Nutritional public policies and ageing: impact of care at home (marital or professionnal) 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 (lauched the 31st of January 2001) aims at developing a preventive approach of malnutrition risks among the elderly.

➢we 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 recommandations.

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 meal sequences leading to either diversity or simplification of meals.
They vary according to the type of participants and according to profession, 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 helps should be to bring the diet into line with the French National, Nutritional and Health programme.
But it depends on:

1. The home helps' 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'recommandations.
- the yougest (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 recommandations 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 help suggests reducing pork meat (thought to be too fatty) or eat 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"):
the relationship is one of skills sharing, enhancing the integration of new food and new cooking methods. Here, the elderly people are more concerned about their diet and pay more attention to the home help's food advice when the latter is involved. Here, changes are as much about the produce consumed as the cooking methods: for instance, eating poultry instead of cooked pork meats; learning new cooking (steam cooking instead of cooking with butter). The relationship of complementarity is more frequent when there is social proximity between the home help and the elderly person, that is to say, in **working-class groups**.

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.

Marital care: the effects of gender and socioprofessional category

Relaying public preventive policies is less visible in cases of family caring.
Ideally, the elderly person attempts to maintain her food diet.
But it's linked to the re-organization of the food activities that depends on:

1. Family helper's status and sex (spouse;daugther/son)

2. The ill spouse's sex and disability (physical or psychological)

3. The household's socioprofessional category

A typology of marital care

Husband with disability (physical or psychological):
the spouse keeps on preparing meals and attempts to maintain the couple's food diet and food diversity (irrespective of the profession). However, we observe changes in the shopping modes, cooking and in the produce and dishes consumed. Some women delegate the shopping (but they all prepare meals), others take care of everything. Some prepare different dishes for their husband and themselves, others adapt their diet to their husband's. Whatever the situation, they mobilize a whole set of cooking skills to vary the meals.

Wife with physiological disability:
she keeps "control over" the meal content, but maintaining the couple's diet depends on the husband's acceptance to be monitored when doing what his wife used to do. Sometimes, the husband does the shopping and does all or part of the cooking activities. He usually reproduces his wife's ways of cooking (who, for instance, directs him), keeping the household's cooking habits. In other situations, the husband's participation is limited to supply tasks, the wife providing the cooking with difficulty: she modifies her cooking methods and simplifies dishes or even gives up a dish (starter or dessert) simplifies dishes, or even gives up a dish (starter or dessert).

Wife with pschycological disability:
the changes are due to the way the husband takes over. For these generations, men had no or few cooking skills. So their methods of cooking are much more simplified, the dishes less varied and they resort to ready-made dishes more frequently. Food diversity is lower. Sometimes the husband prefers to delegate food activities to a third (child, professional).

Usually, in the salaried categories, husbands involve themselves more frequently than in classes where the sexual distribution of tasks is important (craftsmen, shopkeepers, farmers).

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 adaptative 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.

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