450 these focus group findings (to be published) as a questionnaire to quantitatively measure post-
451 experiment experiences of the cooking task which would provide further control variables for
452 analysis.

453 **Conclusions**

454 Enjoyment and confidence in cooking a meal have a significant impact on intention to cook from
455 basic ingredients. However, providing additional information in different modes over and above a
456 recipe and practical experience was not found to offer added benefits on intention to cook from basic
457 ingredients. In light of our results cooking and food skills interventions should focus on the practical
458 experience of cooking that is enjoyable, to increase confidence, with the aim of improving the
459 likelihood of increasing and maintaining cooking from basic ingredients within the home.

460

461 **Competing Interests**

462 The authors declare that there are no conflicts of interest.

463

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467

468 **Author Contributions**

469 All authors were involved in the design of the study. FL, DS, LH, AMC, EM and LM were
470 involved in the running of the sessions and observing the participants during the experiment.
471 FL and MD conceived the manuscript. FL conducted the data analysis with advice from MD.
472 FL drafted the manuscript and MD edited. All authors read, edited and approved the final
473 manuscript.

474

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478

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