



FOOD PREPARATION, APPETITE AND EATING

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10.1 STUDY GROUP COMPARISONS

10.1.1 Food shopping practices

Food shopping was reportedly done by the spouse by about a third of the men, among the Greeks in Spata. About a third of the women in the 70-79 age group reported that their children did the food shopping and in the over 80 group, more than 50% reported that their children did the food shopping for them. There were no reports within this group of the food shopping being done by paid help. Among the Melbourne Greeks, the gender assignment of food shopping was not striking either for the younger or for the over 80 group. While none of the younger group of men reported that their children did the food shopping, 15% of the women in this age group reported it. Of the Melbourne Greek elderly women (like the Greeks in Spata) more than 50% reported that their children did the food shopping; about 18% of the men over 80 reported that their children did the food shopping; 10% of older men and 6% of the older women reported to have paid help for food shopping.

A greater proportion of Swedish men (11% <80 years, 5% over 80) reported that their spouses did the food shopping, compared to 1.4% of the younger women and 4% of the women >80. Also, food shopping by family members was less frequently reported by the Swedes than by either the Greeks in Spata or the Greeks in Melbourne. However, a greater proportion of Swedish elderly (16% men, 21% women over 80 years) reported to have paid help for food shopping. In the Filipino study, the information available indicates that a greater proportion of men reported their spouses doing the food shopping than women.

10.1.2 Eating habits

Most of the Spata Greeks under 80 reported eating with others on a daily basis. However, eating alone was reported by about 16% of the men and by 41% of the women over 80. This gender difference in the per cent eating alone most likely reflects the preponderant survival of widows.

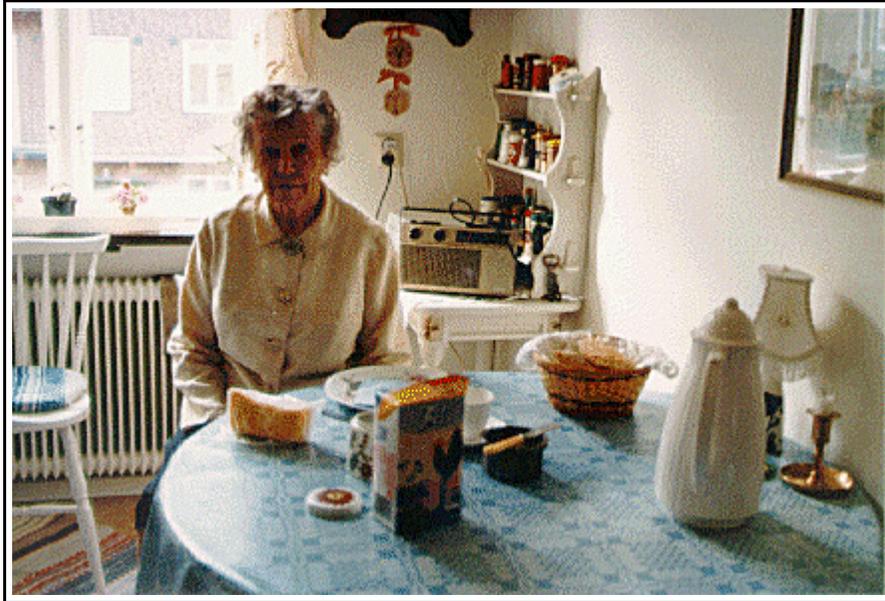
Eating out was rarely reported by the Spata Greeks, except by the younger men, among whom 16% reported eating snacks when they went out.

Most of the Melbourne Greeks also reported eating with others on a daily basis. However, 25% of these Greek women reported eating alone. Eating out and eating main meals away from home was not infrequently reported by the Melbourne Greeks. The most frequent place where they reported they ate when away from home was at a relative's house. Eating alone was more common among the Swedes aged 80+ than among the Greek groups. Eating out was quite frequently reported by the Swedes and in this group the places where food was eaten away from home included both friends' homes and restaurants. However, a higher per cent of the men than the women reported going to restaurants. The food eaten away from home by the Swedes was most commonly reported to be a main meal.

Photo 10.1. Australia, Melbourne (Anglo-Celtic) 1992: couple in their late seventies eating lunch (boiled green beans, mashed potato, pumpkin and mince, orange juice and baked custard).



Photo 10.2. Gothenburg, Sweden (1991): woman in her 70s having lunch, of cheese, milk, crispbread and butter, often eats alone.



10.1.3 Eating problems

Among the Greeks in Spata, chewing difficulties were reported by 28% of the men and 19% of the women in the 70-79 year age group and by 37% of the women and 36% of the men in the over 80 age group. In this same group, edentulousness was reported most frequently by the women over 80 (27%). It was in this group that a greater proportion also reported having few teeth. Since women in this group did not report having poorly fitting dentures, we may assume that their chewing problems may have been due to lack of teeth. In the other groups, in whom dental disease could possibly explain the chewing problems, this cannot be assessed from the available data. Decreases in appetite were also rather frequently reported by the Spata Greeks. Chewing difficulties were also frequently reported by the Greeks in Melbourne. However, having few teeth or edentulousness was less commonly reported than by the Spata Greeks. However, poorly fitting dentures were more commonly reported which could account for the reported chewing difficulties. Declines in appetite were commonly reported. Possible contributory factors may be decreased energy needs for physical work and aversive symptoms provoked by eating, including heartburn as well as chewing difficulties.

In the Anglo-Celtic group in Melbourne, declines in appetite and problems with digestion were more frequently reported by the over 80 group of men and women than by the younger group. Reports of chewing difficulties and declines in appetite were less commonly reported by the Swedish respondents, though heartburn was not infrequently reported. The fact that a smaller percentage of Swedes reported chewing difficulties compared with Greek elderly may be explained by better dental status. Support for this suggestion comes from the fact that a greater proportion Swedes reported having their own teeth compared with the Greek groups. In the

Filipino study group, poor appetite was very frequently reported. However, since some of the respondents were in institutions, it is possible that poor appetite may have been due to severe medical problems. However, reasons for poor appetite were given by so few of the respondents that it is not possible to gain further insight into the aetiology of their appetite problems.

10.2 DISCUSSION

The individual reported as doing the food shopping differed within cultural groups by gender and age and between groups by such factors as local custom, acculturation and services available. Thus the use of food shopping activity as a measure of frailty is invalid. It would, however, be of interest to carry out further ethnographic studies to examine relationships between food shopping practices and living arrangements for these study groups. Previous investigators who have examined living arrangements of elderly of differing cultures of origin have found that extended residence is considered as highly desirable and proper for families of southern European origin [1]. The report that particular family members carry out food shopping for the elderly among the Greeks in Spata may either be explained in that the elderly person lives with younger members of the family who shop for the household or it may be a family custom unrelated to location. Again whether or not the elderly respondent reported that they usually ate alone or with others is most likely to be related to whether or not the individual lives alone. On the other hand, frequency of eating out may have an economic explanation or may relate to whether or not the elderly individual is employed and eats at work or may be related to the availability or otherwise of publicly supported meal services for the elderly. However, among the Spata Greeks, where the data indicate that men may eat snacks away from home, but not the women, the snack eating times may be times when the men also drink together.

While it appears from the data that the over 80 groups go out less than the younger groups, which may be related to increasing frailty, cohort differences in sociability or decreased availability of transportation for the older group may also explain eating out activity differences of differing age groups. Social network and interaction systems have previously been studied by asking questions about the frequency of going out. Problems arising from that approach, as with similar questions, used here with respect to eating out, are inherent in that the answers are difficult to interpret. Kane and Kane [2] propose that if an attempt is being made to relate dimensions of social functioning to physical functioning, then the questions posed must be precise and quantifiable.

While in these studies, the frequency of eating with family members and of eating out have been shown to differ by age, gender and location, similar findings have been obtained by investigators studying other aspects of social functioning. For example, Verbrugge [3], in studying social disability had the experience that if you ask an elderly individual if he or she takes part in a particular activity, the information obtained is not very informative. This author explains the problem in that the question does not take the local situation and feasibility of the activity for the individual into account. Appetite and the extent to which food is enjoyed varied greatly between

certain study groups. These differences may be explained by differences in the health characteristics of the groups studied, their dental status and by differences of affect. With respect to dental disease as a factor responsible for chewing difficulties, this has often been previously reported [4]. However, it is clear from the present data that the Swedish elderly who have long benefited from preventive and therapeutic dental services have far less chewing difficulties than the other groups studied.

10.3 ADDITIONAL INFORMATION

10.3.1 Aboriginal Australians (A Kouris-Blazos)

Direct questions to the elderly on appetite were not possible, but from observation and reports from the nurse, the appetite of the majority of the elderly was very good (14% were obese, mainly the women). However, 12% of the elderly (mainly the men) were found to have a body mass index less than 20. These low body weights could occur for a number of reasons such as nutritional deficiency could affect appetite or adequate food is not available.

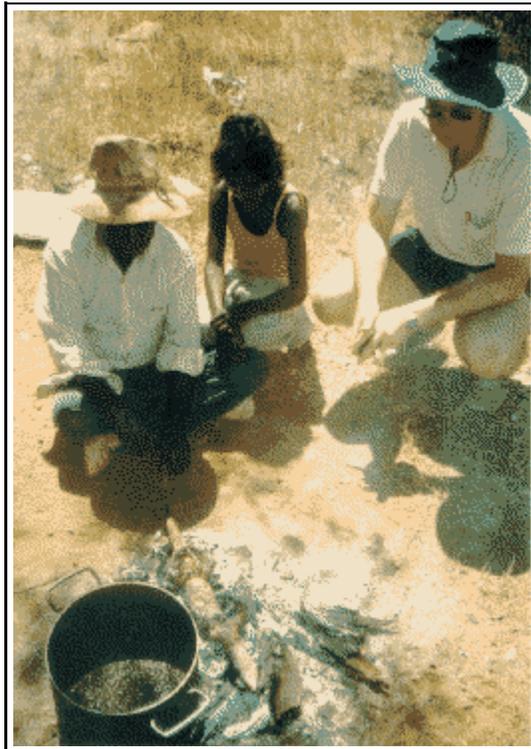
10.3.1.1 Eating environment & cooking facilities

The elderly spend a lot of time at each others homes where they cook and eat together in small groups (about 6 per group). The younger adults eat and purchase food separately to pensioners and are less likely to share their food with them. However, the elderly will often share their food with the family, especially with the grandchildren. The daughters often cook for the family, including the elderly. The handing down of knowledge e.g. hunting, gathering and preparation of bush foods, appears to have been interrupted following the movement into the townsite during the 1960s. While it is the responsibility of individual families to pass on knowledge (rather than the group), Aborigines themselves say that so much of this has changed it is outside of their control.

Photo 10.3. West Australia, Fitzroy Crossing, Junjuwa (1988): searching for a goanna which has escaped into a hole.



Photo 10.4. West Australia, Fitzroy Crossing, Junjuwa (1988): cooking goanna on an open fire; grandfather shows his grandson how to cook goanna.



In a study carried out to find the cause of malnutrition in Aboriginal children, it was found that

only 49% of households had refrigerators, 23% had freezers, 57% had electric fry pans, 51% had stoves in working order, 27% had television sets and 24% had video recorders [5]. In Junjuwa, there were a total of 56 houses of which 43% had frying pans, 29% refrigerators (most of which were not working), 41% electric kettle, 70% billy can, 7% freezer, 5% working gas stove, 9% working wood stove, 43% open fire, 20% cupboard, 9% trunk, 73% hot water, 28% washing machine, 11% video, 12% television and 39% cassette player.

The electric frying pan was mainly used to make damper. A wire rack was often placed over the coals of an open fire to cook damper and meat, otherwise these were cooked in the ashes. The billy can was used to make tea and meat stews by placing on the open fire. To prevent intoxicated individuals or others taking food, it was locked in cupboards or stored in bedrooms but rarely kept in the kitchen. Many have tin trunks to store food. The community can apply to the Government for grants to purchase refrigerators, stoves and community cars etc. Little money is saved from social security payments for such items.

10.3.1.2 Dental status

Limited information was obtained on dental status. However, difficulty with chewing was common (see Section 10.1.3).

10.4 SUMMARY

- Food shopping by family members was more common amongst GRK than amongst SWE elderly, who tended to rely on paid help. Overall, women tended to do the shopping, except amongst GRK elderly.
- Eating alone was more common among the SWE aged 80+ than the GRK subjects.
- Eating out was more common amongst the SWE, followed by GRK-M; GRK-S rarely ate out.
- Reports of chewing difficulties and declines in appetite were least commonly reported by SWE respondents. GRK-M reported better appetite than GRK-S and ACA, but greater chewing difficulty. FIL elderly reported the poorest appetites.

10.5 REFERENCES

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10.6 ILLUSTRATIONS

- Photo 10.1. Australia, Melbourne (Anglo-Celtic) 1992: couple in their late seventies eating lunch (boiled green beans, mashed potato, pumpkin and mince, orange juice and baked custard).
- Photo 10.2. Gothenburg, Sweden (1991): woman in her 70s having lunch, of cheese, milk, crispbread and butter, often eats alone.
- Photo 10.3. West Australia, Fitzroy Crossing, Junjuwa (1988): searching for a goanna which has escaped into a hole.
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CHAPTER 10

FOOD PREPARATION, APPETITE AND EATING FOOD SHOPPING BEHAVIOUR, EATING HABITS AND EATING PROBLEMS

10.1 STUDY GROUP COMPARISONS

10.1.1 Food shopping practices

10.1.2 Eating habits

10.1.3 Eating problems

10.2 DISCUSSION

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10.3.1 Aboriginal Australians (A Kouris-Blazos)

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