

Assessment of knowledge and self-efficiency for the use of basic culinary techniques in puerpera in a university hospital

Avaliação do conhecimento e da autoeficácia para o uso de técnicas culinárias básicas em puérperas em um hospital universitário

DOI:10.34117/bjdv8n12-050

Recebimento dos originais: 04/11/2022

Aceitação para publicação: 06/12/2022

Tássia Santos de Melo

Graduated in Nutrition

Institution: Universidade Federal da Paraíba

Address: Campus I, Castelo Branco, João Pessoa - PB, CEP: 58051-900, Brasil

E-mail: tassia.smm@gmail.com

Talita Félix da Silva

Graduated in Nutrition

Institution: Universidade Federal da Paraíba

Address: Campus I, Castelo Branco, João Pessoa - PB, CEP: 58051-900, Brasil

E-mail: talitafelixnutri@gmail.com

Maria Francisca da Conceição Maciel Targino

Undergraduate Student in Nutrition

Institution: Universidade Federal da Paraíba

Address: Campus I, Castelo Branco, João Pessoa - PB, CEP: 58051-900, Brasil

E-mail: mfmaci50@gmail.com

Thamara Rodrigues Melo dos Santos

Undergraduate Student in Nutrition

Institution: Universidade Federal da Paraíba

Address: Campus I, Castelo Branco, João Pessoa - PB, CEP: 58051-900, Brasil

E-mail: thamaramelo95@gmail.com

Manuela Barbosa Santos de Miranda

Undergraduate Student in Nutrition

Institution: Universidade Federal da Paraíba

Address: Campus I, Castelo Branco, João Pessoa - PB, CEP: 58051-900, Brasil

E-mail: manuelabsmiranda@hotmail.com

Rafaela Lira Formiga Cavalcanti de Lima

PhD in Decision Models and Health

Institution: Universidade Federal da Paraíba

Address: Campus I, Castelo Branco, João Pessoa - PB, CEP: 58051-900, Brasil

E-mail: rafaellanutri@gmail.com

Cinthia Karla Rodrigues do Monte Guedes

PhD in Nutrition

Institution: Universidade Federal da Paraíba

Address: Campus I, Castelo Branco, João Pessoa - PB, CEP: 58051-900, Brasil

E-mail: ckrodrigues@hotmail.com

ABSTRACT

The healthy and diversified food introduction represents an opportunity for the child to be exposed to the wide variety of foods that will form the basis for future healthy eating habits. In view of the scarcity of studies that correlate the introduction of complementary foods from the child's six months of life onwards with maternal cooking skills, the present study aims to verify whether there is pre-existence to the puerperium of the mother's cooking skills and, more specifically, to assess whether postpartum women have culinary skills; assess self-efficacy for using basic cooking techniques as well as the cooking skills index. This is a cross-sectional study, which had the participation of 311 postpartum women admitted to a university hospital. Cooking skills were measured in the form of scores. The puerperal women were classified into three strata, according to the scores obtained, three categories were defined, considering the values of the 25th and 75th percentiles as lower limits (low cooking skill) and upper limits (high cooking skill), respectively. The study population showed a high index of cooking skills, as well as a high effectiveness for the use of basic cooking techniques. This study advances in the exploration of the theme, enabling one of the first approaches to the Brazilian reality, especially about postpartum women. It is believed that, even though it is a first exploratory study on the culinary skills of postpartum women attended at a university hospital in northeastern Brazil, its findings can be used as a starting point for future research directions.

Keywords: cook skills, cooking, puerperium.

RESUMO

A introdução alimentar saudável e diversificada representa uma oportunidade para que a criança seja exposta a ampla variedade de alimentos que irão formar as bases para hábitos alimentares saudáveis futuros. Tendo em vista a escassez de estudos que correlacionem a introdução de alimentos complementares a partir dos seis meses de vida da criança com as habilidades culinárias maternas, o presente estudo tem o objetivo de verificar se há pré-existência ao puerpério de habilidades culinárias da mãe e, mais especificamente, avaliar se as puérperas apresentam habilidades culinárias; avaliar a autoeficácia para o uso de técnicas culinárias básicas, bem como o índice de habilidades culinárias. Trata-se de um estudo transversal, que contou com a participação de 311 puérperas internadas em um Hospital Universitário. As habilidades culinárias foram mensuradas na forma de escores. As puérperas foram classificadas em três estratos, conforme as pontuações obtidas foram definidas três categorias, considerando-se os valores dos percentis 25 e 75 como limites inferior (baixa habilidade culinária) e superior (alta habilidade culinária), respectivamente. A população de estudo apresentou alto índice de habilidades culinárias, bem como alta eficácia para uso de técnicas culinárias básicas. O presente estudo avança no desbravamento da temática, possibilitando uma das primeiras aproximações com a realidade brasileira, sobretudo no que diz respeito às puérperas. Acredita-se que, mesmo sendo um primeiro estudo exploratório sobre as habilidades culinárias de puérperas atendidas em um Hospital Universitário do nordeste brasileiro, seus achados podem ser utilizados como ponto de partida para futuros direcionamentos de pesquisas.

Palavras-chave: habilidades culinárias, puerpério, culinária.

1 INTRODUCTION

The discussion about cooking skills has been raised based on the concern about food practices considered inappropriate from a health point of view in the context of several countries (JOMORI, 2017).

Culinary practice can be understood as a set of aromas and flavors specific to a particular culture, as a result of the interaction of human beings with their surroundings, contemplating different dimensions, such as culture, sensations, emotions and memories, including both the acts of preparing and consuming the food. Jomori (2017) highlighted that eating habits are an area in which tradition and innovation have the same importance, in which the present and the past are related, satisfying the needs of the moment. The author also emphasizes the high degree of ritualization and considerable affective investment, with culinary activities considered by those who practice them as a place of happiness, pleasure and invention (JOMORI, 2017).

In order for meals to be prepared, it is necessary to acquire certain culinary skills. These skills include basic food and nutrition knowledge, shopping and menu planning, creativity in the kitchen, involvement in preparation (how to smell and taste food when cooking) and manual techniques that are necessary to plan and execute the entire process, with special emphasis on in natura and minimally processed foods (CUNHA; LEITE; ALMEIDA, 2015).

The adoption of the appropriate eating practices in the first years of life is extremely important, because this is the period in which eating habits are established and will continue into adolescence and adulthood (CUNHA; LEITE; ALMEIDA, 2015).

Maternal care regarding child nutrition is fundamental for the child's health and can be influenced by information about health, learning, age and maternal experiences, and by the time available for childcare. In this context, the issue of food preparation arises, given that many mothers find it difficult to discern what the child should or should not eat and, above all, how to prepare their meals, given that many do not have the culinary skills to do so (MORGAN et al., 2014).

The food introduction process has been the focus of research in several countries, in the context of encouraging the supply of healthy foods, prepared at home, especially for children. However, although the number of studies has increased in recent years, few

of them have described the relationship between complementary feeding and the mother's cooking skills, without homogeneity in these two aspects.

In view of the scarcity of studies that correlate the complementary food introduction from the six months of life of the child with the maternal cooking skills, the present study aims to verify if there is a pre-existence of the mother's cooking skills in the postpartum period; whether these skills are developed over time and, more specifically, to assess whether postpartum women have cooking skills; to evaluate the self-efficacy for the use of basic cooking techniques, as well as the index of culinary skills.

2 METHODS

2.1 STUDY POPULATION AND SAMPLING

This is a cross-sectional study, whose target audience was puerperal women admitted to the Obstetrics Unit of the Lauro Wanderley University Hospital, located at the Federal University of Paraíba, João Pessoa Campus. All postpartum women admitted to the Lauro Wanderley University Hospital during the data collection period were invited to participate; this was the inclusion criterion in the research. Women in a convalescent state and unable to answer the questionnaire and those in a depressive state were excluded. The present study evaluated 311 postpartum women.

2.2 DATA COLECT

The interview was carried out with the application of a questionnaire, through the *Google forms* app, and the analysis of the medical records, to collect the pre-gestational weight and current weight of the puerperal women assisted by the hospital.

Data were only collected after approval by the HULW Research Ethics Committee (CAAE: 28644919.0.0000.5183) and after signing the Free and Informed Consent Form (IC) by the postpartum women. Additionally, the research authors committed to the ethical conduct of the research and its subsequent dissemination of results.

2.3 INSTRUMENT

The instrument adopted in the present study was created based on two other instruments previously consolidated in the literature: the Brazilian questionnaire for the assessment of culinary skills and healthy eating (QBHC) and the Cooking Skills Index (CSI). The QBHC was originally developed, validated and improved at Clemson

University, USA, and used as an evaluation instrument for the Cooking with Chefs Program (CWC), being adapted and validated in Brazil later (JOMORI et al., 2017). It has 64 items divided into 8 scales. In this study, two of these scales were used: 1) Culinary Attitude (CA): Seven items that analyze the attitude of individuals in relation to cooking; 2) Self-efficacy for the use of basic cooking techniques (SBCT): 12 items that reflect the level of confidence in performing basic cooking techniques.

The Cooking Skills Index was developed based on the belief of self-efficacy and having as theoretical reference the Food Guide for the Brazilian Population. It measures, with a scale between zero and 100, the degree of confidence of people regarding the performance of ten culinary skills considered facilitators of the implementation of the Brazilian Food Guide recommendations (MARTINS et al., 2020).

2.4 DATA ANALYSIS

Culinary skills were measured with scores, through the degree of confidence indicated by the interviewed for each item studied. Subsequently, the scores were transformed into scales, and the higher the value, the greater the cooking skill compared to the studied group.

A free 5-point scale was used to assess Culinary Attitude (grouped into 7 questions), the score ranged from 0 to 35. For Self-efficacy in the use of Basic Techniques, grouped into 12 questions, the score ranged from 0 to 60 for this, the free scale of 5 points was also used. As for the evaluation of the Cooking Skills Index, grouped into 10 questions, the free scale of 3 points was used, with a score ranging from 0 to 30.

The puerperal women were classified into three strata. According to the scores obtained, three categories were defined, considering the values of the 25th and 75th percentiles as lower limits (low cooking skills) and upper limits (high cooking skills), respectively.

For Culinary Attitude: low cooking skill (≤ 80 points), medium cooking skill (from 80.1 to 94.29 points) and high cooking skill (≥ 94.30 points). For the analysis of self-efficacy for the use of basic cooking techniques, low cooking skill (≤ 78.33 points), medium cooking skill (from 78.34 to 93.33 points) and high cooking skill (≥ 93.34 points). As for the Cooking Skills Index (CSI), low cooking skill (≤ 73.33 points), medium cooking skill (from 73.34 to 99.9) and high cooking skill ($=100$).

Data are expressed using descriptive statistics, with categorical variables presented in frequency tables and continuous variables described by measures of central tendency and dispersion (mean \pm standard deviation).

To assess cooking skills, averages were compared using the chi-square test and Fisher's exact test, when applicable. Quadratic weighting is indicated for the analysis of ordinal variables because it considers the hierarchical nature of the responses and because it treats minor and major disagreements differently. A p-value <0.05 and a confidence interval of 95% were considered indicative of statistical significance.

3 RESULTS AND DISCUSSION

The women participating in this study had a mean age of 27.17 years ± 6.86 . The pre-pregnancy BMI showed a mean of 25.88 kg/m² ± 5.94 , which is considered a high value. The mean weight gain during pregnancy 10.38 ± 7.56 , which is considered adequate.

In Brazil, studies highlight that overweight in women of childbearing age is manifested not only in the most developed regions of the country, but also in areas where a poor nutritional profile prevails, due to unfavorable socioeconomic indicators and adverse environmental conditions, as in the semiarid region of northeastern Brazil. A high number of women start pregnancy already overweight or gain excessive weight during pregnancy (SANTOS, 2017).

Gestational weight gain (GWG) reflects multiple changes resulting from pregnancy, including the accumulation of body fat in the woman, fluid expansion, fetal and placental development, increase in breast tissue and the gravid uterus. Excessive gestational weight gain in women increases the chances of cesarean delivery, postpartum weight retention, and large-for-gestational-age (LGA) newborns (GOLDSTEIN, 2018).

About marital status, most women in the study live with a partner, 107 of them are married (34.4%) and 145 (46.6%) in a stable relationship.

About schooling evidenced more frequently in the study, it is observed that complete and incomplete secondary education was reported by only 45.3% of the sample, followed by complete and incomplete elementary education (29%), representative data of a low schooling. This low level of education can be an aggravating factor for women's health and is considered by the Ministry of Health as an obstetric risk factor. It can be considered an indicator of social status, given that greater education facilitates access to employment and, consequently, to more favorable socioeconomic conditions.

Regarding the socioeconomic level, it was identified that 196 women (63%) reported having a monthly income of less than 1 minimum wage, 113 (36.3%) between 1 and 5 minimum wages and 2 (0.6%) more than 5 wages. In view of these data, it can be said that most of the interviewees have low income, which is characterized as a risk factor, as they directly influence the health of the mother-baby dyad, since mothers who have low income are exposed to inadequate food and housing conditions (CARVALHO et al., 2018). With regard to race/color, 58.5% of the population studied considered themselves brown.

Regarding alcoholism and smoking, respectively 88.4% and 97.7% of the interviewees said they did not have the habit of consuming such products and all reported that they did not drink or smoke during pregnancy.

In the present study, 83.9% of postpartum women did not practice any type of physical activity.

The literature points out that physical inactivity is more frequent in people with lower incomes when compared to people from higher socioeconomic classes. It should be highlighted that the predominant class in this study was the C one (less than one minimum wage). The data released by IBGE (2015) support the present findings, given that they showed that the practice of physical activity was more common in classes with higher monthly household income per capita. They also showed that the higher the level of education, and more years of study, the greater the percentage of people who exercised.

Among the 311 postpartum women interviewed, 208 (66.9%) had no comorbidity, 38 (12.2%) had systemic arterial hypertension (SAH), 36 (11.6%) had gestational diabetes, 13 (4.2%) had gestational diabetes and gestational systemic arterial hypertension, 11 (3.5%) had other diseases, 3 (1%) had diabetes mellitus and 2 (0.6%) had diabetes and SAH.

According to the Ministry of Health, one in five people is overweight in Brazil, which can generate a predominant growth of hypertension and diabetes, chronic non-communicable diseases. Excess weight is already present in more than half of the adults living in the country's capitals, which is worrying, since many women already start the gestational period overweight, as verified in this study (BRASIL, 2017). According to the Brazilian Society of Diabetes, the most common problem in pregnancy is Gestational Diabetes Mellitus (GDM), which has a prevalence between 3% and 25% among pregnant women and is considered a risk factor for the Gestational Hypertensive Syndrome (GHS) (OLIVEIRA; GRACILIANO, 2013).

Table 1 presents data on self-efficacy in the use of basic cooking techniques according to clinical and sociodemographic characteristics. There was no relationship between the mothers' income and the level of self-efficacy in the use of basic cooking techniques. However, when we analyze the level of education, it is observed that it has a direct relationship with self-efficacy, and the higher the level of education, the greater the degree of self-efficacy in the use of basic cooking techniques. Similar results were found by Martins et al. (2020). Schooling is directly linked to socioeconomic level, having an impact on dietary patterns, cooking techniques, physical exercise and health.

With regard to marital status, most of the women in the study live with a partner, with 74% of them having medium and high levels of cooking self-efficacy (Table 1). This result reveals that the culinary practice is performed as a way of showing affection for the husband and children, as was found in the study by Mercosur (2019). Men and women from different countries, such as Canada, the United States, the United Kingdom, France and China (JONES et al., 2014) considered that cooking can be a way of connecting with each other, strengthening relationships and expressing love and care between the person who produces the food and the one who consumes it.

In the study carried out by Brito (2014), which evaluated the act of cooking in a waiting room, there were reports that the act of cooking and eating offers a lot of pleasure, both for those who prepare and for those who eat. The woman is usually the one who prepares the food, concerned with the preferences of her children and her husband, as a way of caring for and pleasing the family. Therefore, this activity turns into something pleasurable. Although men have not shown interest in preparing meals in the waiting room environment, within the family environment, they have great power of influence so that a particular culinary tradition is maintained. At this point, the author emphasizes that wives make certain meals to “please” their husbands and, for that, they seek the “to know how”, learning from their mothers-in-law and sisters-in-law and transforming this feat into an act of affection, of wanting well or even obedience (observed in the past).

Table 1. Self-efficacy in the use of basic cooking techniques according to clinical and sociodemographic characteristics of postpartum women admitted to a University Hospital. João Pessoa, 2021

Self-efficacy level in the use of basic cooking techniques							
Variables	Low* n	%	Medium* n	%	High* n	%	p value
Income	-	-	-	-	-	-	0,05
<1 salary	46	30,7	100	66,7	4	2,7	-
1-5 salaries	27	33,3	45	55,6	9	11,1	-
5-10 salaries	1	50	1	50	0	0	-
Schooling	-	-	-	-	-	-	0,00
Illiterate	2	50	2	50	0	0	-
Elementary school	34	47,2	37	51,4	1	1,4	-
High school	32	30,8	66	63,5	6	5,8	-
University Education	6	11,3	41	77,4	6	11,3	-
Marital Status	-	-	-	-	-	-	0,00
With partner	48	26,2	123	67,2	12	6,6	-
Without partner	26	52	23	46	1	2	-
Race / Color	-	-	-	-	-	-	0,69
White	15	23,4	44	68,8	5	7,8	-
Black	8	30,8	17	65,4	1	3,8	-
Brown	49	35,8	81	59,1	7	5,1	-
Others	2	33,3	4	66,7	0	0	-
Age	-	-	-	-	-	-	0,16
Up to 21 years old	26	41,3	36	57,1	1	1,6	-
22 - 25 years old	15	28,3	36	67,9	2	3,8	-
26 - 32 years old	19	30,6	40	64,5	3	4,8	-
≥	14	25,5	34	61,8	7	12,7	-
Comorbidities	-	-	-	-	-	-	0,88
Doesn't have	50	31,4	101	63,5	8	5	-
Diabetes Mellitus	11	39,3	15	53,6	2	7,1	-
SAH	9	31	18	62,1	2	6,9	-
DM + SAH	2	22,2	7	77,8	0	0	-
Others	2	25	5	62,5	1	12,5	-
Number of children	-	-	-	-	-	-	0,72
1	30	30	65	65	5	5	-
2	23	29,5	49	62,8	6	7,7	-
≥	21	38,2	32	58,2	2	3,6	-
Weight Gain	-	-	-	-	-	-	0,63
<6,9	22	36,1	37	60,7	2	3,3	-
7 - 18	45	30,2	93	62,4	11	7,4	-
>18,1	7	30,4	16	69,6	0	0	-
Physical Activity	-	-	-	-	-	-	0,03
Yes	6	15	32	80	2	5	-
No	68	35,2	114	59,1	11	5,7	-
BMI	-	-	-	-	-	-	0,99
Low weight	9	34,6	16	61,5	1	3,8	-
Eutrophy	29	31,2	58	62,4	6	6,5	-
Overweight / obesity	36	31,6	72	63,2	6	5,3	-

*Level of self-efficacy in the use of basic cooking techniques

In this context, it is inevitable, when dealing with the issue of domestic cooking, to associate this activity with the female figure, considering that, in the past, women were exclusively responsible for household chores, for caring for children and also for feeding the family – when the diet was based on traditional foods, that is, foods that required

preparation. Thus, the mother has been consistently identified as the primary source for learning cooking skills (LAVELLE et al, 2019) and as the main influencers of children's weight status; learning from her is associated with greater confidence in the act of cooking and lower consumption of unhealthy foods, emphasizing the mother's valuable role as a primary source of learning (LAVELLE et al, 2019).

However, due to the increasing demands of today's modern lifestyles and external pressures, some research suggests that mothers may no longer have the skills or time needed to prepare a healthy diet (MCGOWAN et al, 2017) and therefore may not be able to pass on these skills to their children anymore.

Regarding age, it is expected that, over time, these women develop and improve their cooking skills, given that, later, in the domestic environment, women will be primarily responsible for feeding the family and seeking to improve the "know-how", according to Brito (2014). In addition, it was seen by Lavelle et al (2019) that the beginning of the learning of the basics of culinary skills should be in the home environment, and/or in primary school, and improved over the years and as needed, given that it is in the adolescence that the human being presents the best stage to develop new skills.

As shown in Table 1, cooking self-efficacy does not depend on BMI or weight gain, but is related to physical activity. This result may be related to the fact that, when individuals have an active lifestyle, they are encouraged to also maintain a healthy diet, therefore cooking their own meals and thus improving their culinary skills with regard to the use of basic culinary techniques (IBGE, 2015).

It is observed in Table 2 that women who had a partner had much better cooking skills than those who did not. It was found that postpartum women who are married or in a stable union have greater cooking skills than those who are single, as found in the study by VAN DER HORST; BRUNNER; SIEGRIST (2011).

In this research, it was seen that it was a habit for the postpartum women to cook the main meals on most days of the week and even those who worked outside the home had a high rate of culinary skills. Although the frequency of meal preparation is a possible indicator of people's culinary skills, this analysis cannot be disregarded from the context, such as the location of the study, income, availability of food, gender and, much less, from the definition of what culinary skills are, since there is no universal consensus on the definition of these skills (JOMORI et al, 2017).

This study also has some strong points and fills in some knowledge gaps, given that it generated evidence that proves the importance of culinary skills as a tool for promoting adequate and healthy eating in the Brazilian reality, in addition to corroborating the recommendation of the Golden Rule of the Food Guide for the Brazilian Population (BRASIL, 2014).

As the instruments used in this research were developed based on the definition of culinary skills recommended by the Brazilian Food Guide (BRASIL, 2014), it can be said that the culinary skills evaluated in this research concern the preparation of basic foods and basic cooking techniques. Furthermore, as far as it is known, this is the first study that investigated the existence of culinary skills in postpartum women.

Furthermore, in line with the recommendations of the Brazilian Food Guide and aiming to protect the transmission of culinary knowledge between generations - the greatest source of learning culinary skills in many realities - it is recommended that Brazilian families continue to cook at home and share more tasks involved in the process of preparing meals at home, including children as part of this process from an early age (MARTINS et al., 2020).

Table 2. Culinary Ability Index according to clinical and sociodemographic characteristics of postpartum women admitted to a University Hospital. João Pessoa, 2021

Variables	Self-efficacy level in the use of basic cooking techniques						p value
	Low* n	%	Medium* n	%	High* n	%	
Income***	-	-	-	-	-	-	0,40
<1 salary	46	23,5	95	48,5	55	28,1	-
1-5 salaries	25	22,1	49	43,4	39	34,5	-
5-10 salaries	1	50,0	0	0	1	50,0	-
Schooling***	-	-	-	-	-	-	0,18
Illiterate	2	50,0	1	25,0	1	25,0	-
Elementary school	27	30,0	42	46,7	21	23,3	-
High school	31	22,0	62	44,0	48	34,0	-
University Education	12	15,8	39	51,3	25	32,9	-
Marital Status**	-	-	-	-	-	-	0,00
With partner	46	18,3	124	49,2	82	32,5	-
Without partner	26	44,1	20	33,9	13	22,0	-
Race / Color***	-	-	-	-	-	-	0,10
White	14	16,7	43	51,2	27	32,1	-
Black	8	21,6	22	59,5	7	18,9	-
Brown	50	27,5	75	41,2	57	31,3	-
Others	0	0,0	4	50,0	4	50,0	-
Age**	-	-	-	-	-	-	0,22
Up to 21 years old	24	32,4	29	39,2	21	28,4	-
22 - 25 years old	19	25,3	34	45,3	22	29,3	-
26 - 32 years old	16	19,8	43	53,1	22	27,2	-
≥	13	16,0	38	46,9	30	37,0	-

Comorbidities***	-	-	-	-	-	-	0,40
Doesn't have	54	26,0	86	41,3	68	32,7	-
Diabetes mellitus	7	17,9	23	59,0	9	23,1	-
SAH	8	21,1	20	52,6	10	26,3	-
DM+SAH	1	6,7	10	66,7	4	26,7	-
<i>Others</i>	2	18,2	5	45,5	4	36,4	-
Number of children**	-	-	-	-	-	-	0,47
1	34	25,8	59	44,7	39	29,5	-
2	24	24,5	48	49,0	26	26,5	-
≥	14	17,3	37	45,7	30	37,0	-
Weight gain**	-	-	-	-	-	-	0,25
<6,9	14	16,9	38	45,8	31	37,3	-
7 - 18	47	24,0	93	47,4	56	28,6	-
>18,1	11	34,4	13	40,6	8	25,0	-
Physical activity**	-	-	-	-	-	-	0,57
Yes	9	18,0	26	52,0	15	30,0	-
No	63	24,1	118	45,2	80	30,7	-
BMI**	-	-	-	-	-	-	0,14
Low weight	10	33,3	13	43,3	7	23,3	-
Eutrophy	33	28,4	48	41,4	35	30,2	-
Overweight / obesity	29	17,6	83	50,3	53	32,1	-

*Level of self-efficacy in the use of basic cooking techniques. ** Pearson's chi-frame. *** Fisher's Exact Test

The present study was a pioneer in the evaluation of the relationship between clinical characteristics and cooking skills, however no relationship was identified.

5 CONCLUSION

It was found in the results of this research that there is a high rate of culinary skills among the puerperal women in the sample, as well as high efficiency in the use of basic cooking techniques. This factor is extremely beneficial, since the Brazilian Food Guide recommends the preparation of meals and the development of culinary skills, as these are allies in improving acceptance and food variety, avoiding monotony in food, allowing greater availability of nutrients ingested and leading to better quality of life.

The current agenda of Brazilian food and nutrition policies already points to cooking as an important tool for ensuring adequate and healthy food, and the incorporation of the theme has been consolidated with the publication of the Food Guide for the Brazilian population. However, even so, Brazil does not have a national diagnosis of these skills.

The present study advances in the discovery of the theme, enabling one of the first approximations with the Brazilian reality, especially with regard to puerperal women. It is believed that, even being a first exploratory study on the culinary skills of Brazilian puerperal women, its findings can be used as a starting point for future research directions.

REFERENCES

- BRASIL. MINISTÉRIO DA SAÚDE. **Guia alimentar para a população brasileira**. Brasília: Ministério da Saúde, 2014.
- BRITO, C. M. D. O ato de cozinhar em uma sala de espera. **Revista Baiana de Saúde Pública**, v. 38, n. 3, p. 598-614, 2014.
- CARVALHO, J. B. L. *et al.* Condições socioeconômicas da gestação de bebês prematuros. **Rev. Enfermagem**, v. 12, n. 2, p.386-390, 2018.
- CUNHA, A. J. L. A.; LEITE, A. J. M.; ALMEIDA, I. S. The pediatrician's role in the first thousand days of the child: the pursuit of healthy nutrition and development. **Jornal de Pediatria**, v. 91, n. 6, p. S44-S51, 2015.
- INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA. **Pesquisa nacional por amostra de domicílio: Prática de esportes e atividade física**. 2015. Rio de Janeiro, Brasil.
- GOLDSTEIN, R. F. *et al.* Gestational weight gain across continents and ethnicity: systematic review and meta-analysis of maternal and infant outcomes in more than one million women. **BMC medicine**, v. 16, n. 1, p. 1-14, 2018.
- JOMORI, M. M. *et al.* **Adaptação transcultural e validação de um instrumento de identificação das habilidades culinárias e alimentação saudável em estudantes ingressantes de uma universidade brasileira**. 343 p. Tese doutorado) -Universidade Federal de Santa Catarina, Florianópolis, 2017.
- LAVELLE, F. *et al.* Modern transference of domestic cooking skills. **Nutrients**, v. 11, n. 4, p. 870, 2019.
- MARTINS, A. L. C. *et al.* Habilidades culinárias de idosos praticantes de atividades aquáticas. **Research, Society and Development**, v. 9, n. 2, p.1-19, 2020.
- MORGAN, P. J. *et al.* The ‘Healthy Dads, Healthy Kids’ community randomized controlled trial: A community-based healthy lifestyle program for fathers and their children. **Preventive medicine**, v. 61, p. 90-99, 2014.
- OLIVEIRA, A. C. M.; GRACILIANO, G. N. Síndrome hipertensiva da gravidez e diabetes mellitus gestacional em uma maternidade pública de uma capital do nordeste brasileiro: prevalência e fatores associados. **Epidemiol. Serv. Saúde**, v. 24, n. 3, p. 441-551, 2013.
- SANTOS, J. G. C. *et al.* Peso materno em gestantes de baixo risco na atenção pré-natal. **International Journal of Nutrology**, v. 10, n. 02, p. 005-015, 2017.
- VAN DER HORST, K.; BRUNNER, T. A.; SIEGRIST, M. Ready-meal consumption: associations with weight status and cooking skills. **Public health nutrition**, v. 14, n. 2, p. 239-245, 2011.