Nutritional public policies and ageing: impact of care at home (marital or professional) on elderly food

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Objective

Because of the emergence of health troubles associated with ageing, in France the Programme National Nutrition Santé (launched the 31st of January 2001) aims at developing a preventive approach of malnutrition risks among the elderly.

This study aims to study the effects of care (marital, family or professional) at home for elderly people on their household food purchase and diet, and on the integration (or not) of nutritional recommendations.

Data and methods

- 50 in-depth interviews with elderly and professional home help conducted in 2005 and 2006.
- All people considered are living at home in rural or urban areas.
- The members of households aged between 70 and 85 years and of different socioprofessional category are living in a couple.

Observations

Home caring for disabled elderly people by (family or professional) caregivers modifies the food diet of households.

The food changes consist in an integration or rejection of food products, cooking ways and meals sequences leading to either diversity or simplification of meals. They vary according to the type of participants and according to age, sex and (physical or psychological) disability of the household’s members.

Demonstration

Professional care: the effects of age and socioprofessional category

Ideally, the action of home help should be to bring the diet into line with the French National, Nutritional and Health programme.

But it depends on:

1. The home help’s age and level of education.
   - The oldest (with a lower education level) put effort into the shopping content, even the meal content, keep watch on the meal content, suggest new produce and menu, trying to follow the PNNS recommendations.
   - The youngest (with a higher education level) put less effort into shopping content or even into meal preparation, prefer to do what they are asked by the elderly person. They consider to be not enough qualified in cooking.

2. The capacities of the elderly person to accept (or not) dietary recommendations and her expectations according to her diet.

A typology of professional care

Subordination (“work for”):

- the elderly person’s word is authoritative, the home help carrying out their requests.
- The elderly person refuses to take the helps’ recommendations into account. For instance, although the helper suggests reducing pork meat (thought to be too fatty) or cut tuna instead of salmon (also thought to be too fatty), the elderly person refuses to integrate those suggestions into her food diet.
- The home help’s competencies will be judged on the sole ability to meet the expectations of the elderly person. This type of social interaction is more marked when the elderly person is a woman from the middle or upper social classes.

Complementarity (“do with”):

- some elderly people lose interest in their diet and integrate the help’s prescriptions. They no longer worry about their meal content. In this case, more than the profession, what counts is the gender (the characteristic situation of a man living alone) or the convalescence experiment. In such situations, the home help takes on the food activities, but losing or keeping food habits depends on the home help’s involvement.

A typology of marital care

Substitution (“act in place of”):

- some elderly people lose interest in their diet and integrate the help’s prescriptions. They no longer worry about their meal content. In this case, more than the profession, what counts is the gender (the characteristic situation of a man living alone) or the convalescence experiment. In such situations, the home help takes on the food activities, but losing or keeping food habits depends on the home help’s involvement.

Discussion

Carried out as part of the French National Nutrition and Health programme and based on the maintenance of food diversity, the preventive policy targeted towards the elderly must take into account these effects of social interactions: the issue of elderly undernourishment does not only pertain to food and nutrition problematics but concerns the whole set of social adaptive conditions of preventive policies, which particularly depend on the relationships between the elderly and the people who attend them and are responsible for implementing the policy.