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Different Views: Change in Food Practices for Facilitators and Elderly People taking part in Actions Aiming at Preventing Malnutrition

First results

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As society is aging, malnutrition and loss of autonomy in the elderly have raised as public health issues. Official prevention recommendations detail food practices to be adopted (eating enough food incl. proteins).

The Public Health perspective takes, with some nuances, target groups as composed of rational individuals, able to get motivated to adapt their behaviors when and if they are informed on risks and benefits (Poulain, 2009 ; Raude, 2013). This research adopts a praxeological approach, which claims that food practices are embedded in routines, activated by the social context and so that the room for decision-taking is quite limited (Poulain, 2002 ; Warde, 2016). Besides, change in food social representations has been identified as a lever of change in practices (Lewin, 1943; Lahlou, 2005).

Do the strategies used during prevention actions targeted at elderly people take into account their food representations and practices? What social determinants of the participants are salient when they talk about change in their food practices? To answer these questions, we adopt a comprehensive approach, by observing prevention actions, then interviewing the participants and the facilitators following the action.

Methods:

Between October 2021 and September 2022, France:

- Observation 8 prevention actions (incl. a discourse on nutrition and the cooking of recipe(s)).
- 16 semi-structured interviews:
 - 9 with elderly people, aged 60+.
 - 4 with project coordinators.
 - 3 with facilitators (2 dieticians, 1 cooking chef).
- Thematic analysis.

Results:

1. Facilitators adopt a “rational individuals” approach

- Nutritional injunctions are delivered by a dietician: *“I talk about a balanced diet, food groups that need to be there, pleasure of eating.”* (Dietician-1)
- Participants are seen as an homogenic group.

2. A gap between a recipe designed for a meal to be shared and the practice of eating by oneself

- For women living alone, “cooking” a meal is seen as a normal activity only when receiving guests.

“I thought it was very beautiful. You can present a nice dish. But I am not going to make gnocchi for myself, no” (Participant-1, woman, 69y, SES-, +1 week after action)

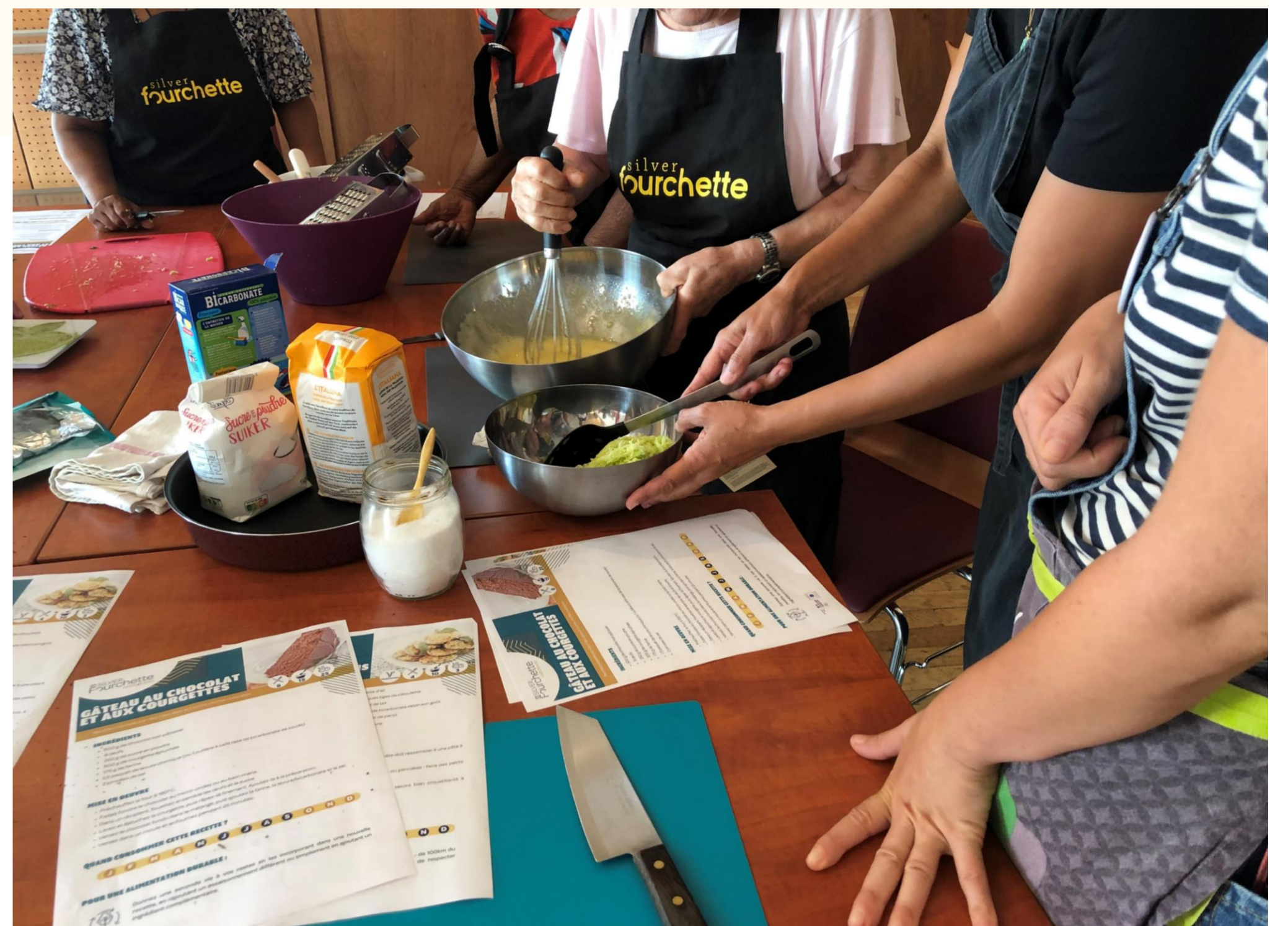
- Position in life cycle and social roles are determinant.
- Facilitators think about solutions, such as an engagement in a socialized process: *“If they eat on their own at home, we should provide more opportunities to cook meals as a group.”* (Chef-1)

3. For some participants, the use of nutritional norms to adapt food practices makes sense

- High social position (former profession, education level) ⇔ more dietetic knowledge and reflexivity upon practices.
- Previous specific events (illness, death) changing social representations and practices.

4. Food reflexivity and specific questions prior to the prevention action can lead to a practice substitution within a routine.

- Questions ahead of the prevention action (on oil).
- Involves a change in representation (incl. food repertoire).
- Integration in existing routine (buying, cooking).



Conclusions:

Social determinants that shape food practices of elderly people escape the normative judgement of the facilitators. When informed about gaps between their strategy and the participants' practices, facilitators propose solutions. Following prevention action, actualization of food practice happens, for elderly people with a higher social position, when the use of nutritional norms makes sense, within an existing routine.

Fieldwork needs to be pursued to nuance first results.

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