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Can't cook, won't cook: A Review of Cooking Skills and their Relevance to Health Promotion

Caraher, M. & Lang, T. Can't cook, won't cook: A review of cooking skills and their relevance to health promotion. *Int. J. Health Prom. & Educ.*, Vol.37; No.3; 1999 pp89-100.

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Abstract

This paper explores the relevance of cooking skills to modern living and health promotion practices. Drawing on UK data and particularly the 1993 English Health and Lifestyles Survey but in terms common to many Western economies, the paper explores the health education implications of the possible demise of cooking skills. The paradox of low skills and confidence alongside high interest in food is explored. The evidence linking cooking skills to health is explored. A schema of different policy and theoretical perspectives on the teaching of cooking skills is outlined. Although even within the UK there is variation in educational practice, a case is made for the inclusion of cooking skills within a co-ordinated health promotion approach, based on a health development framework. Cooking classes or some practical aspect of ‘hands-on’ skills could feature in a young person’s curriculum at some stage at school as part of a wider education about life skills and citizenship. There is little point in purveying nutrition advice about healthy eating if people lack the skills to implement it. Equally, it is insensitive to target cooking skills only at females or certain socio-economic groups as a form of remedial education. Changes in the role of cooking within culture illustrates wider social changes in which health can too easily be marginal.

Introduction

Cooking skills do not occupy a pre-eminent place in the lexicon of modern health promotion practice. They are in fact viewed as old fashioned and maybe even no longer necessary in a hi-tech world. They were quietly dropped from the National Curriculum when it was first introduced in England (Leith 1997a). Scotland and Northern Ireland, however, retain an element of practical cooking within home economics but this is not mandatory for all pupils. This article focuses specifically on the English situation, but the deskilling process exemplified in England is occurring in many developed economies (Stitt et al 1997). Note should be made that even though their cooking skills may be low, young people may possess other new skills. The findings in table 1, from a poll of 7-16 year olds for the Department of Health-funded Get Cooking! Project, suggests a technological orientation in their skills. The issue for public policy is not whether young people are skilled but which skills they have and their health relevance. The table suggests that young people's food skills rise the more there is a technological input in the preparation of food; using the microwave scores higher than preparing food from basics.

TABLE 1 Young people's skills: 'Which of these things can you do yourself?'

Skill	Percentage with these skills
Play computer games	93
Use a music centre or CD	77
Programme a video to record something on TV	61
Heat up a pizza in a microwave	60
Make a cake	54
Cook a jacket potato in the oven	38

Source: National Food Alliance / MORI 1993 (question 1)

This paper explores this complex but policy-sensitive issue. It reviews, firstly, the background to cooking skills in culture; secondly, the relationship of cooking skills to health promotion; thirdly, the various models and theoretical perspectives that may be

applied to cooking skills; and finally, the case for policy change and practice intervention.

The article argues that changes in society, the food economy and consumption patterns suggest the rationale for a new approach to cooking within food and health education. Although the UK has many food cultural idiosyncracies, as the first nation to industrialise and sever its majority population's links with the land, other cultures should take note of the UK's mistakes, as they too industrialise their food systems and as consumers rely increasingly upon pre-processed and cooked foods. The advantages of progress can easily be squandered. Health educators should be more active in the debate about cooking.

Background

With the changes in eating habits over the last twenty years, the case has been voiced that traditional cooking skills may be becoming redundant (Mintz 1996). In the UK, there has been a rapid growth in eating outside the home and the consumption of more ready-to-eat meals in the home (Office for National Statistics 1997 a and b, Caraher, Dixon, Lang and Carr-Hill 1997). Food manufacturers and retailers have been quick to exploit and respond to social change (Stitt *et al* 1997). In particular, the rise of women in the waged labour force has created markets for convenience foods. Social trends suggest a move from a modern society based on production in which cooking is conducted in the home from basic ingredients to a post-modern or consumer society which relies upon the labour of others to consume ready-prepared foods (Lupton 1996, Ritzer 1993 & 1998, Beck 1992, Beck, Giddens and Lash 1994). As Fieldhouse has argued '*if prepared food is so easily accessible, why bother to learn to cook? If you haven't acquired cooking skills, then fast foods are the most efficient answer*' (Fieldhouse 1995). A recent pan-European study found that the time involved in food preparation was identified by the young and those with higher levels of education as a

barrier to healthy eating (Institute of European Food Studies 1996). From this perspective, it follows that the take-away and eating-out market will continue to develop not just for technological reasons but as responses to social pressure to deliver food for new domestic circumstances. In the USA food market expenditure is rapidly approaching an even split between the food 'prepared' at home and that eaten out or consumed as 'take out' food. Existing technological developments have already had an influence on the home, reducing the minimum cooking skills needed to those of simply re-heating and assembly. Such developments can reduce the cost differential between eating at home and eating take-away or take-out food. There is some evidence that for low income families, when hidden costs such as electricity are accounted for, the cost savings of cooking at home compared to eating ready-prepared foods are not significant (Dobson et al 1994).

If the above perspective broadly views these changes as progress, a counter view proposes that knowledge of how to prepare and cook food generates health-relevant skills. Kemm (1991) termed this '*know how*' as opposed to simply '*know what*' knowledge. Far from being an out of date and irrelevant skill, an argument can be made that the possession of cooking skills can be empowering in a world where the individual is faced with a bewildering array of ready-prepared foods. Cooking skills prepare people to make choices in a fast changing food world. Without the skills, choice and control are diminished and a dependency culture emerges. As Roe *et al* (1997) in their review of healthy eating interventions note, the provision of information alone does not change behaviour; interventions should be interpersonal and focus on behaviour change. The teaching of practical cooking skills can include all these elements.

The divergence of these two perspectives is not new. Cooking symbolises domestic life. From the beginning of the 20th century, radical social movements yearned to liberate women from such chores. The US feminist Charlotte Perkins Gilman, for instance, argued that utopia would be where homes had no kitchens but shared

collective restaurants (Lane 1981). A century on, the issue now is on whose terms the new pattern of cooking and eating has been introduced. The issue is not feasibility but rationale; not whether one can eat without knowing how to cook (after all, one gender has long made a virtue of this!) but what health and cultural impact this has; not whether skills can or should be imparted but who does this, in what context and why.

The demise of cooking skills: the policy response implications

With more women working outside the home, the range of domestic skills and the mechanism for the transmission of these skills began to be restructured. Murcott (1982 and 1998) noted that while men may now cook and help in various household chores more than earlier, the responsibility for passing on cooking skills is still that of the mother; the nexus is from mother to daughter. As well as the home, the school has been the other key location for skills transfer in the 20th century. The role of school has been to expand and build upon skills learned from significant female figures in the home, not just mothers but also grandmothers (MORI 1993). In England and Wales, the introduction of a new national curriculum removed cooking skills from the school mainstream (for girls), replacing it with technology and design oriented content (for both girls and boys). A more central traditional role for cooking was retained in the curriculum of Scotland and Northern Ireland.

Debates over the importance of cooking skills inevitably raise the argument that a return to cooking skills could be ‘code’ for a socially conservative argument that the rightful place for women is the kitchen. Notions of cooking and motherhood are entwined. Ann Oakley (1974/1990) locates cooking as part of housework, the unpaid and unrecognised work of the housewife. If health educators promote a new case for cooking skills, a distinction has to be made between what skills are taught and whom they should be taught to. It is important not to advocate a return to an oppressive past, where individuals (women) slave over hot stoves preparing meals from basics. There

is a need to guard against blaming women and particularly mothers for changes in cooking skills. Charles and Kerr (1986) commented that health promotion practice is particularly vulnerable to social conservatism in relation to family food and feeding practices. The domestic environment has changed dramatically and the issue of cooking and changes in technology can be viewed as an extension of areas where women have exerted more control. Ready-prepared foods and advances in food technology such as refrigerators and better ovens have undoubtedly helped women exert greater control over their lives. Despite the new technologies, men still do not share the burden of cooking and housekeeping equally (Murcott 1998). Although women spend less time in the kitchen preparing meals, they appear to spend some of this time saved travelling to supermarkets and shopping (Caraher, Dixon, Lang and Carr-Hill 1997). The gender gulf in time harnessed to the home is still considerable. The chore of the kitchen has been replaced by the chore of shopping and driving.

The demise of cooking skills in the (English and Welsh) school signals a new phase in the role of the state in cooking culture. At the start of the 20th century, the state adopted a role of transmitting the skills to women. The new curriculum implies that food skills are now to be left to marketing and advertising departments in the private sector. There was speedy resistance to this from the (English) Department of Health and a coalition of voluntary organisations, arguing that practical skills are an essential ingredient for health education (National Food Alliance 1993). The new UK Government also changed the policy context. If the previous government encouraged a consumerist perspective and left support for cooking to Non Governmental Organisations (NGOs) and individual teacher/school initiative, the new government has begun to express, in the terms of McKinlay (1993), a need to focus upstream, looking at the determinants of health as much as health itself. The joint NGO-Dept of Health/Ministry of Agriculture, Fisheries and Food *Get Cooking!* was funded under the Health of the Nation initiative in 1992-94. It strongly promoted the argument that voluntary action cannot fill a gap left by the state. More recently the Quality Standards Authority and the Royal Society for the Encouragement of Arts, Manufacturers and

Commerce (RSA) have combined on a 'Food in Schools' programme, experimenting with different more imaginative ways of teaching general food skills. The *haute cuisine*-oriented Academie Culinaire de France, together with a national newspaper, also replicated the French scheme of local chefs going to primary schools to talk about taste, literally how foods taste different. Although not actually about cooking, one of the hidden messages was that to cook is exciting for the taste buds. The scheme is now nation-wide in France.

In the UK, cooking initiatives have been given some support by the state health agencies such as the Department of Health (1995) and Health Promotion Wales (Clarkson and Garnett 1995). The Low Income Project Team of the Nutrition Taskforce also called for more food clubs and skills opportunities for all young people, not just females, both at school and in the community (LIPT 1996). Behind this unanimity, there are differences of interest. First, there are differences within the state. Whilst DoH and the Ministry of Agriculture, Fisheries and Food expressed alarm at the removal of cooking from the curriculum, the Department for Education, which controlled the curriculum, ignored their blandishments. Secondly, there are clear differences in why interests believe cooking to be important. The RSA which is now responsible for the 'Food in Schools' initiative has, for instance, a focus on cooking skills being enjoyable and fun (RSA 1997 & 1998). The Department of Health and Health promotion Wales have argued that cooking skills are necessary in order to live a healthy life. They see a relationship between food skills and nutritional intake (Clarkson and Garnett 1995, Department of Health 1995). This probably explains the support for cooking skills given in local initiatives by health promotion workers particularly dietitians.¹

These differences are significant and are symptomatic of a skewed and fragmented approach to the area of cooking skills within public policy. Concern about the relationship between cooking skills and health behaviour is hampered by a relative dearth of good data. To that end, the rest of this paper reviews what data there is,

suggests a conceptual framework for further work and outlines the parameters for a more comprehensive approach to public policy.

The consumption and preparation of food: the gap between consciousness and practice

Social sciences, particularly anthropology, suggest that the relationship of cooking, diet, health, taste and culture is complex and circular (Goody 1982, Mintz 1996, Warde 1997). Cooking skills and techniques frame the way people consume food just as the availability of foods determine in part the type and range of cooking to be applied (Shapiro 1995). Inadequate knowledge concerning food preparation can lead to nutrient and calorie deficiencies. Food prepared in certain ways - eg burning, pickling - can contribute to increased risk of cancer (World Cancer Research Fund 1997). Aligned to this, inadequate intakes and over-consumption of certain types of foods can contribute to coronary heart disease (Department of Health 1998, World Health Organisation 1998b). CHD is sometimes characterised as a disease of affluence but it and other degenerative diseases are now world-wide epidemics. Even Greece and China, countries whose low incidence of such diseases provided the epidemiological basis for the diet and health connection (Keys 1970, Chen Junshi et al 1992), are now witnessing rapid changes in disease patterns due to 'westernisation' of their diets.

The rapid transformation of food culture and consumption patterns in recent decades is exemplified by the emergence of a previously unimaginable range of ready-made foods and ingredients, from pizzas to samosas, from yoghurts to muesli, the rapid take-up of microwave foods and by trends towards what marketing specialists have called 'grazing' of foods. If these trends exemplify the deskilling tendency in contemporary food practices, there are other trends suggesting a rising interest in food. There has never been as much public expression of interest in food and cooking in peace-time

this century, as evidenced by the popularity of cooking shows on television (there were nearly thirty in a week in the UK at the start of 1997) and the sales of cooking magazines and books (Health Which? 1997). With such contradictory indicators, it is little wonder that there is concern over the apparent demise of cooking skills in the general population. Market researchers now suggest that cooking is becoming part of the leisure industry for some. The Henley Centre estimates that over 36% of British adults now cook at least once a week for pleasure (Henley Centre 1994), implying that most cooking is still perceived as a duty. A survey by National Opinion Polls for Taste 2000 (1997) showed that the British public spent less time in the kitchen than their European neighbours. It also showed that 42% viewed cooking as an enjoyable occupation, 14% saw it as a creative activity and 11% used it as a 'de-stressing activity'. This epitomises the move of cooking from a valued occupation or chore (Oakley 1974/1990, Fort 1997) to a section of the leisure industry, a move from cooking as production skill to a consumer and leisure focus. While this approach to cooking may characterise affluent social groups, most people do not cook from basics everyday.

Data from the Health Education Authority's Health and Lifestyle Survey suggests that the English population is by no means wholly confident or fluent in practising cooking and utilising culinary skills (Caraher, Dixon, Lang and Carr-Hill 1997). These insecurities have gender and age biases. 94% of women and 80% of men said they were very or fairly confident in their abilities to cook in general. However, nearly a quarter of males (23%) either do not cook or do not feel confident to cook from basic ingredients, compared to 6% of females. When people were asked about specific techniques and the application of these techniques to real food, the picture became even more uneven.

It is at this juncture - the practical use of skills on foods in everyday life rather than just awareness - that the relevance of cooking for health promotion could be significant. The HEA's *The Balance of Good Health* (Health Education Authority

1994), commended by the DoH's Nutrition Task Force, promotes food such as pasta, rice, green vegetables and oily fish without adequately addressing who can cook them or whether skills and confidence are evenly distributed among the population. Table 2 gives results from the Health and Lifestyles Survey. This large sample survey (N=5553) suggests that possession of skills does not necessarily imply the use of such skills on one's own behalf or that of others. When cooking fresh green vegetables for example, 95% of women compared to 78% of men felt confident. Amongst women, confidence in cooking most foods increases with age and the trend is particularly strong for cooking red meat, chicken, white fish, oily fish and pulses. 81% of women compared to 59% of men were confident to cook pasta.

TABLE 2 Confidence in cooking particular foods, by gender (n=5553)

Food/food type	% who are confident cooking these foods		c2 test for difference between genders	
	Women	Men	c2	Sig.
Red meat	85.3	70.8	171	***
Chicken	91.8	74.5	299	***
White fish	81.0	62.0	247	***
Oily fish	58.1	39.1	200	***
Pulses	61.7	46.4	131	***
Pasta	81.0	59.2	314	***
Rice (not rice pudding)	87.3	68.3	292	***
Potatoes (not chips)	96.6	86.2	195	***
Fresh green vegetables	94.9	78.4	327	***
Root vegetables	91.9	76.0	261	***
None of these	0.8	6.2	119	***
Don't know/no answer	0.2	0.7	-	-
No. of respondents	2826	2727	-	-

Significance levels reported in all tables *** <1% ** 1-5% * 5-10%

source: HEA Health & Lifestyles Survey in Caraher, Dixon, Lang and Carr-Hill (1997)

The public face of cooking skills

Many people are prepared to pass off ready-prepared food as something they prepared from scratch themselves (National Opinion Polls 1997). This suggests the value attached to preparing food from basics. The emotional tension behind the public face of presenting food as prepared from scratch was first noted by Packard (1957) in 1950s USA. The pretence of passing of ready-prepared food as one's own displays the significance of what is socially acceptable. Murcott (1982), in her analysis of the cooked dinner in South Wales households, highlighted the importance of preparing '*from fresh ingredients*' (p 690); the cooked dinner represents other things such as love and family cohesion. Shapiro (1995) contends that the manufacturing industry has sold packaged or pre-prepared food by promising the consumer sophisticated food. She argues that women were encouraged to add their own style or '*self expression*' to ready prepared food by '*arranging the strawberry on the saltine*'. Food preparation began in this way to assume the mantle of art and style; it is more than the mere preparation of food for eating.

The general shift from food preparation being a chore primarily for half the population to its new cultural meaning has superimposed onto one social fault line - gender - another - skill and pleasure. This contradiction of being both a hi-tech skill and a leisure occupation can be seen in the rise of cookery programmes on television. Eighteen hours per week is devoted to cookery programmes on UK terrestrial TV with numerous channels dedicated to food on cable. Peter Bazalagette, a producer of food programmes on UK television, has outlined the case for and limitations of cookery programmes:

Give people pleasure and a few tasty recipes? Yes that I can do. Re-establish family values, get single mothers back to work and put a chicken in every pot? Er not quite. (The Guardian 1997)

Campaigners for a healthy diet hold cookery programmes partially responsible for the demise in healthy eating and the decline of cooking skills (See The Guardian 1997 for an example of this debate), while at the same time wishing to use them to influence the eating and food preparation habits of the public (see Health Which? 1997 as an example). The case for the effectiveness of cookery programmes in helping influence behaviour is far from proven, despite the view from one commentator that if the doyen of these personalities ‘*wrote a book of healthy recipes. [O]vernight she could have more impact on the national diet than any government campaign*’ (Health Which? 1997, p 188). The Health and Lifestyles Survey data questions this view of the role of the cooking programmes as a potential bulwark in helping the decline of cooking skills (see Table 3). If, as some research indicates, the appeal of cookery programmes is largely to middle classes (Caraher, Dixon, Lang and Carr-Hill 1997), reliance on television to deliver health could even be a counter-productive policy. The growth of cookery programmes on TV may well be leading to cooking becoming a spectator activity rather than an active or participant activity (Caraher and Lang 1998).

TABLE 3 ‘Percentage by social class who found the media (TV) useful in learning about cooking (n=5553)

	Percentage in this class group learning from these sources						F test for linearity	
	I	II	IIIN	IIIM	IV	V	F	Sig.
Percentage of people who on first learning to cook found cookery programmes on the media useful,	7.8	5.4	4.8	3.6	4.4	4.0	4.2	**
Percentage of people who when later on found cookery programmes on the media useful in finding out more	24.5	24.0	22.2	15.2	17.0	15.0	35.1	***

Significance levels reported in all tables *** <1% ** 1-5% * 5-10%

Adapted from Caraher, Dixon, Lang and Carr-Hill (1997)

Cooking skills are closely related to social mores and thus cannot be promoted solely on the basis of any imputed relationship to health. The wide availability of ready-to-eat and pre-prepared food removes the need for cooking skills as essential in putting food on the table. The current rise in interest among some groups in society does not necessarily signify a corresponding interest in health. An examination of the content of cookery programmes shows no particular concern with healthy foods. Indeed much creative cookery has focused on the use of high fat foods like cream and cheese. The consumer appears to recognise this difference (Caraher and Lang 1998). When watching, the viewer is not looking for health messages but at a spectator sport, a display of others' skills rather than an encouragement to develop one's own.

There is, however, strong support from the general public for the teaching of cooking skills (MORI 1993. OPCS 1995). The Health and Lifestyles Survey found that 98.5% and 99.2% of women thought that if fairly or very important to teach boys to cook and girls to cook respectively. The figures also suggest similar high support from men - 95.3% and 97.9% respectively (see Table 4).

TABLE 4 Views on the importance of Teaching Girls and Boys to Cook - by gender

	Views on teaching boys to cook		Views on teaching girls to cook	
	Respondent gender		Respondent gender	
	Female	Male	Female	Male
Very important	84.6	69.0	90.5	83.3
Fairly important	13.9	26.3	8.7	14.6
N	2826	2727	2826	2727
	c2 =200***		c2 =67.4 ***	

Significance levels reported in all tables *** <1% ** 1-5% * 5-10%

Adapted from Caraher, Dixon, Lang and Carr-Hill (1997)

Cooking Skills and Health Promotion

Without a modicum of skills, how can modern health educators achieve the empowerment they promote? This is the central challenge that the cooking skills issue raises for health promotion both conceptually and practically. As cooking skills change, reliance upon pre-prepared foods could mean an unwitting intake of the very nutrients that health educators are most concerned about, such as fats and sugars, and continued under-consumption of the equally sensitive micronutrients such as the anti-oxidants that protect against degenerative disease. Many health educators already experimenting with using cooking skills classes as 'soft' vehicles for health promotion are aware of this (Caraher and Lang 1995). There are two senses in which empowerment is relevant to this debate: firstly the practical ability to cook from basics and secondly the ability to be informed that comes from understanding how to cook.

The lack of cooking skills cannot on its own account for differences in health status. In fact, a small inverse relationship between class and skill usage exists with more middle and upper classes people choosing not to cook from basics (Caraher, Dixon, Lang and Carr-Hill 1997). Table 5 shows more individuals from the higher social classes are choosing to eat ready-prepared or take-away food. It is unclear whether this is because they possess the financial resources to do so, because of lack of time, because it is culturally acceptable, because they cannot cook or some combination of all these factors. A process may exist which Milo and Helsing (1997) call cultural modelling, in which the behaviour of one social group today may be the model for other groups tomorrow. If the affluent eat out more, is that a pressure/model for the poor to follow suit? And why shouldn't they? Existing trends suggest that the growth of low-cost, cheap ingredient ready-prepared foods and take-outs is more marked in lower income groups (but not the absolute poor), as production costs are reduced.

Table 5 Eating at home or with a take-away, by social class

	% of these social classes (n)						F test for linearity	
	I	II	IIIN	IIIM	IV	IV	F	Sign.
Percentage eating at least one ready prepared main meal in last week	25.8 (192)	24.4 (1183)	23.0 (1255)	15.4 (990)	15.2 (851)	18.7 (295)	35.7	***
Percentage eating at least one take away main meal in last week	31.1 (192)	20.6 (1182)	19.0 (1256)	20.1 (990)	20.0 (851)	15.1 (296)	6.6	***
Average number of main meals eaten at home in past week	5.79 (193)	5.84 (1190)	6.08 (1259)	6.04 (997)	6.07 (857)	6.31 (298)	19.9	***

Adapted from Caraher, Dixon, Lang and Carr-Hill (1997)

It should be stressed that cooking skills are not the sole or most important factor affecting dietary behaviour. A better understanding and an improved theoretical perspective could improve health education policy and practice. It may be that the importance of cooking skills lies in helping create a common food culture, in which all can partake. In this respect, cooking skills for all is part of what Lang has called the ‘long struggle for food democracy’ (1997a). If food is one of the new leisure pursuits then people need to be enabled to partake in this culture (Dowler 1998, Lang 1997b), otherwise the feeling of relative poverty may increase as some individuals and groups become socially isolated and socially excluded (Gowdridge et al 1997). Food is not just a metaphor for poverty but also a material mechanism for how we interact with one another in society (Leather 1996, West Lothian Poverty Action Forum 1997). Food is an indicator of social divisions both in what is eaten and its quality; the rich eating not just more fruit and vegetables but better quality foods than the poor.

The evidence for cooking skills as a contribution to health promotion

A number of pilot intervention studies suggest that re-designed cooking and food classes for young people can change, not just their own diets but also their families' too (Demas 1995, Caraher and Lang 1995). As well as influencing behaviour there is the added dimension of what cooking skills and cooking classes can contribute to increasing self-esteem. Food and cooking skills can be used as a means to raise self-esteem within the confines of what is known as community development work (Beattie 1994). An example is the work undertaken by the Strathclyde Anti-Poverty Alliance use cooking classes as a means to an end rather than an end in itself (Foodworks Enquiry 1997). Because people are interested in food and cooking they can be used as a banner to attract people. In an evaluation of cooking classes run under the banner of *Get Cooking!* in Wales the course facilitators identified the most important outcomes of classes were the raising of the self confidence of the participants and the general rise in the community's feeling of empowerment (Caraher and Lang 1995).

Evaluation reports from the school sector suggest that programmes run over a period of months or years, rather than a few hours or days, have effects on the eating and cooking habits of those taking part (Vaandrager 1995, Demas 1995). This suggests that there is an urgent need to determine the effectiveness of short-term classes, which the present authors surmise are by far the most common form of cooking classes outside the traditional classroom currently being run in the UK. The RSA are planning to evaluate cooking skills training in twenty schools over a five year period, 1998-2003 (RSA 1998).

The impact of cooking skills on healthy eating

The long-term impact of cooking skills on healthy eating or its relationship to other health concepts (such as empowerment) are not well documented. The few studies have concentrated in the short-term on working with children within the context of the school and the local community but a World Health Organisation working party

recently expressed some concern about the implications of children being brought up in homes where there is no knowledge of cooking and food skills. Although this argument could slide into the ‘cycle of deprivation’ theory of poverty, there is a point. If homes lack the opportunity to experiment with, and diversify, their diet in more healthy directions, their occupants are locked into a less healthy way of life. In line with Wilkinson’s (1996) thesis on social inequalities in health, diet can be both a material and social psychological mechanism for social exclusion. Just as there are cash and experience rich and poor, so there are divisions in skills. It is within this context that the debate about cooking skills can perhaps best be situated.

In the USA, Demas (1995) conducted a pioneering study to see if young people are more likely to be influenced if classes situate cooking skills, or any other food lessons which are being given, in a wider social context. This is a line of thinking also echoed in Vaandrager’s (1995) work on shopping skills among people on low incomes, as part of the WHO Healthy Cities project. Demas set up a controlled intervention trial to test the effect of ‘*hands-on, educational, sensory experience*’ with low fat foods in the classroom on the diet chosen and eaten in school lunchtime and at home. She found that allowing children to experiment and get confident with unfamiliar foods, such as low-fat products and more diverse ingredients, had a ‘consistent and dramatic’ effect. The intervention group of children ate more of the new foods in the school lunch, and parents reported a positive change in the dietary habits of the whole family. Demas placed great significance on involving key players such as other teachers, canteen staff, volunteers and parents. In other words, intervention went on beyond the classroom.

In Britain a study by Hulme (1992), funded by an award from the Consumers’ Association, was different in scope in that, rather than investigate whether change can happen, it sought to develop materials to be used in that change process. Its focus was on how children see themselves as food consumers. A pack of teaching materials for teachers and health professionals was developed. Evaluation of the project materials suggested that it met its objectives but no intervention trial has been reported.

Beyond the school gate, there is again only limited evidence about the value of cooking classes. One General Practitioner in the North of England has reported that the cooking class he set up with eight people in his area, as part of a general programme to increase the intake of fruit and vegetables by people with low incomes, did contribute to healthy eating behaviour (Bostock 1993). Participants reported that they found the classes useful and enjoyable; that they carried on eating some of the meals they had learned to cook; that their children enjoyed the food; and that they felt able to resist any reluctance to eat the new foods from boyfriends. Another study reported on the impact of cooking classes as part of a wider project in encouraging lower income groups to eat healthier (Kennedy and Ling 1997).

A more community-oriented focus emerges from a report by the Health Promotion Agency for Northern Ireland (1994) on the impact of cooking skills classes. The *Cook It!* project taught women in mother and toddler groups basic skills in six sessions, with a strong emphasis upon speedy meals. The classes were one and a half hours each. The objective of the programme was to provide information and support to people interested in healthier eating, particularly where cost was a consideration. The project built in an evaluation process. This suggested that the classes were popular; that awareness of healthy eating rose; and that changes in purchasing and preparation followed. The report recommended a follow-up programme of education in the community and that there should be a series of workshops to give support to people who conduct the classes.

These projects suggest that even in the short-term cooking skills classes may have measurable effects. No long-term research appears to have been conducted.

Theoretical Perspectives on Cooking Skills

A criticism of general health promotion interventions has been the lack of a underlying model or theory to guide the intervention (EPI-Centre Review Guidelines 1996). The lack of a coherent theoretical perspective and focus on cooking skills can be explained by the fact that it was on the one hand perceived as women's work. As Lupton (1996) notes the

practice of cooking has similarly received little serious scholarly attention because of its transitory nature and link with physical labour and the servicing of bodies rather than with 'science', 'art' or 'theory' (p2)

Food in general and cooking in particular have not received attention in their own right but have been used as a metonymy for a range of activities. Murcott (1997) notes changes in food preparation and consumption become metaphors for a past that may never have existed; a bucolic haze of skills and abundance existed only for the few. Cooking skills, in a similar way, can be studied for what they tell us about society and its operation. In their review of ethnological food research Mennell et al (1992) point out that despite a diverse range of research related to food '*it is not always clear what such a point of view actually is*'. A similar situation relates to cooking skills and health promotion. Despite a growing interest in the area the rationale for intervention programmes and research remains unclear and diffuse. Table 6 provides a schema to clarify the various approaches to cooking and health.

Table 6 Main Theoretical Perspectives and Frameworks on Cooking Skills

<i>Theoretical Models</i>	<i>Key Arguments</i>	<i>Characterised by the work of</i>
Cooking skills are domestic work or production.	Cooking is unpaid labour.	Oakley (1974/1990)
Cooking skills are undervalued and symbolise the oppression and place in society (for women).	Cooking is unequally shared between the sexes; this has considerable ideological significance, particularly with regard to the family.	Charles and Kerr(1984), Oakley (1974/1990)
Cooking is a class issue.	Whereas cooking is a means for social networking for the	Spring Rice (1981), Leather

	affluent, to the poor it is a daily struggle of making ends meet.	(1996), Gowdrige et al (1997)
Cooking offers opportunities for creativity and nurturing in relation to others.	Women nurture both bodies and minds within the family through feeding significant others; food relationships can also go awry.	Orbach (1993)
Cooking skills have both practical and conceptual elements.	Cooking skills give knowledge and empower the individual in preparation for healthy eating.	Caraher, Dixon, Lang and Carr-Hill (1997)
Cooking skills give opportunities for leisure/enjoyment.	Cooking is enjoyable and fun	RSA (1997 and 1998), Leith (1997 a & b), National Food Alliance (1993)
Cooking skills are a vehicle for empowerment.	Regardless of their nutritional status, cooking skills are good as they encourage self esteem.	Caraher and Lang (1995)
Cooking skills are a necessary part of life-skills education.	Cooking skills are seen as part of a total package of (life)skills.	Health Promotion Wales/National Food Alliance (1996), Demas (1995)
Sociological/anthropological approaches to cooking and skills.	The study of cooking skills as relevant in their own right.	Murcott (1982, 1986 & 1995), Mennell et al (1992)
Cooking skills are necessary for industry and commercial development.	Cooking skills are necessary for the future workforce.	ACARD (1992), Gershuny (1989)

As Table 6 suggests, gender has been one of the key themes in academic work on cooking. Feminist analyses have not been alone in highlighting the key role of women in food. This might be changing. With the arrival of mainly male super-chefs in restaurants, on TV and in food writing, new role models are percolating through food culture. Recent research from Healey and Baker (1996) suggests that a growing number of young men are living alone and shopping and preparing their own food. It is not clear whether such market research defines ‘preparation’ as cooking from basics or using ready-prepared meals. The distinction is more than just a question of depth - the market researcher being interested in market opportunities for niches products and the academic researcher in longer-term societal shifts. There is a real theoretical problem for both. Is the meaning of

cooking the process or the end-product? Is cooking a matter of following the rules of assembly or the labour process itself? These are theoretical issues on which anthropologists have long debated (Douglas 1972, Goody 1982, Levi Strauss 1992). For health promoters, they are becoming central too. In the view of the present authors, the salient matter is that with possession of cooking skills, consumers can choose whether to prepare food, both 'healthy' and less healthy; without the skills, there is little choice but to accept ready-prepared meals with all the complications of labelling information and interpretation that ensues (Lang 1995).

Since the 1970s, a strong stream of academic work has highlighted the central role of women and mothers in affecting what is purchased, cooked and consumed (Charles and Kerr 1984, Brannen et al 1994, Murcott 1995, Charles 1995). These studies have tended to underline the role of cooking as a domestic role borne by women, having considerable ideological significance, particularly with regard to the family. While these studies are useful, they often use cooking as a symbol of other issues such as oppression or the decline in family values. There is little direct work on cooking skills for their own sake, which is surprising, for as Zeldin (1995) has noted, 'there has been more progress in cooking than in sex.' Cooking has evolved; procreation has not. Murcott's work (1982, 1986 and 1998) gives cooking per se most attention. For her, cooking is an issue worthy of study in its own right and her critique is located within an anthropological / sociological perspective. She is critical of food and cooking being used to portray some idealised notion of the past yet uses it to highlight changes in society.

Another tradition of research, rooted in earlier generations' concerns about costs and facilities (Spring Rice 1981, Rathbone 1940), has looked at the constraints on diet and domestic food culture of particular social groups such as single women and mothers (Dowler and Rushton 1994, Kempson 1996). This tradition of research has highlighted the extraordinarily complex process of juggling cost, skills, taste and availability that women perform daily. Besides their immediate relevance to social policy debates about welfare and hardship, such findings connect with the more anthropological studies

showing the symbolic significance of cooking within culture (eg Douglas 1972, Douglas and Isherwood 1978, Mintz 1996). They also display the danger of isolating cooking skills from the wider social and cultural agenda.

Just because in the past, women have been targeted to be the domestic source of cooking skills does not mean this is or should be necessarily the case today. As Demas and others have shown, boys can and do show considerable interest in cooking. Although there was some gender effect, the DoH funded *Get Cooking!* Project found almost as great interest in learning to cook among males as females (MORI 1993, National Food Alliance 1993).

The perspective adopted in studying or planning a cooking skills intervention will provide different solutions or outcomes. Since cooking skills may be closely identified with health promotion there is a need to examine the evidence of effectiveness.

Discussion

The policy debate

The debate about the role of skills in generating differences in food behaviour is not new. It has occurred periodically throughout the 20th century (Smith and Nicolson 1994). Compared to previous eras, where public policy attention focused on access to equipment and the adequacy of income, today the material circumstances are different in important respects. All but the very poorest homes are reasonably equipped, having basic equipment such as cookers, implements, refrigerators, but class differences are marked in the scale, modernity and range of equipment, as well as in the mental 'space' and finances able to use it. Even allowing for such differences, there appears to be a trend in which equipment is increasingly used to serve pre-processed ingredients and meals, over which the consumers may have little nutritional control. This emerging situation has been highlighted by health commentators (National Food Alliance 1993). Unless, it has been argued, people actually cook from relatively unprocessed ingredients, how can they

control and understand their dietary intake and make use of the nutritional advice given to them by health educators?

Within public health policy throughout the twentieth century, there has been a long debate about the role of cooking classes and about whether cooking classes are tinged with an ethos of social control or patronage. It took years for cooking classes to shed their household management roots, where bourgeois ladies learned the skill of managing servants. With origins such as these, it is not surprising that cooking skills can quickly become a political football. Cooking education only becomes a consensual topic if there is negotiated agreement between all levels of interest groups, from participants themselves to the state, that cooking is a positive skill without which the person, whatever their social station, is de-skilled.

It was no accident that the rise of the public health movement coincided with the rise of the domestic science movement. Both were comments on the social restructuring of industrialisation. Both were adopted within the state function. From one emerged the local health approach evident in health visiting and environmental health. The other brought domestic management teachers and the purveyance of domestic social values and skills. One was concerned with protecting health from adulterated and contaminated food and carrying the message of sanitation into the home. The other taught good domestic management skills to young girls in the classroom environment. The sanitary inspectors or lady visitors (the fore-runners of health visitors) focused on training young mothers in their home environment to create and develop healthy homes (Dingwall, Rafferty and Webster 1991). Both entered the home, school and local environment with a mission that was a mixture of care, control and cultural management.

If this complex web of meanings and imperatives is the legacy of cooking skills teaching, is there any hope for clarity today? Should health educators, like the English state, withdraw and leave consumers to float on the ebbs and flows of cultural food tides? We think not. Nevertheless questions abound. How could issues such as cooking skills or

domestic lifestyles be sensitively built in to citizenship training by the new public health or health promotion movements? Are such skills relevant to public health? Or are they in the realm of individual responsibility, a private affair? Health promoters should also take note of two other sensitive issues raised in the present article arise concerning cooking classes. The first is who has responsibility for ensuring the teaching of cooking skills - is it the family or the state or both? - and the second is whether it is right to target only some social groups, rather than the whole population.

Some commentators have argued that, too often, the state turns to the family - *de facto* mothers - to compensate for perceived failures of provision (Smith and Nicolson 1994, Charles and Kerr 1986, Oakley 1974/1990) and that it is primarily women, often on low incomes, who are the targets of special classes. The role of men in cookery needs to be addressed and recognised; too often women are the focus of health promotion activities, which do not recognise the role of men and other family members in cooking and influencing what is cooked. That women continue to bear the burden of cooking in the family setting is still true; the preferences of children and spouses often determine the nature of what is cooked (see Horne et al 1998).

The prime source of early cooking skills is the family (National Food Alliance 1993, Department of Health 1995, Murcott 1986). Surveys indicate that it is mothers and grandmothers who are remembered by people as their most significant teachers, and that other sources such as the media or cookery writers are lower in impact, although this may be changing with the rise of media coverage of food. Evidence also suggests that in adolescence, it has been the school which has been the source of most significant skills learning, hence the public concern about the removal of home economics, as it was formerly practised. What the state's role is to be in this learning process is once more the subject of public policy debate, with health policy agencies picking up the mantle hitherto worn by educational institutions. Food retailers are, for example, keen to fill this vacuum, viewing it as an opportunity to advertise their products whereas some caterers are also concerned that a decline in national cooking skills base could affect their future labour

pool. Far from removing cooking from the curriculum, there was and is a case for redesigning and modernising it with health as one among many features.

Conclusion

The relevance of cooking for explaining health inequalities should not be overstated but there is evidence of a relationship between cooking skills and health status where projects are integrated and comprehensive and where the focus is not just on cooking skills. This is in line with a recent resolution to the World Health Assembly from the World Health Organisation executive board in referring to the work of the Ottawa Charter '*that there is now clear evidence that: (1) comprehensive approaches that use combinations of the five strategies are most effective*' (World Health Organisation 1987 & 1998a).

There are social divisions in cooking skills and confidence, especially related to gender and class divisions. Poor cooking skills could be a barrier to widening food choice, if they reduce the chance of healthy eating or access to food. Piachaud and Webb (1996), in a study of poverty and access to food shops, note the danger that the absence of such skills knowledge may further reduce people's access to a part of wider culture. The argument is that poor skills may intensify the sense of social exclusion that some groups and individuals already feel. Skills, and particularly confidence to use them, could be a psycho-social factor in people's general outlook and behaviour. In a very small way, they could be illustrations of the social disharmony stemming from a materially unequal society noted by Wilkinson (1996).

There are some pointers for further enquiry. The state of cooking skills in contemporary food culture is a challenge for health education and policy. Acquiring cooking skills offers two sets of knowledge: firstly the ability to cook from basics and secondly the ability to be informed that comes from understanding how to cook from basics. The latter

knowledge may be of use in buying ready-prepared foods and coping in a world where more and more food is processed. These deserve exploration.

There are considerable variations in knowledge about cooking, its application, role in domestic life and relevance to health. Various aspects of cooking are related to gender, age, income and social class. Given that this is the case, health professionals need to accept that these sources of variation should be at the heart of health promotion strategy with regard to food. Health promotion could place more emphasis on trying to influence the determinants of health, and beware an undue emphasis on targeting at-risk groups and risk behaviours. This would reflect an approach based on a health development model as opposed to a biomedical one (Hepworth 1997). In practice this might result in cooking skills being taught for their essential usefulness and social worth as opposed to their use in preventing ill-health, a citizen's right rather than a consumer's essential for health. Where cooking skills are part of a course, targets and evaluation methodologies should reflect this perspective. This is in line with the debate about health promotion models and philosophy (Dobbins and Thomas 1996, EPI-Centre Guidelines 1996, Hepworth 1997, Oakley and Fullerton 1995).

Local health promotion workers could include cooking skills into their frame of reference. The rationale is that there is little point in purveying nutrition advice and tips on healthy eating if people lack the skills to implement them. The Health Education Authority for example have recently revised their guidance in relation to the food plate to take account of cooking skills and the various differences in skills. **Martin ADD REF??**

At the policy level, cooking is an inter-departmental government issue. Action is required by Ministries responsible for education, agriculture/food, culture and health, as well as voluntary and professional groups. Local professionals who could collaborate range from teachers and food hygiene officers (Environmental Health) to health visitors and community dieticians.

Cooking skills classes should not be targeted solely at low income groups. Some more affluent groups appear to have lower levels of skills, but probably have greater resources with which to compensate. Cooking skills education could play a useful part in generating a common food culture rather than reflecting a divided culture (Dowler 1998).

There are grounds for a change in public policy. Cooking classes or some practical element of '*hands on*' skills should feature in a young person's curriculum at some stage at school. The situation where interested individuals and NGOs are keeping interest in cooking skills alive should be supported by the introduction of a national policy supporting the development of skills such as cooking and not focus solely on hi-tech skills such as computer skills. The acquisition of cooking skills promotes not only the development of young people's health but also their social and emotional development.

References

ACARD (1982) *The food industry and technology*. Cabinet Office. London, UK: HMSO.

Beattie, A (1994) Healthy alliances or dangerous liaisons? The challenge of working together in health promotion. in Leathard, A. *Going Inter-Professional: Working together for health and welfare*. pp 109-122. London, UK: Routledge..

Beck, U 1992 *Risk Society: Towards a New Sociology*. London, UK: Sage.

Beck, U, Giddens, A and Lash, S. (1994) *Reflexive Modernisation: Politics, Traditions and Aesthetics in the Modern Social Order*. Cambridge; UK: Polity Press.

Bostock, D. (1993) Nutrition communication-the community view: General Practitioners, in Buttriss, J, ed. *Getting the message across: Proceedings of a National Dairy Council conference: Getting the message across*. London, UK: National Dairy Council.

Brannen, J, Dodd, K, Oakley, A. and Storey, P, (1994). *Young people, health and family life*. Buckingham, UK: Open University Press.

Caraher M, Dixon, P, Lang, T and Carr-Hill, R. (1997) *Cooking up health: Cooking skills' relevance to the debate about inequalities in health*. Report to the Health Education Authority. London.

Caraher, M, and Lang T (1998) *The Influence of TV and Celebrity Chefs on Public Attitudes And Behaviour. Health Promotion Conundrums and Paradoxes*. Paper presented at the Association for the Study of Food and Society Conference. California, June 6th, 1998.

Caraher, M and Lang, T (1995). *Evaluating cooking skills classes: a report to Health Promotion Wales*. Cardiff: Health Promotion Wales.

Charles, N (1995). Food and family ideology. in Jackson, S and Moores, S, eds. *The Politics of Domestic Consumption*. Hemel Hempstead, UK: Prentice Hall / Harvester Wheatsheaf.

Charles, N and Kerr M (1984). *Attitudes towards the feeding and nutrition of young children*. London, UK: Health Education Council.

Charles, N and Kerr, M (1986). Issues of responsibility and control in the feeding of families in Rodmell, S and Watt, A, eds. *The Politics of Health Education: Raising the Issues* London, UK: Routledge and Kegan Paul.

Chen Junshi T, Campbell C, Li Junyao, Peto R (1990). *Diet, Lifestyle and Mortality in China*. Oxford: Oxford University Press

Clarkson, J and Garnett, T (1995) *Get Cooking! in Wales*. Report of a conference organised by Health Promotion Wales and the National Food Alliance. Cardiff, UK: Health Promotion Wales.

Demas, A (1995). *Food Education in the Elementary Classroom as a Means of Gaining acceptance of diverse, low-fat foods in the school lunch program*. PhD thesis. Cornell, USA: Cornell University.

Department of Health (1995) *Cooking: Attitudes, Skills and Behaviour*. London, UK: Department of Health..

Department of Health (1998). *Our Healthier Nation: a contract for health*. Cm 3852. London: Stationery Office

Dingwall, R., Rafferty, A. M, and Webster, C (1991) *An Introduction to the Social History of Nursing*. London, UK: Routledge.

Dobbins, M, and Thomas, H (1996) *Working Paper 96-1. The Effectiveness of Community - Based Heart Health Projects: A Systematic Overview*. University of Toronto and McMaster University. Canada.

Dobson, B, Beardsworth, A, Keil, T and Walker R (1994) *Diet, choice and poverty: Social cultural and nutritional aspects of food consumption among low income families*. Family policy Studies Centre, Joseph Rowntree Foundation, York.

Douglas, M (1972). Deciphering a meal. *Daedalus*, 101, 61-82.

Douglas, M and Isherwood, B (1978). *The World of Goods*. London, UK: Allen Lane.

Dowler, E 1998 Food Poverty and Food Policy. *IDS bulletin. Poverty and Social Exclusion in North and South*. 29, 1, 58-65.

Dowler, E and Rushton, C (1994). *Diet and Poverty in the UK: Contemporary Research Methods and Current Experience: a Review, Department of Public Health and Policy Publication no. 11*. London School of Hygiene and Tropical Medicine. London: University of London.

Dowler, E (1995). *Factors affecting nutrient intake and dietary adequacy in lone-parent households*. London, UK: MAFF.

EPI-Centre Review Guidelines (1996) EPI-Centre, Social Science Research Unit, London University Institute of Education.

Fieldhouse, P (1995). *Food and Nutrition: Customs and Culture*. London, UK: Chapman and Hall.

Foodworks Enquiry (1997) *From Food Deserts to Food Security; An alternative vision*. Glasgow, UK: The Poverty Alliance.

Fort M 1997 Cooking Counts. *RSA Journal*, vol cxlv, no 5483, pp 12-16.

Gershuny, J (1989). Technical Change and the Work-Leisure balance. in Silberston, A, ed., *Technology and Economic Progress*. London, UK: Macmillan.

Goody, J (1982). *Cooking, Cuisine and Class*. Cambridge: Cambridge University Press

Gowdridge C, Williams S, Wynn M, eds (1997). *Mother Courage: letters from Mothers in Poverty at the End of the Century*. Harmondsworth: Penguin

The Guardian (1997) Too Many Cooks: Are television food programmes good for us? *The Guardian*. Saturday December 27th.

Healey and Baker (1997) *Where People Shop*. London, UK: Healey and Baker

Health Education Authority.(HEA) (1994). *The Balance of Good Health*. London, UK: Health Education Authority.

Health Which? (1997) Book Marks *Health Which?* December pp 188-191.

Henley Centre (1994). *Leisure Futures*. London,UK: Centre

Hepworth J (1997) Evaluation in health outcomes research: linking theories, methodologies and practice in health promotion. *Health Promotion International*, 12, 3, 233-238.

Horne P,J, Lowe, C,F, Bowdrey, M, and Egerton, C (1998) The way to healthy eating for children. *The British Food Journal*, vol 100, no 3. pp 133-140.

Hulme C. (1992) *Eat Your Words. Project Manual and evaluation report*. London, UK: National Forum for Coronary Heart Disease Prevention.

Institute of European Food Studies (1996) *A pan-EU survey of Consumer Attitudes to Food, Nutrition and Health. Report Number Three*. Dublin, Eire: Institute of European Food Studies.

Kemm, J 1991 Health Education and the problem of knowledge. *Health Promotion International*. V6, 4, 291-296.

Kempson, E (1996). *Life on a low income*. York, UK: Joseph Rowntree Foundation.

Kennedy L and Ling M (1997) Nutrition education for Low-Income Groups- Is there a Role? In Köhler, BM Feichtinger E, Barlösius E and Dowler E (eds) *Poverty and Food In Welfare Societies*. Berlin, WZB. pp 349-362.

Keys A. ed. (1970). Coronary heart disease in seven countries. *Circulation*, 1970, 41 (suppl.1), 1-211

Lane, A J (1981) *The Charlotte Perkins Gilman Reader*. London: The Women's Press.

Lang T (1995). The contradictions of food labelling policy, *Information Design Journal*, 8, 1, 3-16.

Lang T (1996). Going Public: Food Campaigns during the 1980s and 1990s In Nutrition in Britain: *Science, scientists and politics in the twentieth century*. Smith DF (ed). Routledge London. pp 238-260.

Lang T (1997a). *Food policy for the 21st century: can it be both radical and reasonable?* Discussion Paper 4. London: Centre for Food Policy Thames Valley University

Lang T (1997b). Dividing up the cake: food as social exclusion. In A Walker and C Walker, eds, *Britain Divided: the growth of social exclusion in the 1980s and 1990s*. London: Child Poverty Action Group

Leather S (1996). *The Making of Modern Malnutrition*. London: Caroline Walker Trust

Leith, P (1997a) Braising Standards. *The Times Higher*, July 4th, p 16

Leith, P (1997b) Into the cooking wonderland. *The Independent. Education Supplement*. Thursday 8th December. pp 4-5.

Lévi-Strauss, C (1992). *The Raw and the Cooked*. Harmondsworth, UK: Penguin.

LIPT (1996) Report of the Nutrition Taskforce Low Income Project Team. London, UK: Department of Health.

Lupton D 1996 *Food, the Body and Self*. London, UK: Sage.

McKinlay, J B (1993). The promotion of health through planned sociopolitical change: challenges for research and policy. *Social Science and Medicine*, 36, 2, 109-117.

Mennell, S, Murcott A, and. van Otterloo A H (1992). *The Sociology of Food*. London, UK: Sage.

Milio, N and Helsing, E (1997) *European food and nutrition policies in action*. WHO Regional Publications, European Series No 73. Copenhagen, Denmark: WHO Regional Office for Europe.

Mintz, S (1996). *Tasting Food, Tasting Freedom: excursions into Eating, Culture and the Past*. Boston, USA: Beacon Press.

MORI (1993). *Survey for Get Cooking!* London, UK: National Food Alliance.

Murcott A (1998) The nation's diet. In Griffiths S and Wallace J (eds) *Consuming Passions: Food in the age of anxiety*. Times Higher Education Supplement, Mandolin Press, Manchester. pp 110-118.

Murcott, A (1997). 'The lost supper', *Times Higher Education Supplement*, January 31, p 15.

Murcott, A (1995). 'It's such a pleasure to cook for him': food, mealtimes and gender in some South Wales households. in Jackson, S and Moores, S, eds. *The Politics of Domestic Consumption*. Hemel Hempstead, UK: Prentice Hall / Harvester Wheatsheaf.

Murcott, A (1986) 'It's a pleasure to cook for him': Food, Mealtimes and gender in some South Wales Households. In E, Morgan DHJ, Purvis J and Taylorson D, *The Public and the Private*. London, UK: Gower.

Murcott A (1982) On the social significance of the "cooked dinner" in South Wales. *Anthropology of Food*. Vol 21, no 4/5, pp 677-696.

National Food Alliance (1993). *Get Cooking!* London, UK: National Food Alliance, Department of Health and BBC Good Food.

National Opinion Polls (1997) *Taste 2000 Research carried out for Hammond Communications on Cooking (Geest Foods)*. London, UK: National Opinion Polls.

Oakley, A (1974/1990) *Housewife*. Harmondsworth, UK Penguin.

Oakley, A and Fullerton, D 1995 *Young people and Smoking: A Report for North Thames Regional Health Authority*. London, UK: Social Science Research Unit. London University Institute of Education.

Office for National Statistics (1997a) *Social Trends 27: 1997 Edition*. London, UK: The Stationery Office.

Office for National Statistics (1997b) *Children's spending 1995-96*. London, UK: Office for National Statistics.

OPCS (1995). *Cooking: Attitudes and Behaviour*. London, UK: Office of Population Census and Survey.

Orbach S (1993). *Hunger Strike*. Harmondsworth: Penguin

Packard V (1957). *The Hidden Persuaders*. London: Longmans, Green

Piachaud D, Webb J (1996). *The Price of food: missing out on mass consumption*. London, UK: STICERD, London School of Economics.

Rathbone E (1940). *The Case for Family Allowances*. Harmondsworth: Penguin

Rissel C (1994) Empowerment: the holy grail of health promotion? *Health Promotion International*. 9, 1. 39-47.

Ritzer G (1998) *The McDonaldisation Thesis*. London, UK: Sage.

Ritzer, G (1993). *The McDonaldisation of Society*. Thousand Oaks, CA, USA: Pine Forge Press.

Roe L Hunt H Bradshaw H and Rayner M (1997) *Health Promotion and Effectiveness Reviews: Health promotion interventions to promote healthy eating in the general population*. London, UK: Health Education Authority.

The Royal Society for the encouragement of Arts, Manufacturers and Commerce (RSA) 1997 *Focus on Food: The appreciation, design, production, cultural and social importance of food*. Dean Clough, Halifax, UK: RSA..

RSA (1998). *The RSA Focus on Food Campaign: An Update*. RSA. Dean Clough. Halifax, UK: The Royal Society for the Encouragement of Arts, Manufacturers and Commerce

Shapiro L (1995). Do women like to cook? *Granta*, 52, Winter, pp 155-162.

Smith, D and Nicolson, M. (1994). Nutrition, Education, Ignorance and Income: A Twentieth Century Debate. in Kamminga, Harmke and Andrew Cunningham, eds. *The Science and Culture of Nutrition, 1840-1940*. Amsterdam: Rodopi, 288-318.

Stitt, S Jepson, M, Paulson-Box, E, and Prisk, E (1997) Schooling for Capitalism: Cooking and the National Curriculum. In Köhler, BM Feichtinger E, Barlösius E and Dowler E (eds) *Poverty and Food In Welfare Societies*. Berlin, Germany: WZB.

Vaandrager, H.W. (1995) *Constructing a healthy balance: action and research ingredients to facilitate the process of health promotion*. PhD thesis. Wageningen University, The Netherlands.

Warde, A (1997). *Consumption, Food and Taste*. London: Sage

West Lothian Poverty Action Forum (1997) *The Hidden Struggle: Food Poverty in West Lothian*. Scotland, UK: West Lothian Poverty Action Forum.

Wilkinson, R (1996). *Unhealthy societies*. London: Routledge.

World Cancer Research Fund in association with American Institute for Cancer Research (1997) *Food, Nutrition and the Prevention of Cancer: a global perspective*. Washington DC, USA: World Cancer Research Fund / American Institute for Cancer Research.

World Health Organisation (1998a) Resolution of the Executive Board of the WHO. WHO, Executive Board Meeting 28th January 1998. Forwarded to World Health Assembly in May.

World Health Organisation (1998b) *Diet, nutrition and the Prevention of Chronic Disease. Technical Series no 797*. Geneva, Switzerland: WHO

World Health Organisation 1987 Ottawa Charter for Health Promotion. *Health Promotion*. Vol 1, no 4, pp iii-v

Zeldin T (1995). *An Intimate History of Humanity*. London: Minerva

¹ The Health Education Authority / National Food Alliance Food and Low Income Database contains details of work on cooking skills and other food initiatives. Details from the Health Education Authority, Trevelyan House, 30 Great Peter Street, London SW1P 2HW.