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Food choice and the elderly: UK qualitative research

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Food choice and the elderly: UK qualitative research

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EXECUTIVE SUMMARY

This document reports the results of qualitative consumer research undertaken as part of an EU funded project to look at the attitudes of elderly people with respect to food-related issues and how this may affect food choice behaviour. The objectives of this work were to identify food related issues, to explain dietary changes, and to explore the barriers to healthy eating within the elderly population.

Results from this study will be compared with those from similar studies conducted in four other European countries to determine country specific and common issues and cultural attitudes.

The UK fieldwork consisted of 8 group discussions with 61 elderly respondents and 54 depth interviews. The 115 respondents were all aged over 55 years. A wide variety of situations were covered in terms of age, social classes, educational background and living status (alone or with company). Four locations from Scotland to South England were selected to undertake the fieldwork.

Elderly respondents discussed their eating habits and the changes over the years. Their vision of healthy food was commented on and ways to improve this were investigated. Their attitudes and practices in terms of cooking, shopping and storing food were finally approached.

The study revealed that food was fairly important to elderly people, although not something they appeared to be passionate about. Food issues were dominated mostly by habit and routine. People spent a fairly regular time cooking. The social aspect relating to food was more pronounced in food shopping than it was in actual eating. Food choice was driven more by bargains than the enjoyment of a special product from a special place. For some people food was a question of risk management and they controlled fat and calorie intake with a certain obsession.

Dietary changes had occurred among nearly all respondents. Elderly people were very well informed about fat intake, tending to avoid fried foods and trying to eat more fruit and vegetables. Changes were motivated by health problems and also as a preventative measure. Weight concern was also a major factor. Added to this was the lack of energy and interest that leads people to a more simple and light diet based on convenience food (simple to make or to buy).

Elderly people were sometimes reluctant to acknowledge dietary changes. Either they were not aware of them due to lack of interest or they refused to admit ageing. On the other hand there was a certain pressure on elderly people to fit into current health and social norms and elderly people sometimes wanted to give a good image of themselves. This led to many contradictions and grasping the actual situation was sometimes difficult. This reflected the situation of elderly people who found themselves torn between opposing views.

Food was clearly linked to health in elderly peoples' mind, but the views of what healthy food actually meant was very variable. Healthy eating was described in various ways including: low fat diet; cooked from scratch; weight controlled; without preservatives: easy to digest: or traditional food. Whatever their perception of healthy eating, the majority of elderly people were satisfied with the healthiness of their food. This attitude was frequently associated with reluctance to change, which constituted a barrier to implement dietary changes. The lack of knowledge was highlighted by the absence of ideas to improve their diets. This suggests that more targeted information may improve perceptions that the elderly hold about what constitutes a healthy diet.

The fact that healthy food was perceived as bland and uninteresting appeared to be a barrier in a limited number of cases. Other factors such as mobility problems, size and packaging, availability, efficiency linked with cost of products or energy, or sensory aspects did not appear to be key concerns of elderly people in this survey. There were reasons to believe that the methods have led to an understatement of these other factors and further investigation is needed.

Exercise was considered as part of a healthy life style and elderly people who kept fit were generally more aware of healthy food. However, in many cases, physical disabilities prevented these beliefs being put into practice.

Key determinants in food practices were marital status in association with age. Single elderly people, especially men and those who used to share their lives, had greater difficulty motivating themselves to make constant and regular efforts with food. This trend increased with increasing age. Living with someone provided motivation to spend time cooking and eased the process as both partners generally participated in shopping and cooking.

CONTENTS

1. INTRODUCTION

1.1 Background

An understanding of the mechanisms of food choice and acceptance is an integral part of any attempt to improve the competitiveness of the European food and drink industry. Two main trends can currently be observed. On the one hand, increased awareness of the contribution of optimal nutrition for the prevention of diet-related illnesses and general feeling of well-being has led to a demand for health-promoting foods. On the another hand, increasingly active lifestyles, including active ageing, has led to an increased demand for convenience food. As a result of these two, sometimes due to conflicting demands, there is a need for a new generation of health promoting designer foods.

The Western population is ageing and there will be soon more Europeans over 60 than under 20 years of age. Although habits and needs are bound to evolve drastically with ageing, food needs of this large sector of the population have not been well studied. Elderly people are a vulnerable sector of the population and meeting nutritional needs is an essential part in the maintenance of good general health. There is, therefore, a real need now to ensure that there is a more effective coupling of the European science base with market need. A critical mass of EU investment, and industry focus, is needed in order to understand, and then provide for, the changing needs, which accompany ageing.

At a national and EU level, important considerations are the increasing cost of the healthcare budget, associated with an ageing population. It is, therefore, the common goal to keep elderly people fit and healthy, thus ensuring that the healthcare budget is minimised.

1.2 Project Objectives

The main objective of the qualitative research is to investigate the attitude of elderly people with respect to food-related issues and how these may affect food choice behaviour. This information should be used to find ways of providing better services and choices for this group.

The detailed objectives are listed below.

1. To determine how elderly people deal with issues affecting food choice.
2. To determine demographic versus cultural and geographic attitudes.
3. To determine the needs of a heterogeneous population across Europe.
4. To determine the relative importance of sensory quality as a choice criterion (versus other choice criteria such as price, healthiness, attitudes, habit).
5. To determine the special needs of the elderly in different countries (packaging, portion sizes, availability, easy to prepare foods, price considerations, social context).
6. To provide information on how to implement, communicate and promote dietary change information.

1.3 Scope

This report details the research undertaken in the UK. In the second stage findings will be compared to those from France, Spain, Sweden and Denmark in a future report.

2. METHODOLOGY

2.1 Recruitment

Professional recruiters, following precise instructions regarding quota, undertook the recruitment. A recruitment questionnaire (see Appendix 1) designed by CCFRA was completed for each respondent.

Respondents were recruited on the basis that they were 'free living' elderly, living in an autonomous way. Respondents were required to cook and shop for themselves on a regular basis. This excluded from the study people with a severe handicap. An exception was made for one person as she was still living on her own, but this was a borderline case.

2.2 Sample Details

2.2.1 Sampling in Relation to Age

Projections from the Office for National Statistics estimate there will be 23.4 million people over 45 years old in the UK in 2001. This implies that approximately 15.7 million people will be over 55 years old, while the total UK population would reach 59.6 million. As a result, about 26% of the population will be over 55 years old in 2001.

The study sample was based on the detailed repartition of the age groups in the global population as presented in the following table. Age was crossed with gender but only age is presented here.

Table 2.1: Repartition of the 55+ year old age groups in the global population and in the sample.

Age range (ONS)[1]	UK population 2001 (thousands)	Theoretical repartition[2]	Age range (Sample)[1]	Actual sample repartition	Difference (actual - theoretical)
55-64	6459	47	55-64	31	-16
65-74	4893	36	65-76	58	+22
75-84	3243	24	77-84	19	-5
85+	1163	8	85+	7	-1
Total	15758	115	Total	115	-

1 Official statistics have a range of 45-59 years, thus table figures had to be estimated.
2 Calculated in a proportional way relative to the global population.

The actual sample does not reflect exactly the population in terms of age for a number of reasons. The 55-64 age group were intentionally under-represented because they are often far from typical of the characteristics of elderly people in terms of health problems, limited in mobility, etc. The 65-76 age group were over-represented for technical reasons. Firstly, there are two more years in the sample compared to the ONS range and secondly, there is higher interest in this sector, as major changes occur around 70. In addition, this group are in fact are the ones who will be targeted as elderly in the coming years. The 77-84 age group were slightly under-represented for the same technical reasons of age range just mentioned, and the 85+ range, there was a difficulty in recruiting this category.

2.2.2 Sampling in Relation to Other Variables

Respondents were selected to represent different characteristics to ensure that a wide range of potential attitudes and behaviours were covered. Tables 2.1 to 2.4 detail the distribution among the main variables: gender, age, social class, living status (with company, alone) and living place (city or rural area near city). It was also intended to get a wide spectrum of respondents in terms of levels of education and of pension.

Living with company includes living with children or family members. The only cases to be found were parents and children living together. The interviews with couples included friends or brother and sister living together, but only married couples were actually recruited.

Complete details of the respondents can be found in Appendix 2, whilst the main figures are reported in Tables 2.2 to 2.4.

Table 2.2: General distribution of the interviews.

	Female	**Male**	**Couple**[1]	**Total**
Depth	24	15	15	54
Group	32	29	--	61
Total	56	44	15	115

1 Interviews with couples count as 1 interview (not 2 people).

The over-representation of women compared to men closely reflects very well the differences in the global population. However, women are more numerous than men in the later ages and this was not reflected in the sample (Table 2.3). The under-representation of younger men (55-64) is due to the difficulty in recruiting them as most worked, and also due to the fact that most lived within couples and thus were not in charge of the cooking and shopping. Increasing the number of respondents in the 65-76 age group compensated for this.

As a result, a good balance was achieved between a variety of respondents, representation of the global population and with respect to the criteria of responsibility with cooking and shopping.

Table 2.3: Distribution of couples, males and females per main variables.

	Female Group	Female Depth	Female Total	Male Group	Male Depth	Male Total	Couples Total[1]	Total
55-64	8	10	18	0	5	5	8	31
65-76	16	7	23	20	9	29	6	58
77-84	6	4	10	9	0	9	0	19
85+	2	3	5	0	1	1	1	7
A/B	3	5	8	10	5	15	3	26
C1	14	2	16	5	4	9	3	28
C2	10	5	15	10	2	12	5	32
D	2	6	8	2	4	6	3	17
E	3	6	9	2	0	2	1	12
Alone	13	15	28	7	9	16	0	44
With company	19	9	28	22	6	28	15	71
City	24	21	45	28	15	43	10	98
Rural	8	3	11	1	0	1	5	17
Total	32	24	56	29	15	44	15	115

1 The head of household is taken as the reference to compile the statistics.

Table 2.4: Distribution of the interviews per city.

Birmingham	Leeds	Glasgow	London
1 group women 77+ C2 D E	1 group women 55-64 C1 C2	1 group women 65-76 C1 C2	1 group women 65-76 A/B C1 C2
1 group men 65-76 C1 C2	1 group men 77-84 A/B	1 group men 55-64 C2 D E	1 group men 65+ A/B C1
8 individual depths: 5 women 3 men	9 individual depths: 7 women 2 men	8 individual depths: 5 women 3 men	14 individual depths: 7 women 7 men
4 couple depths	3 couple depths	4 couple depths	4 couple depths

2.3 Fieldwork

2.3.1 Discussion Guide

The discussion guide (Appendix 3) covered a wide range of aspects related to food: consumption, preparation, purchase and storage. There was also a specific set of questions about healthy eating.

For each topic the idea was to start with practices, to record what people actually do. It is important at the outset to bring respondents into reality, thus avoiding theoretical discourse. Once actual practices were established, it was possible to explore the logic behind behaviour, choice and attitudes towards the specific topic.

The same design was used for both depths and groups. The techniques varied slightly to accommodate the differences between both forms of qualitative research. In order to achieve a balance of information on all relevant subjects, different aspects of the discussion guide were focused upon in different sessions. This was led to a great extent by the characteristics and interests of the group.

2.3.2 Organisation

The groups and part of the depth interviews took place in rented venues. The remainder of the depths took place in people's homes. The latter was more convenient for older people finding it difficult to move and for those living further away in rural areas. In spite of being time consuming, interviews at people's homes were very useful to get a better feeling of the respondents' interests and way of living. This also provided the opportunity to visit kitchens, refrigerators and cupboards. Interviews lasted on average one hour, and groups two hours. This was sufficient time to obtain the required information without demanding too much from the respondents.

Incentives given to respondents varied according to location: £25 (Glasgow) and £20 (other cities) for the groups respondents, £15 (Glasgow) and £10 (other cities) for the individual depths, £20 (Glasgow and London) and £15 (Birmingham and Leeds) for the couple interviews. It was generally reported that money was not an issue within this age group.

2.3.3 Comments

There has been little previous research of this kind into the elderly population and so it was not easy to anticipate how this sector of people would respond.

Recruitment

Recruitment did not prove problematic. These age groups, especially in the older segment, are not generally in great demand for market research and were quite curious and open. Most respondents had time for such meetings and were fairly happy to give their views. They manifested interest for the subject and seemed to enjoy the whole interview experience.

The most difficult consumers to recruit were men living alone who tended to be suspicious, and also men, who whilst living with their wives, were involved in cooking and food. The recruitment instructions stipulated to only recruit people responsible for cooking and shopping; a few male respondents had reported to be involved with food but were actually not really in touch with the management of food. These interviews proved useful from the eating aspects but quite poor for the rest.

Respondents over 85 were also hard to recruit, few respondents of this age group still dealt with their own cooking and shopping. In addition, when the recruiters found suitable respondents, they were often cared for by others who were reluctant to authorise participation.

Interviewing

Individual depth interviews with very elderly respondents proved problematic on occasions. This was largely due to concentration levels which prevented a structured or detailed discussion of the issues. Difficulties arose in relation to the context of discussions, for example the past and present and other peoples lives. Discussion easily lost perspective and on occasions tended to take an unnecessary focus.

There were no major differences between groups and depths, but groups allowed interesting exchanges. People sometimes seemed more confident with their peers to talk about diets and problems or to share weaknesses. They cared less about wanting to give a good image although they may have felt a little self-conscious during the interviews. There seemed to be a certain pressure on the population to have a healthy diet and respondents appeared less restricted in the groups. Reactions to other people's diets during the interactions help to put things into perspective and get an idea of the social norm regarding food. Group interactions in general gave more information about elderly psychology. Depth interviews provided more details about the way of functioning of each individual; it is easier to put the different aspects (shopping, cooking, etc.) in relation, as the interview goes into more details about each aspect. The depth interviews allowed for a closer matching of social characteristics than within the groups. Within couples, it was evident that the women were dominant as far as food was concerned. They were more forthcoming, more informed and in the end they were the ones who made the decisions. Again this does not bring new patterns, but allowed refining of the analysis.

2.4 Qualitative Research Method

It is important to remember that this research was qualitative in nature. The intention was to obtain the opinion of a so far little surveyed group of population, namely people aged over 55. In spite of a very wide sample for a qualitative study (115 respondents) the latter was not representative of the whole population and the views expressed by the sample should not be generalised. The intention of the study was to examine the range of views that exist in order to compare with other countries and elaborate a questionnaire. To aid interpretation, a number of trends are reported; however, it cannot be deduced what proportion of the population held these views.

3. RESEARCH FINDINGS

The initial findings ascertained the context in which food was usually consumed within the elderly sector. The routine was found to be much the same in all the groups aged 55+. Generally they started with breakfast based on cereals and/or toast. Lunch consisted mainly of a sandwich typically with cold meat, cheese or canned fish; there might be soup in winter. Dinner in the evening usually comprised of a cooked meal. Dinner being quite early (around 6 pm), elderly people often had a snack before going to bed. Otherwise they claimed not to eat in between meals (any longer) either because they were not hungry enough or because of weight concern.

Few people ate their main meal on their laps. Instead they set up a table, in the kitchen or dining room, depending on the house design. It is difficult to relate this habit to any other criteria. There were quite a few televisions on, regardless of whether people lived on their own or not.

The findings in this Chapter follow the subjects of interest defined in the project:

- the factors that influence elderly food choice will be discussed
- the dietary changes will then be presented with the reasons given by the elderly respondents to justify those changes
- a core issue of the study was to understand the barriers to a healthier diet and this will then be investigated
- focus will be put on the social context of food and how this influences the food habits
- attitudes towards food will be explored and a topology of those will be presented.
- the relation between health and food. An extra section has been added to review the hypotheses that were not confirmed.

3.1 Perceived Influential Factors to Food Choice

These are the reasons why people chose their food. No product in particular was studied, as the objective was to determine the main pattern or choice logic for each respondent.

Obviously one single factor does not determine all choices, but one main trend can always be identified.

3.1.1 A Culture of Offers and Bargains

The most often identified driver for the elderly consumers interviewed was price and more precisely bargains. Price concern did not appear to increase with the age. When respondents reported changes in their financial situation, it was more often that financial status had increased with age. More than actual price, people talked about the special offers such as 'buy one get one free', and looked out for reduced prices.

Choice of supermarket

Some respondents visited the different supermarkets to enjoy the most possible offers on the market at one given moment.

> *"We go to all of the supermarkets. Almost every day. We don't mind if it's a long drive, we like getting in the car, it's a pleasure itself. And we don't go to small shops because we go for the offers."*
> Couple (woman), 55-64, D, Glasgow

> *"I shop around and look for the bargain. I vary a lot. I don't want to pay £3 for a yoghurt at Tesco if I get it from Asda at £2."*
> Couple (woman), 55-64, C2, Birmingham

A few people mentioned that they got the information through supermarket leaflets delivered to their home. Going to a certain supermarket for specific offers was not rare. A range of supermarkets were mentioned in relation to offers, including Safeway stores, to which some respondents went specifically to purchase only the goods on offer. Iceland was also often mentioned for offers.

"If we know that chickens are on offer somewhere we go there, buy half a dozen and freeze them. Supermarkets are pretty much the same except the offer."
Man, 55-64, A, Birmingham

Looking for offers was also a reason to reject home delivery. A lot of respondents thought they would miss out on the offers and thus preferred to go to the shops.

"If you don't do regular trips, you're missing out, there could be something you're not aware of, I mean the special offers."
Couple (woman), 65-76, A/B, London

Choice of product

Offers also led some shoppers to buy out of their usual regime. In this sense, bargains offered the possibility to try new products.

"I always do a list. Sometimes I try things for a change. I had turkey steak in breadcrumbs with lime the other day. It was very nice, as a quick snack. But I bought it because it was on offer. I wouldn't have gone for it otherwise."
Woman, 55-64, C2, Leeds

Although this was true for some, it did not appear that offers were used very often to try new products very often. Many respondents preferred to buy something really needed that could be stored. People were able to explain how offers for some foods were repeated regularly, enabling them to stock up with enough to last them until the product was on offer again. This was particularly true for products people consumed more frequently like canned tuna or chicken, as these products are easy to store or freeze.

For people who didn't know what to buy, the choice was made according to what was on offer.

"We have cereals for breakfast. Any kind. The one on offer."
Couple (woman), 55-64, D, Glasgow

"I decide by impulse about what I am going to have. I look in the freezer or I go out, walk around, see what they have, buy on impulse or get the special offer."
Man divorced, 65-76, C2, Leeds

Essence of shopping

For many elderly shoppers looking for good offers was the spice of shopping. It became fun and interesting and justified going out shopping very often. This is what drove respondents out of their shopping routine, which most quite enjoyed. It was as if bargain hunting made an otherwise boring and repetitive task of shopping quite enjoyable.

As one woman says *"shopping becomes a challenge".*

"I like shopping. And supermarkets are very good nowadays. And you've got all the bargains, you look for the offers..."
Couple (woman), 55-64, C1, Glasgow

Demographic data

As looking for offers took a certain amount of time, it was more suitable for retired people than working people. Indeed, many respondents reported that they spent more time shopping since retiring.

"I have always been aware of prices and always looked for the offer. But I don't work anymore and I have more time for it now."
Couple (woman), 55-64, D, Glasgow

Men were also involved, particularly when they were not responsible for the main basic shopping and tended to be merciless with prices.

> *"My wife doesn't like shopping but I do because I don't have to buy a lot. My responsibility is just to get a meal for when I come back, I take my time, I don't need a trolley and I look for the offers."*
> Couple (man), 55-64, C1, Birmingham

Those people more concerned with offers and bargains tended to belong to the younger end of the sample.

It was noticeable that shopping habits changed for people getting into their late 70's. At this age, respondents reported to eat less, they were less able, they prepared less from scratch and shopping trips became smaller and more frequent. The idea of "buy one, get one free" then became less attractive unless sharing it with someone, which was another attractive reason to shop with relatives or friends.

3.1.2 Habits and Routine

Respondents were very much driven by habits when it came to choosing their food.

Buying the same products

Some respondents claimed to buy, every week, more or less the same foods, and many explained that they ate the normal plain food they had always eaten. This was not to say that no changes had occurred, but that the general pattern of eating and shopping had not altered.

> *"I don't like shopping because you're never going to come back with anything different."*
> Woman, widow, 55-64, E, Leeds

Going to the same known shop

These respondents preferably went to the same supermarket because they knew where things were, allowing them to take less time. They were into convenience, they preferred to go to the closest supermarket, and appreciated that *"everything is under the same roof"*.

> *"We go to our Tesco nearby. It's a particularly good one. We have seen others but this one is better, comfortable because we know where things are."*
> Couple (man), 55-64, C1, Birmingham

Indeed the most frequent criticism addressed to supermarkets is the fact that items were moved around the store. Of those routine shoppers that frequented the butcher, they tended to do so because have always done so rather than a real quest for special taste. Indeed, many who did not go to the butcher explained that their butcher had closed.

Not so much fun in buying, but...

For those respondents who despise shopping, stores were visited for the minimal amount of time and promotional activities relating to new product launches or pricing offers were often ignored. This led to purchases of a habitual nature and hence made the shopping experience boring.

> *"I don't vary very often. I don't particularly like anything about shopping. It has to be quick. I know what I want and I just go and buy it. I want to get it done and get out. Put it away and start working. I do a good shop once a week and I don't need to go again."*
> Woman, 65-76, E, Birmingham

Nevertheless some of these routine shoppers enjoyed the social aspect of shopping. A lot of elderly shoppers reported meeting people in the supermarket and considered this task as a social event or an outing. When getting older, quite a few organised their shopping with

family, friends or neighbours, which provided more opportunity for the social aspects of shopping.

> *"I don't really like it. I buy quite the same things regularly. But you have to. But I don't mind because it's sort of a social outing because I go with my cousin and we wouldn't see each other otherwise because he has a lot of activities. We all have our activities."*
> Woman, widow, 65-76, A/B, Leeds

Interestingly home delivery was not a solution for these shoppers. Although they regularly bought the same items and could easily order their shopping, the habit of going to the shop was stronger, hence minimal interest was shown in home delivery.

> *"I don't fancy the idea. I want to see what I am buying... I know it doesn't make much difference when it's frozen food or packs... but I haven't been used to it."*
> Man, divorced, 65-76, C2, Leeds

> *"I don't like shopping but I prefer to get my own. You don't always get what you say, I prefer to see what I am getting."*
> Couple (man), 65-76, D, Leeds

There was only one exception from a woman who really did not enjoy shopping. She was actually the only person in the whole sample to be frankly positive about home delivery.

> *"It would be a jolly big help. You have been doing it for so long, it's part of a way of life but I would be happy to change that. Especially in winter when there is snow and you can't get out."*
> Woman, 65-76, E, Birmingham (rural)

Demographic data

The respondents who were driven by routine when choosing their food were mainly over 65

years old, fairly well spread between couples and those living on their own. Respondents who shopped by habit and routine tended to have the same attitude towards cooking. They generally didn't enjoy cooking very much, regarding it as a duty.

> *"I am not mad about shopping but it's one thing you have to do really."*
> Couple (woman), 65-76, C1, Birmingham

> *"There is no such thing as not liking, you have to do those things, you train yourself to do them. You're conditioned when you're young."*
> Woman, 55-64, C2, Birmingham

3.1.3 Convenience

Convenient shopping

When considering the older elderly the convenience of shopping was critical particularly in relation to transport and distance. The supermarket situated within walking distance was ideal; otherwise a good bus connection was essential. To some extent these restrictions limited choice, for example the most convenient shop might not be the cheapest one, the best one, or the one with fresh products and small portions.

> *"I am used to Sainsbury's now, I don't want to go any further. You see now I don't have the car any longer. I used to go to Tesco sometimes with the car because there is more choice but..."*
> Woman, widow, 65-76, A/B, Leeds

> *"We go to Co-op because it's closer. We would go to other supermarkets if we could get there because there is more choice and it's cheaper but they are too far out."*
> Couple (woman), 65-76, D, Leeds

"A friend takes me once a week to Leeds. There is a shop up the road but it's not first class things, they don't sell enough. Because I am not driving, I depend on her and I think I do get more than I need. It would be more sensible if I would drive."
Woman, widow, 79, A/B, Leeds

The ability to manage shopping bags influenced the frequency of visits to the supermarket. Many respondents reported difficulty with heavy bags which resulted in shopping more often for fewer items. This also affected the ability to benefit from promotional offers within the store. If travelling by bus, going often meant a multiplication of costs which most respondents were very aware of.

"I go 3 times a week to Sainsbury. I am not happy because it's expensive; it costs me £2.40 a week. The rest of my shop I do here in the small supermarket but it's much dearer. I pay 25p a roll and it's only 17p in the supermarket. I think of these things and I wait to buy there. And I don't go to the other Sainsbury because there is nothing, no post office, you can't buy a paper there, it's not worth the fare."
Man, widow, 75, D, London

"I go to Kingston (further than the village) on Saturday, it's better for me because there are more shops for the same fare."
Woman, widow, 88, D, London

It was not a question of enjoyment here, but rather of achievement. Whether they enjoyed it was not the point, the point was that they were still capable of doing it. In fact, they were all very much against home delivery as long as they were able to shop for themselves.

"I prefer to go because I feel I achieved something by going and getting my own stuff."
Man, widow, 75, D, London

A woman who was too weak to do her own shopping because of recent health troubles explained how difficult it was to depend on someone.

"It's very unsatisfactory to give a list because there is always something that you get because you go around and see the things. My son does my shopping but sometimes you think you're a nuisance, they ask me but here we go again, get me this, get me that, they don't mind but still... They have got so many things to do. It's awful asking people."

Woman, widow, 85+, A/B, London

The very old people (from around 75+): a necessity

A combination of factors were found to alter lifestyles at an age of around 75 years. Respondents at this age reported that they felt less hungry and ate much smaller portions, they were tired and felt lazy, very often reporting that they "can't be bothered". Many elderly people reported suffering, mainly arthritic pains that limited mobility. Added to that, the fact that they didn't drive anymore and hence relied on buses or other people to go somewhere, convenience became a necessity for buying as well as for cooking and eating.

Convenience cooking and eating

The trend towards convenience food has been seen in the general population (The Grocer May 29 1999). For the elderly it was a key point, particularly for the very old people and to a lesser extent people living on their own, especially the men.

Most of the older respondents agreed to have much less energy to deal with food. They often talked about being lazy.

"When you get older you become lazy."

Woman, widow, 85+, A/B, London

This led to a reduction in the time dedicated to cooking with a tendency to rely heavily on ready-made meals. This included pies and pastries or a limited menu of simple food such as beans on toast, grilled sausages, baked potatoes, microwavable fish, etc.

"I don't really cook. I don't do anything complicated. I buy it. I am too tired to cook; I don't want to spend my time cooking. I want to go out."
Woman, single, 77-84, E, Glasgow

As mentioned reasons are tiredness and the fact that it's not worth the effort.

"I used to make my own pastries and cakes, and buns... I used to make soufflés. I don't do the cooking I used to do, now I am on my own, I just buy the easy things, mostly vegetables. I put these chips in the oven... When you have a family it's different. When you are on your own and you see what they do you don't bother with all that."
Woman, widow, 88, D, London

Men and single: indulging in convenience

In general men started cooking when a change in circumstances required them to; often as a result of divorce or bereavement. Few enjoyed the inevitable cooking; however, they coped with more or less dedication. Men commonly rejected tasks associated with preparation and clearing. A dislike for washing the dishes made the microwaveable meal more appealing, although often married men partook in washing dishes as part of sharing roles within the household. Interestingly, the effort required for fresh vegetable preparation was rejected for frozen vegetables "its quicker and easier".

"I don't buy too many vegetables because you have to wash them and cut them off, it's a pain. I'd have more frozen ones."
Man, divorced, 55-64, A/B, Glasgow

"I get more satisfaction if I go out for a meal and I don't have to do the washing up."
Man, divorced, 65-76, A/B, Leeds

All elderly: following main trend

To some extent all of the elderly respondents had made changes to result in a more convenient way of life. This may be in the purchase of prepared foods and ready meals, the use of alternative faster methods of cooking or using less utensils to cook. For the younger elderly, often still living as a couple, convenience was related to an active way of life. For example the speed of a ready meal allowed them to go out in the evening and pursue hobbies.

3.1.4 Quality Criteria

Respondents hardly ever use the term 'quality' in relation to food items. 'Good products' were mentioned, but quality in this context could mean cheap, varied, fresh, etc. Indeed for many people it was only synonymous with freshness, buying fresh fruit and vegetable as opposed to canned and frozen ones, cooking your own meal from scratch as opposed to processed food. Quality as a factor of food choice is understood here as specific products' characteristics beyond prices, habits or convenience. In every city only a small number of respondents appeared to be driven by quality as defined above.

Looking around to find special products and experiment with food

The key issues here were variety and innovation. Respondents driven by quality related that they liked to "look around", they were seeking new products and enjoyed going to different shops to find good products. Obviously they enjoyed shopping, which was considered as a *"hobby"* by some, provided time was available. Respondents were willing to travel to alternative supermarkets to increase the variety of products purchased.

> *"I have a Tesco up the road but it's quite small so I drive all the way to Sainsbury half an hour away because they have a very nice vegetarian display."*
> Woman, 55-64, A/B, Glasgow

These respondents were interested in food and reported trying new recipes and products. As a female respondent claimed *"cooking is an adventure"*.

Outside the main distribution channels

These respondents did not stick to normal main stream supermarkets; all of them had identified stores, which provided special quality products. For example, one vegetarian woman from Glasgow went to an association that grows organic vegetables in season or to a shop that had only natural products which were environmentally friendly and not tested on animals. A divorced man from Glasgow bought his meat from a butcher whose meat came from his brother's farm nearby. A widow from Leeds went every 3 months to a farm to get her meat that was "dearer but much nicer". Also mentioned was a special baker with Canadian flour which was supposed to taste much better.

All of these respondents went to a butcher for their supply of meat. Some also preferred the grocer for the freshness of vegetables. They tended to buy more branded products than other respondents did. This was not to say that they didn't watch their money, but given a certain budget the best quality was sought. As one woman from Birmingham explained: *"I buy the best I can afford."*

In conclusion, these respondents' choices were motivated by the will to get tastier products and judged it worth paying higher prices. They also claimed to enjoy cooking and showed a general interest in food. Interestingly, they did not have a dogmatic position about it, they referred to personal taste and choice and not to a general idea of quality.

Demographic data

Again the quality driven respondents were spread between couples and single people. They tended to be among the younger respondents, those under 65 years old. Many of the respondents in this group fell into the AB social category. Nevertheless it has to be stressed

that these trends were supported by only a restricted number of people and so must to be treated with care.

One-off quality reaction

Many respondents followed some quality criteria for very specific products. That is to say seeking a specific product was not their main pattern of shopping, but they made exceptions that are worth mentioning.

Paying more for certain products in spite of offer or reduced own brand products. Heinz baked beans was an excellent example of a product which people sought for the specific taste. The same applied to Kellogg's Corn Flakes or Heinz Tomato Soup. Bacon was another product where people had specific expectations and care about quality.

Making the effort in spite of convenient alternatives. A few examples give an idea of this one-off attitude driven by the search for a preferred taste worth the effort. This could be buying fresh carrots as opposed to frozen ones that do not have a nice texture, putting jacket potatoes in the oven rather than in the microwave to get them crustier, going to the butcher to get special cuts, etc.

These exceptions that did not reflect these respondents' general pattern of dealing with food.

3.1.5 Nutritional Aspects

Nearly all respondents held a notion of concern regarding nutrition in the wide sense of the term. For medical or weight reasons, most of the elderly respondents watched fat, sugar and calorie intake. This behaviour motivated respondents to look at the label, more than any other reason (e.g. E numbers). Preservatives were condemned on a general and theoretical level, but did not seem to influence behaviour significantly.

Fat and sugar contents on labels contributed to the decision to buy products. Although many

respondents did not have a clear interest in healthy eating in general, fat control was extremely strong among virtually all respondents. This was particular seen with such product groups such as sauces, mayonnaise, yoghurt, milk, margarine and ready-made meals, when a low fat alternative was sought.

> *"If we can buy an alternative that is maybe better for you, then we would buy that."*
> Couple (woman), 65-76, A/B, London

Alongside healthy concerns, food was also required to be filling. This was an important point when buying and preparing food, especially for women cooking for men who were reported to complain if they are hungry a couple of hours after eating:

> *"I do tagliatelli with soup. It's nice but expensive because of all the things you add to it. Having said that it's quite filling so it's OK."*
> Woman, 55-64, E, Glasgow

This was also true for people living on their own who didn't enjoy cooking very much:

> *"I buy the Bachelor packet soup, it makes a quick lunch and it's filling. (...) I buy the ready-made meals from M&S; they are nice and very filling. You don't need anything else, you have that meal and it's sufficient."*
> Woman, widow, 65-76, A/B, Leeds

3.1.6 Other Criteria

The following points do not reflect the main pattern of food choice, but contributed to food purchase in certain circumstances and for some products or for some respondents.

Service

The oldest respondents were sensitive to the quality of the service received in supermarkets.

These respondents were familiar with small shops and at times found it difficult being *"just a number"* in the modern supermarkets. Some criticised the lack of knowledge of the employees, expecting the staff *"to know what they are selling"*. They all noticed their degree of friendliness and appreciated having personal contact. Knowing the employees was part of the joy of going shopping to the same place.

> *"You get to know the people. It's nice to be walking and say "hello" to the employees."*
> Man, widow, 85+, C1, London

Shopping was reported to be a struggle when you get older. Curiously people did not mention mobility or sight as a problem in supermarkets, but they reported feeling tired or unwell at times. Older respondents highly appreciated assistance in locating products (i.e. someone going with them through the shopping aisles as opposed to just being told the aisle number). They also found it very useful getting help to carry their bags and having someone at the till packing their bags for them. This was a very relevant point for elderly people who often worried a lot about people waiting behind them.

> *"I like shopping, I like to look around but I don't like pushing the trolley, getting it all out and then back again in the trolley, and then in the car. And I always worry about the person behind me."*
> Women group, 65-76, A/B, C1, C2, London

For those who drove, the lay out of the car park, especially the width of the parking spaces, was quite important. An interviewee would like more to be done for elderly.

> *"Supermarkets do special parking for women with children but they don't care about the elderly. We used to manage when we had kids. Everything is planned for mothers with babies but not for the others."*
> Woman, 65-76, E, Birmingham

In one group (London), some elderly women complained about the height of the food shelves. They couldn't reach the top shelves to get the products. For all ages, respondents complained

about the queues at the till, but in general they were very satisfied. The most regular complaint to be registered about supermarkets was that people often blocked the aisle having a chat.

In the main, the service offered by a supermarket did not heavily influence the choice of where to shop. Many respondents did not have an alternative, especially those who did not drive or those who chose to place higher importance on other criteria such as price. Nevertheless it was very interesting to notice that shoppers became more sensitive to the quality of service as they got older, which is probably linked to a real increased need for it.

Storing

Respondents seldom mentioned the storing aspect, and it did not seem to be a key element in the purchase decision. People generally had space, as most had not downsized living space over the years. The most relevant comments referred to space in the freezer. Only one man explained why he might think twice before buying frozen products.

> *"I liked these frozen chips I bought the other day, but I am not sure I'll do it again because it depends on the space in the freezer. A bag of chips is big, if you have one of these bags you can't have anything else. You have to keep an eye of what you have in the freezer... I prefer to keep meat, turkey, carrots, and peas. I may also do the chips myself."*
>
> Man, divorced, 65-76, C2, Leeds

Buying for others

Visitors, especially children and grandchildren, may influence purchase of food. For visitors, elderly people bought products that they would not buy for themselves such as sweets, pizzas and pasta. Through the young generation, habits changed, as will be detailed later.

3.1.7 Limitations and Problems

Several factors had a negative influence, acting as a barrier that prevented elderly people purchasing some types of food.

Food scares

A few respondents mentioned recent 'food scares' and the impact this had had on attitudes towards meat. BSE was the most mentioned and on occasions this had stopped respondents buying beef. Some respondents continued to avoid beef in their diets, but these respondents generally reckoned that they were never that fond of it. As expected, this issue had caused a general sharp criticism about modern food.

> *"We used to eat lots of minced beef but because of the beef scare we now have pork minced. It's beautiful actually. The taste has altered now; beef minced is too strong. A lot of taste of meat has changed. What are they doing to it? What do they feed them?"*
> Man, 55-64, A/B, Birmingham

Genetically modified foods received little mention. On a general level, respondents appreciated that supermarkets guaranteed their products to be GM free. However, due to the lack of GM products on the market at the moment it was virtually impossible to evaluate how this issue had influenced consumers' purchase behaviour. The respondents who actually mentioned it were quite uncomfortable to talk about the subject.

> *"- At the moment I am against GM food, till it's proved.*
> - What do you mean by against?
> - *The better stores put it on the label don't they?*
> - Do you watch the labels?
> - *No, actually I don't look at GM food..."*
> Couple (woman), 55-64, C1, Birmingham

- *"I have seen GM free soya in the freezer...- I don't know enough to decide. They say it's to feed people who are starving. I'd rather not be involved at all."*
Woman, 55, A/B, Glasgow

Similarly, food poisoning did not appear very influential. For some reason it was discussed more in Glasgow. Interestingly this group stressed that efforts should be directed towards hygiene rules and proper ways of cooking.

"We cook our food properly, some restaurants serve raw meat, I am sure this is more dangerous than anything else."
Women group, 65-76, A/B, C1, C2, London

In conclusion, BSE, GM food and food poisoning were discussed more in relation to decreased government credibility than factors of food choice. It was often the opportunity to express doubts about food manipulation.

Size/portions

The influence of portion size was stressed in the study objectives. Respondents generally found the size of the products fairly convenient. Interestingly, married people imagined that the size of portions was not right for single people, and complained more about the size than single people did. It was widely observed throughout the study that married people often expressed sympathy for the lonely ones.

The main problem relating to size (as reported by single people) related to fresh vegetables, such as cabbage and cauliflower which are too big for elderly people living on their own. This sometimes prevented purchase of these vegetables provided they did not buy the frozen alternatives. High levels of wastage were also mentioned when discussing cucumbers.

Concerning canned food, no major problems were reported. Many respondents reported dealing well with them, splitting the content over 2 or 3 uses, although a few complained about wastage.

"You pay 36p for a large tin of baked beans and 29p for a small one. So you buy the big tin and half the time you throw it away so you're losing money anyway."
Group women, Birmingham

For ready-made meals, opinions varied a lot, probably reflecting the variety offered on the market. It was also certainly linked to age and to the appetite of the respondents. However, it was never seen as a reason not to buy ready meals; people either split the meal or added accompaniments. Criticism of ready meals was mainly related to misrepresentation on the pack of what the meal offered. Some respondents reported a level of disappointment when the ready meal did not meet expectations, for example a smaller portion of vegetables than expected. Respondents wished to be better informed of what a ready meal offered, so that they could be organised in advance to prepare additional meal components (e.g. rice).

Appearance

Appearance of products was rarely mentioned as a positive point leading to purchase. Elderly respondents were more likely to complain about the nice appearance of products associated with their lack of taste. They were prone to criticise the straight cucumbers or bananas as a sign of dangerous human manipulation in natural food. In general, food was considered to have less taste than before.

"Food doesn't seem the same, things don't taste the same anymore."
Group women, Birmingham

"Fruit and vegetables are forced to be what it is not supposed to be. Tomatoes are very red and beautiful but there's no taste, tomatoes used to smell on the store... The products today are forced to get a good shape and good colour, wonderful presentation but they are no good. Tomatoes were a funny shape and it didn't matter."
Woman, 55-64, C2, Birmingham

3.1.8 Conclusion on Influential Factors

It appears that as people get older and stop working, shopping becomes a hobby or at least a nice outing whether they shop by habit or seek the offers, which were the two most frequently observed patterns.

A lot of the elderly became 'professional buyers' who enjoyed looking for the bargains and offers. It might be that this was an excuse to justify the time and the frequency spent in shops, now that they had more time on their hands to do so. On the other hand, some elderly people remained fairly hostile to shopping, trying to get it done quickly. However, this did not prevent them being willing to continue shopping and there was little willingness to participate in home delivery. This was seen as a service for working family people who buy a lot and lack time. Convenience was a key factor for the more vulnerable people, the older elderly and single, especially the men.

All other criteria were more marginal: quality and nutrition applied for a limited range of products and people. Food scares, size and the appearance played a minor role. Overall it would seem that many were nostalgic of the natural products, preservative free and tasty food, they consumed when they were young.

3.2 Dietary Changes

This section relates the changes in food habits as reported by the elderly respondents addressing the questions: Do they eat more healthily? What has changed and why?

Respondents' perceptions and their own evaluations of healthy eating were registered. They were also asked to describe in detail their meals, some recipes and their cooking practices. This gave a fairly reliable feeling of actual healthy practices and allowed cross-reference of attitudes and behaviours. It was key to keeping respondents focused and to avoid discussion of hypothetical situations. In spite of these techniques, all information was reported information as opposed to observation of practices or a systematic listing of food intake.

3.2.1 No Dietary Changes

Some of the respondents reported not having changed their food habits. This statement covers three very different attitudes that deserve more explanation.

Lack of changes linked to lack of interest and awareness

This is a fairly rare case, but some people said they had not changed anything and they actually reported a lot of fried meals as a very natural thing. This presents a big contrast with the rest of the sample.

> *"We eat the same things as we used to. I just eat what I want to. I don't go for things because they are particularly good but because I fancy them. I don't think it makes many differences and I am quite happy with what I eat. I have fish and chips, I fry eggs, chips in oil, bacon, black pudding, sausages, anything like that."*
> Woman, divorced, 65-76, E, Birmingham

Although this did not mean there were no changes at all in terms of size of meal or frequency of cooking, the overall message from this type of respondent was an ignorance or disinterest of healthy eating.

Lack of changes linked to a tradition of healthy food

Another reason for the lack of major changes was that some people considered that they had always eaten a fairly healthy diet. They may have swapped from full fat milk to semi-skimmed milk, but not much more than that; they never enjoyed fried or greasy foods.

> *"No, we haven't changed anything, we like our food and everybody is healthy. We only have good things like greens, vegetables, and jacket potatoes like we always had. We very rarely have bacon. Everything is grilled. It's just plain food."*
> Couple (woman), 65-76, D, Leeds

Interestingly there were only women to be found in this category. Age and living status did not matter. They were aware of healthy eating at a younger age than men and healthy food seemed to be naturally more enjoyable for them.

Difficulty reporting changes

The majority of people who reported no change to dietary practices had actually cut down on quite a lot of things. Thus, at some point in the interview changes were revealed, typically towards low fat and no frying. Depending on the people, reasons to deny the changes were either that they didn't consider the changes important, or they had not integrated them as such. There were quite a few people who had gone on serious diets losing a few pounds but still saying: *"I have pretty much the same."*

There was definitely a sort of psychological resistance. Indeed elderly people showed a certain honour in being able to eat the same in spite of their age, and they focused on the stable aspects of their diet, ignoring major changes. This elderly woman happened to be quite triumphant about it:

> *"I have a great appetite, I can eat anything, I am not fussy at all. I eat less because I watch my weight not because I am less hungry. I don't have any problems, no "tummy" upset, nothing seems to worry me, some people can't eat many things. I can eat anything. It's a pity!"*
> Woman, widow, 79, A/B, Leeds

> *"No, we haven't changed anything. My body is more or less the same as it has been since I was a boy. I am fortunate that it has been this way. I am not fussy at all and I manage to keep fit."*
> Man, 65-76, C1, Glasgow

Psychological refusal of healthy changes and healthy eating in general may also be linked with the great pleasure and pride of ignoring health advice even in extreme cases. This is the "I do what I want" attitude which was quite often observed.

"We haven't changed a lot, except fat. We keep our normal routine. We have always done what we want to do."
Couple (woman), 65-76, C1, Birmingham

"Because I am diabetic now they say, the doctor told me to lose weight. They gave me a diet but I never follow.
But a bit later*: I take the tablets and I do everything they tell me."*
Man, 76, C2, London

"I'd say that we eat healthily, but not on purpose. We don't eat because it's healthy but because that's what we want. We don't take notice of all they say. We just carry on."
Couple (man), 65-76, A/B, London

The refusal to acknowledge change should be remembered when talking about dietary changes and healthy eating in the elderly. It is possibly rooted in the refusal of failure, failure in relation to previous diets and to weakening due to ageing. Elderly people like to think that they are doing the right things and that they are just the same.

3.2.2 Dietary Changes

Very similar changes were registered throughout the sample and the most common are summarised.

- Eating less (smaller portions, no snacking, less hunger).
- Eating less fatty products: skimmed or semi-skimmed milk instead of full-fat milk, margarine instead of butter, low fat mayonnaise, sauces, yoghurt, no chicken skin, cut off fat around the meat, less red meat and more lean meat.
- Frying less: oven chips, grilled bacon and sausages, toasted bread, no dumplings and drippings. Products, which continue to be fried, are fried in oil instead of lard.

- Eating less sugar: no sugar in drinks, fewer cream cakes and puddings, fewer biscuits, less chocolate and ice creams.

To a lesser extent:

- less salt
- less beer
- more roughage (brown bread, porridge)
- more fruit and vegetables
- more water

Changes in the organisation of meals:

- eating earlier, because eating late upsets the stomach
- eating at more irregular times, when you feel hungry (but some cannot)
- eating more ready-made meals
- fewer Sunday dinners

New things (limited part of the sample):

- more foreign food, spices, herbs and condiments (olive oil, balsamic vinegar, etc.)

These changes were not all motivated by the wish to eat in a healthier way. A vast range of reasons were evoked, and these are explored below.

3.2.3 Reasons Linked to Food Habit Changes

Life stages

It was fairly easy to distinguish three main events in life that are accompanied by food changes:

When children leave the house - Curiously respondents did not discuss the moment when children left home; they rather talked about the era "when children were small". It appeared that there was a progressive adaptation and not a shock towards being "empty nesters". This

was likely to be due to the fact that children did not leave all together and that they might have a fairly independent life style in their later years, as people still living with their children explained. Many actually lived pretty close to each other, visited and helped each other frequently. A few mothers cooked regularly for their busy working children. In those cases children just picked up the meal to have it at their place rather than sharing it at the parents' home.

Concerning cooking for a smaller family, some dishes like pies were not worth the effort and cooking became more improvised. A lot of women reported having stopped baking which they used to do when they had a family. However, again they referred to the time when children were small.

When one or both partners retire - This meant more time to cook and shop, but was accompanied by a slight laziness to do it, which increased progressively with age. Results were hence, quite variable. It may have been more pleasurable for couples, but was also more associated with boredom for single elderly people. In all cases there was less stress.

> *"I have been under a lot of pressure with the job I had. I couldn't cope with the job* ***and*** *the food. Now I can take my time whereas I used to rush. I do quite a lot of cooking now. I didn't used to like shopping but now I have got the time and it's nice."*
> Couple (woman), 65-76, A/B, London

An interviewee explained that you achieved less with your time due to a relaxed time scale and lack of deadlines.

> *" I used to work but I was doing more then. Now I can spend 3 hours doing bits and I don't know what I have done in the end. I think it's because you don't have this deadline of the time. I move quicker if I have a deadline. Well it's better now because I don't have to push against time all the time. But sometimes I think I'd like to work again."*
> Couple (woman), 65-76, A/B, Glasgow

The biggest changes at the time of retirement were seen with the men. Indeed, the

distribution of tasks within the couples altered, with men becoming more involved in the daily management of food. Very often they started going to the supermarket, their duty being to drive their spouses and push the trolley. None of the interviewed husbands who shopped really complained about that. They often saw going to the supermarket as a nice outing as long as they could avoid the rush hour, which was not too difficult.

Several men in the sample reported that they began cooking, out of interest as well as boredom. What is worthwhile noting is that they did not cook the same as their wives, experimenting with new recipes, foreign food (e.g. pasta, curies) and new ways of cooking (e.g. stir fry). The reason identified by the respondents to explain the differences were that traditional English food is complicated and uses too many pots. Men reported they found it difficult to co-ordinate the oven, steamer and maybe grill. Stir fry, pasta or curries were judged easier because they could put everything together in the same pan. However, there was also a social reason: it fitted into the current trend - the way young people cook. Finally there was a natural reason of efficiency, an attitude of: why bother making the meals that your wife can do better and much quicker? Men appeared to have found their way into the kitchen and taken the space left by women.

Some people went out more when they retired and the flexibility of food such as ready-meals was introduced. There was also more flexibility with meals times. Respondents felt more at liberty to delay a meal if they wished (because of a TV programme for example) or even skip a meal. A few elderly people reported eating at different times every day, and meal planning became easier as well.

Interestingly people who were still working imagined the things that they would have time to do when they retired, such as learning cooking skills or going into town to the market. However, the respondents who had actually retired did not report significant changes in this direction.

When an elderly person became single (after divorce or death) - This traumatic event was generally associated with chaotic eating and dealing with food. Widows tended to eat less, not to cook anymore, and divorced men tended to eat out. It took men a while to get into the kitchen and literally learn to cook. After the adaptation period respondents reported having

got back into a routine, but all people living on their own after having been married explained how hard it was to have the energy to cook every day for themselves. Thus, many alternated ready-made meals, going out, cooking for several days, snacking, etc. There was less and less planning involved, and decisions were made on the spot.

There was a very clear trend towards the fact that energy decreased as people got older and cooking often seemed to become a real pain. Interestingly shopping was not seen as such a heavy duty. Even though it required some effort, this was seen as a good stimulation to go out and "keep in touch".

> *"You want to do it as long as you can do it, it's your break, you have to get out. It's an outing."*
> Woman, widow, 85+, A/B, London

On the whole, it seemed that life style changes linked to life stages altered eating and cooking habits more in their organisation than in the qualitative aspects. People did not change their attitudes and beliefs about food through the changes in their family composition. The evolution was towards more time, but not necessarily energy and enjoyment. Indeed the changes linked to life stages reflected more of a shift towards more convenience rather than a deliberate choice of a healthy diet. Shopping followed a rather opposite trend, becoming more and more useful to help to keep you going.

Medical condition

This was a key factor explaining drastic and sudden changes. As expected, cholesterol and high blood pressure were the most common troubles that led people to pursue specific diets. Indigestion, bowel problems and gall bladder operations as well as diabetes were also important.

Medical conditions concerned everybody, although more men seem to be affected. A health check or sudden medical condition was often the trigger for dieting.

"I was diagnosed with diabetes a couple of years ago. I saw a dietician and I changed quite a few things. I don't have as much sweets and fried stuff because cholesterol started as well."
Man, divorced, 65-76, C2, Leeds

"I had a heart attack 5 years ago. It really changed what I was eating. I had never had any problems before. It is boring but if anything happens it's not going to be my fault, at least I tried."
Woman, 55-64, C2, Birmingham

In general women were more health aware before getting medical problems.

"Her: *I haven't changed because I have always eaten healthily, I never liked fat food anyway. But we found out that he had cholesterol and now he had to change as well, he has to have his salad and we avoid all fatty food.*
Him: *I would be happy without the salad. I am still hungry after eating it."*
Couple, 55-645, C2, Birmingham

Women were often the ones who had an impulse towards healthy food in a preventive way as this other couple from Birmingham shows, illustrating again the differences between men and women:

"Her: *We try to keep away from red meat to avoid cholesterol. He didn't have it yet but I don't want him to have it. We don't fry anymore; I have rationed the cheese... We gradually went to skimmed milk...*
Him: *Oh I like red meat but...well a cholesterol diet is OK."*
Couple, 55-64, C2, Birmingham

Arthritis is a different type of health problem. For the seriously affected, arthritis meant difficulties in carrying bags, peeling vegetables and lifting pans. This may have serious consequences especially for people living on their own, with nobody to rely on. As a consequence, those concerned had to think of what they bought (more often, small quantities), often eating more frozen vegetables and preferring the microwave to the traditional oven in order to save energy.

"I normally do my own chips but I can't at the moment because of arthritis. We had oven chips but they are not the same as my own."
Couple (woman), 55-64, D, Leeds

Again some ageing people didn't see or accept their disabilities:

"Him (while she is away): *It's impossible for her with her hands to make Cornish pasties any longer, because it needs pressure to close them.*
Her (when she comes back): *There is nothing we won't do anymore or find difficult. Except peeling potatoes.*
Oh, Cornish pasties, well I haven't done any for a long time...
Him: *I lift things for her.*
She: *Yes, I can't lift the turkey for Christmas."*
Couple, 85+, C2, London

Health concerns were a major reason for respondents to become aware of the health aspect of their food, either imposed or strongly recommended by doctors or self-imposed as a preventative measure.

Weight concern

The weight issue was a motivator to make dietary changes, generally considered by respondents moving towards a healthier diet. However, most of the time, reasons for weight loss/control diets went far beyond health related issues. For men, dieting was often linked to a medical condition, whilst for women it was a question of how they looked and the fit of their clothes.

"I gave up chocolate, I just got fed up with the taste, I didn't deliberately try... I switched back to fruit... Yes, I give that to you, at the back of my mind I suppose it was because I could do without a few pounds."
Woman, 55-64, A/B, Birmingham

Many women have had this concern all their life and have tried a lot of different diets:

"- I have been dieting for 40 years, I have gone for all types of diets, I don't know what to do next.
- I tried to cut down on bread, butter, biscuits, chocolate, cheese but I am not sure of what I am doing, I have tried so many different things."
Women, 55-64, C1, C2, Leeds

Women reported that after a certain age, diets don't work as they used to and the extra weight stayed, especially around the stomach. They were more comfortable to talk about the subject in the groups, probably knowing that other women had the same experience.

"- I am not too fat but I have rolls around my stomach.
- Yes, me too. But two doctors have told me that my stomach is bigger now and there is not much you can do about it. It will never go even if I diet".
Women group, 55-64, C1-C2, Leeds

It is interesting to notice that women may remain coy all their life. A few also said:

"When you get older weight is not that important."
Woman group, 65-76, C1-C2, Glasgow

This lady obviously only sees the aesthetical aspect of health but some relate weight to health as the next one answers:

"- Yes but I have to watch my cholesterol."
Woman group, 65-76, C1-C2, Glasgow

Although for some of the very old people the question became more how to maintain weight and get enough nutrients.

"I must have a bad diet because I lost half a stone so I am obviously not having enough."
Woman, widow, 85+, A/B, London

For both men and women being thin was also a question of energy and comfort.

> *"I feel better not carrying a lot of weight, you know, to walk around..."*
> Man, widow, 76, C2, London

> *"I want to lose weight because I feel fitter if I am slim."*
> Woman group, 65-76, C1-C2, Glasgow

The relation between healthy eating, weight and diet was slightly tricky to tackle: on one hand "eating healthily" was often understood in the limited sense of caring for your weight, on another hand weight management was motivated by much more than health reasons.

Gradual changes linked to process of ageing

In the majority of cases, changes were gradual and they reflected the physical feeling of ageing with a decrease of energy. Elderly people admitted that they "can't be bothered". For all respondents ageing meant a decrease in appetite because of a "change in metabolism". This seemed to be true from 55 onwards, as this elderly lady stated:

> *"When you get a bit older, you don't need so much."*
> Couple (woman), 85+, C2, London

This was much harder for this elderly woman who had serious health problems:

> *"I am not eating a lot because I am not very well. I don't get out; it doesn't encourage my appetite. I used to enjoy a sandwich; I don't feel like bread these days. Sometimes it's embarrassing because people cook for you and you don't want to leave it. That is just getting older."*
> Women, widow, 85+, A/B, London

Ageing was reported as the body being unable to cope with heavy, stodgy, greasy food, alcohol and eating late. A lot of the older elderly reported having indigestion, migraines,

feeling unwell if they ate certain food. They also had to think of what to eat to aid digestion and bowel care, and hence roughage became a subject of discussion.

It was noticeable that after a certain age healthy eating meant giving your body what it accepts rather than thinking of weight and fancy food.

> *"I used to have fatty things but I am getting older and I have to cut down. I never ate so much because they tell you but I feel it more now."*
> Man, widow, 65-76, D, Leeds

> *"When you suffer you start doing what they tell you. If you step out of the carriage you notice it. When you have something you shouldn't you wish you hadn't because of the pains."*
> Women group, 77+, C2, D, E, Birmingham

Some minor changes were noticed as well. Respondents stopped tasting some food. Others had "mechanical" difficulties in chewing and also stopped eating certain foods. All those relatively small complaints contributed to a loss of interest for food. It is worth mentioning that people felt more comfortable talking about the small hidden sides of ageing with their peers.

> *"- Even if I do exactly the same as I used to, a stew or a casserole, they just don't taste the same. I don't know why.*
> *- Yes, maybe it's the age, or the way you feel, your general being.*
> *- Sometimes I wonder if it's not my taste buds."*
> Women group, 77+, C2, D, E, Birmingham

On the top of this came the already mentioned difficulties of actual cooking. Changes were made towards ready-made meals and microwavable dishes, although most of the very old did not have the inclination to integrate microwave technology.

"I should have a microwave because three minutes and the meal is cooked. But I don't buy things that take a lot of cooking and I can't imagine how anything can cook in three minutes. That puzzles me." Woman, 77-84, E, Glasgow

Although age affects people gradually and elderly respondents were already affected at 55, the differences between the younger elderly (under 65) and the oldest (over 70) were noticeable.

Nutritional knowledge

The source of information. Health messages were uppermost in everybody's mind, in fact many respondents wondered how they could be ignored. They had become a sort of common knowledge without any precise origins. This is "what you hear, read and see everywhere". Interestingly a lot of information came from supermarkets' leaflets or product advertising. There were no governmental or scientific references and elderly people did not always differentiate between all the sources. *"I read in the paper"* can refer to advertising or a journalist's article. Nevertheless from the elderly point of view there was plenty of information.

Elements of knowledge. Virtually all the respondents had a rough idea about fat and sugar. The majority were aware of the goodness of vitamins or at least tried to eat more fruit and vegetables. A few ideas were widely suggested:

- Boiling the vegetables for too long boils away the goodness
- Microwaveing better preserves the "goodness"
- Steaming is better than boiling
- Frozen vegetables keep better their "goodness"
- Red wine is good for the heart

Ideal is:

- to buy fruit and vegetables in season
- if possible, pick your own
- and freeze yourself

The most elaborate knowledge about nutrition was elicited via the groups as respondents felt more confident and encouraged each other. More educated people showed a wider understanding of the subject, but there were people interested in the subject in all social groups.

Organic food and control of preservatives were occasionally linked with healthy eating. The absence of preservatives was mainly evoked together with the idea of the good old food during the war. Organic was generally considered to be too expensive. A lot of respondents explained that they could not taste the difference, and for many organic was therefore judged as another food gimmick.

Interestingly ready-made meals were sometimes considered well balanced, with all the required nutrients.

Influence of health messages. Health campaigns have certainly contributed to the changes in elderly people's diet. Some respondents reported they had adopted a healthier diet because of the scientific discoveries without relating it to ageing.

> *"I used to cook with animal fat, I never ever do that now because of the health discovery, all this fat is not good for you."*
> Couple (woman), 65-76, C1, London

> *"We used to fry everything. We were not aware. We had never heard of cholesterol then. People are quite conscious now."*
> Woman, widow, 85+, A/B, London

Changes for younger elderly. Following health advice, younger elderly (under 65) gradually limited the "bad" things (fat, sugar, etc.) and attempted to eat more fruit and vegetables. In general, this was considered as an effort. The objective, more or less, was to preserve themselves, feel fitter and possibly live longer.

> *"I think all the changes have done us quite good and I hope it's gonna keep us going for quite a while."* Couple (woman), 55-64, C2, Birmingham

"I am doing this diet because I want to last a few more years. I have got used to it now"
Man, 56, A, Birmingham

Interestingly younger elderly people were more likely to take vitamins pills than others. They often stressed that they did not feel much difference, but "it can't do you any harm". Older elderly people who took vitamins often limited themselves to cod liver oil, like they used to give people during the war. Younger elderly people took a wider range including vitamin E, garlic and multivitamins.

Differences between gender. Changes were more clearly realised under the influence of women; they were more aware of the connections between fitness and diet as already mentioned. This divorced man described honestly a situation which seemed to be very common, although not always clearly evoked:

"I am sure I could improve my diet but I need a woman's touch to guide me. I think it's a lady's prerogative. Before my wife would tell me you mustn't have this and that, no dessert because it's fattening, and no French fries so we wouldn't have then. Yes, I am quite happy to be taken in charge in that area."
Man, recently divorced, 65-76, A/B, London

Men seemed slower and more reluctant to switch to a lighter diet.

"I have thought of cutting meat out because it's better for you to have only vegetables but I have decided not to. I would have to cook it for my husband anyway. He doesn't like vegetable. He likes potatoes. I am not sure of how to improve my diet but I could improve my husband's diet because he loves sweet and fried things!"
Woman, 55-64, C2, Leeds

The typical example was chips; many women had given these up whilst many men could not. For some men eating chips, very occasionally actually meant once a week.

Older elderly. Older elderly (above 65+), even if they knew about the health messages, tended to be a bit more relaxed about them. Quite a few were not actually bothered with the typically stated healthy alternatives such as skimmed milk and margarine. If their body supported them, they tended to indulge more easily. The changes in this age group were more likely to be explained in terms of ease.

> *"A month ago I discovered again fried bacon, it's so much better, I have it now. I had been grilling for so long."*
> Women group, 77+, C2, D, E, Birmingham

A certain fatality was sometimes observed among older elderly people. It was normal to feel physically weak and there was not much you could do about it, including food changes.

3.2.4 Conclusions about Food Changes

For all ages, whatever the family situation, people were aware of health advice. Nearly all respondents had made changes towards less fatty and lighter food, in spite of the difficulty admitting it sometimes. When elderly people did not face some kind of health problem likely to accelerate the changes, they evolved gradually towards a more simple diet, an easier and lighter way of cooking. Ageing combined with loneliness were factors that amplified this evolution.

Younger elderly people (55-64) struggled for weight reasons or tried to follow health advice to be fitter in their older days. Women within this age group were particularly sensitive to nutritional messages. Older elderly people (65-70 upward) faced a stronger ageing process, and thus focused more on how their body reacted and how much it could cope with different foods.

Nonetheless, it appeared that changes had rather a negative and limited connotation. They were more what you should not do or what you should do to avoid bad consequences. The focus on fat and sugar hid other aspects about useful nutrients and vitamins for example. Although some respondents claimed to listen to their body they were not aware of the

evolution of its needs and assimilation of nutrients. When elderly people were fine, they believed that they should not change anything because their diet must be fine. They might follow the general health recommendations about fat and sugar but would not have a more positive or less fatalistic approach trying to adopt a more suitable diet regarding their age.

3.3 Main Barriers to a Healthier Diet

Elderly respondents generally proceeded to changes towards healthier diets. Information about the way they have realised theses changes, in terms of ease, willingness, plus the fact that some refuse the idea of change, revealed important barriers to a healthier way of eating.

Curiously, respondents hardly ever mentioned the financial aspects as a barrier. Olive oil was judged to be too expensive by one man, although he bought it anyway. Money was sometimes put forward to explain limitations in buying the quality cuts of meat (fillet, joint, sirloin…) or organic food. Similarly, physical problems (involving ability to shop, move, cook, etc.) were not mentioned by respondents as a barrier, even if they actually played a role. Infrastructure problems (kitchen, lack of utensils) were hardly ever mentioned. Hence, barriers to healthier diets were related more to attitudes towards food changes and health campaigns or information.

Six attitudes can be reported towards healthy food changes:

Respondents who:	Are open to changes and information	Are closed to changes and information
Considered themselves as healthy eaters	***"I don't see what else I could improve"***	***"I know what to do"***
Did not **really** care about healthy eating	***"I don't see what I could improve"***	***"I have always eaten like that and I am fine"***
Thought there was space for improvement	***"I wish I could but I like bad things"***	***"I can't be bothered"***

This list provides a good overview of what prevented elderly people pursuing a healthier diet and considering health information.

3.3.1 Considered themselves as Healthy Eaters

It is very interesting to observe that most respondents considered that they had a healthy diet. Hence, when it came to how they could improve it they simply did not have much to say as if this question did not apply to them. Why would they improve something they considered good enough? This declared satisfaction took two different forms depending on how open to change respondents were.

"I don't see what else I could improve"

Largely women, who generally had already made changes and simply couldn't find anything else they could do, held this attitude.

> *"I suppose we are doing well. We have changed over the years, you eat more as a young man and we didn't worry about what we had. I eat more salad now and we have cut down on sugar and fat. I don't see how to improve really."*
> Man, 55-64, A/B, Birmingham

The key finding was that these respondents remained open to more changes. They were interested in eating well, had already followed health advice and accepted it. Even though they did not see at the time of the interview what else they could improve, new information could make them alter their habits again. This raises the question of the general knowledge of healthy eating: lack of ideas on how to improve may be partly rooted in a lack of knowledge.

"I know what to do"

Some respondents who were satisfied with their diet had a very different attitude to the one expressed previously in the sense that they were closed, critical and sometimes even hostile to health information. However, these respondents were concerned with eating healthily, although their approach was rather to follow their own judgement rather than heeding health advice. This would make communication towards this group difficult.

> *"You have to try to sort out the right thing from what is misleading, you have to try and see if it suits you. You know what is good for you. Everybody is different, you know what suits you."*
> Couple (woman), 55-64, C2, Birmingham

They were likely to complain about the incoherent information of the health messages that contradict themselves. The raised confusion, sometimes associated with pressure groups, was an argument to ignore health advice. Regularly, the same examples were given. Group respondents felt more confident expressing strong criticism, although similar findings appeared through the depths interviews. Interestingly men were more critical than women.

> *"- Once they say "cut down bread" and now after 40 years, they realise people aren't getting enough proteins, so they say "start again the bread", same with salt, the body needs salt.*
> *- It's the same with potatoes and eggs. Now they say potatoes are good for you. It's very confusing.*
> *- You have pressure groups every day in the papers, try this, do this diet, what is it all about?*
> *- And everybody has a different opinion."*
> Men group, 65-76, A/B, Leeds

> *"- The problem is that you read all this diet information and then they change their mind. We were always told to have a big breakfast and now they say you shouldn't.*

- People want their own publicity so they just say something different to attract attention."

Men group, 65-84, A/B, C1, London

"You have to use your common sense, because most of it (health information) is to sell a product. If you have been cooking for a family all your life, you know yourself what is good, what is bad."

Women group, 65-76, A/B, C1, London

3.3.2 Don't Really Care about Healthy Eating

Some respondents were not very concerned about their food being healthy. They might have eaten healthily or considered eating healthily, but deep down it did not mean that much to them. For example, when asked if they ate healthily, they answered:

"I am eating enough to live on, I don't need anything else."

Man, 75, D, London

"I look after myself."

Man, 76, C2, London

"Oh yes, I never refuse anything."

Woman, widow, 85+, D, Glasgow

They did not seek health information and advice. Again these people had two types of reactions towards information and improvement.

"I don't see what I could improve"

These respondents were fairly happy with their food; they had made a few changes, possibly

because they worried about their weight. They were not interested enough to think of further changes.

> *"We do our best to eat healthily. I wouldn't like to know that something I ate wasn't particularly good for you. Maybe we could eat more raw things. But I don't know apart from that."*
> Couple (woman), 65-76, A/B, Glasgow

> *"I watch those cooking programmes sometimes. But it's only a programme. I have my own ideas of what I want to satisfy my stomach and not upset it."*
> Man, widow, 65-76, D, London

The issue for them in terms of communication was more of how to capture their interest and to raise awareness.

"I have always eaten like that and I am fine"

These respondents, who were not really aware of healthy eating, believed they were doing fine and were opposed to change. They might eat healthily, but the key message is that they stuck to their habits whatever they were.

> *"I don't think I'd change my way of eating now. It's me. If I'd listen to doctors, I'd fade away."*
> Man, 76, C2, London

> *"We are healthy with what we eat. We just have very plain food and we are happy with it."*
> Couple (woman), 65-76, C1, Birmingham

> *"We just carry on because health wise we have been fine so we keep the way we have been going on. Why would we change if we are fine?*
> Couple (man), 65-76, A/B, London

Again this type of attitude does not ease communication. They believed they were fine and they were fundamentally against changes and therefore did not seek this type of information.

3.3.3 Space for Improvement

A few respondents did not consider themselves to have a perfect healthy diet. Reasons not to improve it were of two kinds.

"I wish I could, but I like the "bad" things"

This attitude consisted of wanting to change, trying sometimes, but not managing very well. These respondents enjoyed things that they believed they should not have, for some kind of health reason. They indulged more often than they wished but could not resist. They preferred fish and chips in lard and full fat milk as opposed to most elderly people who reported to get used to skimmed milk and low fat products. Those respondents who had made the switch now clearly preferred the taste of healthier versions.

> *"We try to cut down on fat, we don't have pudding, less milk... We reduce but it's sad. And you still want to enjoy your food."*
> Couple (woman), 55-64, D, Leeds

> *"Most of the bad things seem to be good (tasty) so we tend to give into that."*
> Couple (man), 55-64, C1, Birmingham

Interestingly there seemed to be an over representation of couples in this category. Is it that food is enjoyed more in company ? Also it was noticeable that respondents who struggled against temptation were younger.

On occasions female respondents experienced a dichotomy, finding themselves at times balancing personal interests in eating healthily and pleasing the needs of the family. The

influence of male partners proved problematic often resulting in a struggle for female respondents to pursue the healthy option.

"My husband and son are "one meat/2 veg." and everything with chips. I have to do all these things and I may make a vegetables soup for myself. I wish my family ate everything, they are very old fashioned."

Women group, 65-76, A/B, C1, London

" I do enjoy vegetables and I could have a lot. But because he doesn't like them I don't cook as many as I should."

Couple (woman), 65-76, A/B, London

"I can't be bothered"

This was another attitude which consisted of recognising that the diet needed improvement, without however, considering any changes. These people had given up trying to cut down on certain "bad" things mostly because they did not see why they should preserve themselves. Coming to a certain point they wanted to enjoy life without more restrictions than the inevitable ones. This clearly applied to the oldest elderly.

"I enjoy smoking, drinking, I don't listen to this doom and gloom on television, "don't do this and that because of heart disease and cancer...maybe it does but I enjoy it... I might be knocked down tomorrow."

Woman, widow, 65-76, C2, Glasgow

"I have butter because it's so little that I don't need to go on margarine. At my age it doesn't really matter!"

Woman, widow, 79, A/B, Leeds

"My health problems don't come from what I eat, you can't help it when you come to my age. Life becomes too boring if you watch everything, so I eat what I like."

Men group, 65-76, A/B, Leeds

3.3.4 Conclusion on the Barriers to a Healthier Diet

Apart from the few respondents who did not manage or bother to eat healthy, elderly people were generally satisfied with the quality and the healthiness of their diet. Some were closed to the idea of a healthier diet because they considered that they were fine. Others found it hard to find area for improvement. This showed a relatively limited knowledge of elderly people about nutrition, as ideas were limited beyond cutting down on fat and sugar.

Findings therefore suggest that there is a considerable need for improving information and communication towards the elderly. With this in mind, some respondents were closed to further information tending to be quite critical about the changing theories and advice in the past. Respondents requested serious information, without gimmicks.

Finally, great care should be taken to differentiate between healthy diet and weight concern. The confusion in people's minds limits the scope of the messages and communication should address this point.

3.4 Exploration of Social Context

As people get older, the size of their households tends to shrink. The level of social life varied in the elderly groups studied, some families often gathered around food, others very rarely. Some elderly people maintained regular contacts with their peers, others did not. The question is how does this social contact affect food habits?

3.4.1 Differences between Couples and 'Single' Elderly

There were major differences between respondents living on their own and those living with their partner. It has to be taken into consideration that respondents living on their own tended to be older than the couples, thus adding age as a compounding fator.

Elderly people living on their own always mentioned their loneliness to explain their behaviour at some point. Being single was often associated with less interest in food and less energy in dealing with it. This applied to eating, cooking and to a lesser extent, storage of food. There were differences between men and women that will be explained.

Eating

Eating alone took some of the enjoyment out of food. It was clear that more people in a couple reported enjoying their food than single people, whilst single people complained about being alone.

> *"A treat for me would be to go out. It's because you're going out but also because you've got a bit of company."*
> Man, widow, 65-76, D, Leeds

> *"The benefit of going out is not only the meal prepared for you and the variety to choose from but also there is company, maybe someone sitting next to you and talking to you and the music and the atmosphere. It's not just the convenience of the food."*
> Man, divorced, 65-76, A/B, London

> *"- Last time I had a special meal was when my wife made it for me."* (Widow)
> *"- Every meal that my wife puts in front of me is a special meal."*
> Men group, 65-76, A/B, Leeds

This applied to women as well, especially if they did not have their children living close by.

Cooking

Cooking for one was not considered worth the effort or the money, due to the lack of enjoyment.

"We used to have a Sunday roast beef when my wife was alive. Now it's not really worth the effort. It's a big effort to make a whole piece of meat, to buy it and cook it just for one."
Man, widow, 65-76, D, Leeds

"I cooked when my grandson stayed here for a week. I cooked because it was a pleasure to cook for him but I don't bother a lot on my own."
Woman, widow, 65-76, A/B, Leeds

"I used to make bread and bread cakes but it's a lot of work. For what I eat now it's not worth it."
Woman, widow, 65-76, E, Leeds

There were things that were not suitable for one person:

"I don't like to buy belly pork for one. I can't eat one of these on my own; I don't like meat that much. Same with steak and kidney pies or stew. That was for my husband."
Woman, widow, 77-84, E, Leeds

The effort required to cook was put into perspective with what was available on the market:

"I used to make my own pastries, cakes, buns... but there are so many makes now. On your own and when you see what they do, it's so easy, you don't bother."
Woman, widow, 88, D, London

Cooking therefore tended to be minimal, avoiding preparation of stews, casseroles and roast dinners. Elderly respondents actively sought low preparation dishes such as soups, canned fish and microwaveable products.

Storing

For some elderly the storage of food had also changed.

> *"When you're on your own shopping is different. I used to have plenty of food in the freezer, I don't bother now."*
> Woman, widow, 65-76, A/B, Leeds

On the other hand, many respondents stored food in case of illness and possible difficulties in leaving the home, which was mentioned frequently.

The gender factor

Distinct differences were evident between men and women when living alone. Women tended to cope better, firstly because they were used to and were able to cook, and secondly because they satisfied themselves with more simple food. Those respondents who did not enjoy cooking, sometimes felt a slight sense of relief not to have to prepare meals for someone else.

> *"I have cooked all my life. Now at my age it's so easy, you're able to relax. I don't cook every day."*
> Woman, widow, 65-76, E, Leeds

> *"I don't do the cooking as I used to do, now I am on my own, I just buy easy things, mostly vegetables. My husband used to like the old fashioned way. I live in an easy way now."*
> Woman, widow, 88, D, London

> *"I used to cook big meals, stews, puddings, pies and roast. Now I have got nobody to worry me. It's very simple now, lazy way really."*
> Woman, widow, 85+, A/B, London

Male respondents tended to enjoy meat based dishes and, since becoming alone, had switched to ready prepared meals due to a lack of skill in preparation. An elderly interviewee provided a pertinent point of view illustrating these last points:

> *"I used to feel sorry for the men left on their own, I used to think poor thing, he doesn't know how to cook but now I am so pleased because you get nice things. It's easier for them."*
> Woman, widow, 88, D, London

The habit factor

Bachelors who were used to living on their own were better adapted to a solitary life. To a lesser extent it also applied to respondents who had never had children. These respondents did not report difficulties in a routine of cooking in the same way as people who found themselves suddenly alone in the later years. They did not complain about the loneliness of eating, this was a normal way for them and their social life was more organised around friends. Nevertheless, the sample included few bachelors and so this would need further investigation.

3.4.2 Social Occasions

The questions are how elderly people's diets are affected by social events, how often do they occur and how do the elderly deal with them?

Differences weekend/week days

Some elderly respondents still had a roast on Sundays with Yorkshire pudding, roast potatoes and vegetables. The ones who liked cooking prepared special dinners. The main meal would be generally midday on Sundays. However, it has to be stressed that the special Sunday meal was not common practice. Many respondents did not seem to differentiate between the week

and the weekend, especially single respondents and older elderly respondents. Younger elderly and elderly close to their family had, more often, tended to keep the Sunday tradition.

Eating out

In general, it seemed that the food eaten when going out was significantly different to the food taken at home, not only in terms of complexity to prepare, but also of fat content and calories. When describing meals out, it was often steak with chips, fish and chips, Indian food or roast dinner. Many respondents also mentioned breakfasts eaten on holiday, when they indulged in a full cooked English breakfast with the fry-ups they no longer ate at home.

Younger couples reported eating out more than before, because they had more time, more money and did not want to cook. Eating out became something of a hobby. Men living on their own ate out more than average, aiming at having proper meals they would not be able to prepare for themselves, and also as previously mentioned for the company. Single women did not really go out for the food intending to get a proper meal; they were more likely to get a sandwich or a cake when shopping with relatives or children. For the older elderly, eating out could get a bit frustrating as they often got big portions which were reported to be difficult to digest.

Entertaining

Few respondents organised dinner parties for friends. Dinner parties always meant making a special effort regardless of health considerations. Only women who enjoyed cooking tended to entertain and sought enjoyment from the special occasion. Those respondents living as a couple or younger elderly entertained on a more frequent basis. The hosting of dinner parties was also found to be common practice in higher social classes.

A larger proportion of respondents regularly had their children for dinner. This group included the previous one, which meant that respondents who entertained friends tended to entertain their grown up children as well. Meals eaten at the family home tended to be of a

traditional nature, often considered to be the type of food children themselves would not prepare.

Although children lived nearby, many respondents would not have them for meals. Reasons were not given: it's just the way it was. More generally, a fairly big part of the sample hardly ever had visitors for meals. As they got older respondents found it too hard to cook for a family, and some did not have the family nearby. Men on their own did not cook for their children; they were invited by them.

Interestingly there might be social exchanges between parents and children more around shopping than eating. Many children drove their parents to the supermarket or even shopped for them.

The exchanges with children brought quite a few changes to the elderly parents. Children and grandchildren were a good source of information about new foods, which was basically non-traditional food. A lot of respondents mentioned that their children had very different food habits.

For many respondents, Christmas was the only occasion when they ate together with their family. Interestingly, Christmas was very often referred to as a big special meal, which confirms the idea of rare special gatherings around food.

3.4.3 Conclusions on the Influence of Social Context

The fact of being single or living on your own is a key factor to understand elderly people's food-related behaviours. Sharing meals and cooking for someone made the effort worthwhile. Food remained much more of a pleasure and dedication to it made more sense when cooking for someone else. It appeared to be the constancy in the effort that was hard for single people. Male singles had even more difficulties maintaining a routine with food than single females. People who had always been single dealt better with the social aspects of food.

Social life around eating was not well developed and meals often followed similar patterns whatever the day of the week and whether children visited or not. Shopping was the occasion of many social exchanges, including sharing lifts, going for a drink and shopping for someone else. Eating out and entertaining for guests decreased as people got older.

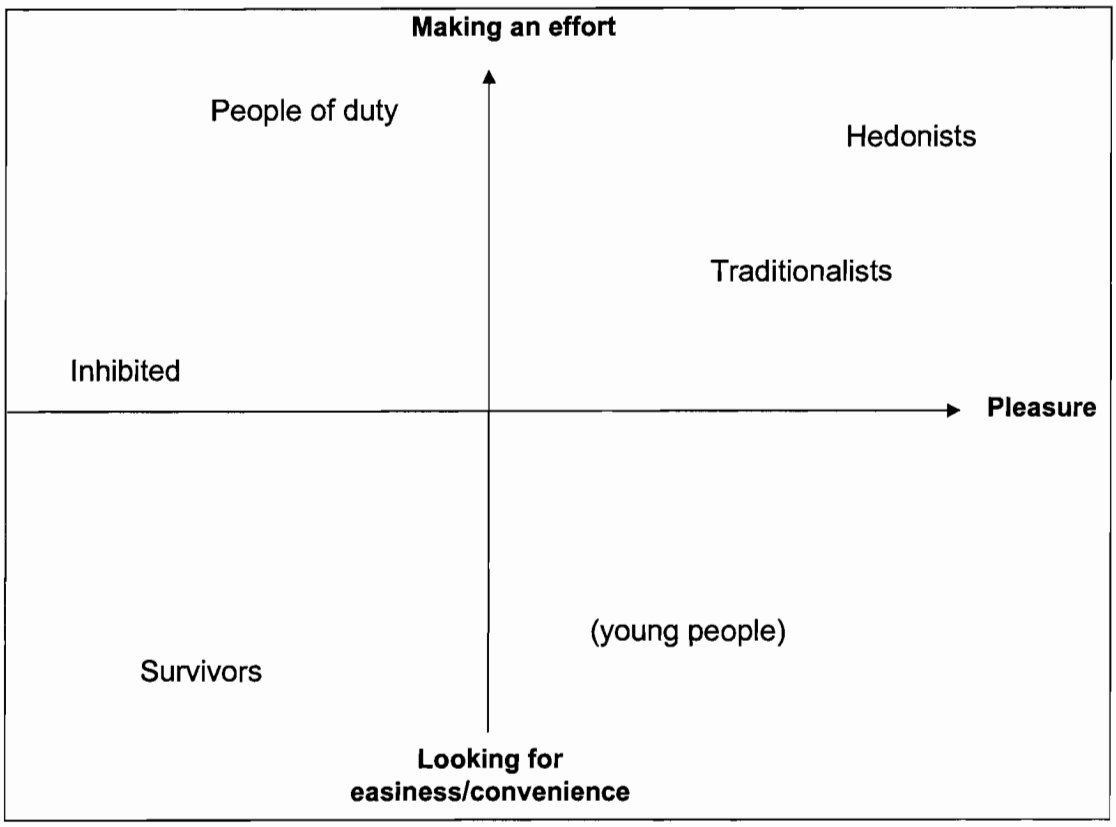
3.5 Attitudes towards Food

Elderly people's attitudes towards food can be understood over two axes. The first is an axis of pleasure going from people who as far as food is concerned did not give priority to pleasure, to people seeking pleasure. The second axis represents effort, from people seeking convenience to people willing to make an effort with food.

This leads to five different profiles of attitudes associated with different characteristics of people that are detailed further on. The extra category of "young people" is mentioned where elderly respondents see the younger generations. Indeed they often positioned themselves in reference to their children or to young people in general.

The axes and the plotting are obtained through qualitative methods. Once all possible attitudes to be found in the interviews are listed, it is necessary to find subjects (axes) that differentiate the attitudes one from another allowing all attitudes to be described. This process is trial and error and no measurement is made. The different attitudes are named in order to reflect as closely as possible the group of people represented.

Consumer Profile – Attitudes towards Food



3.5.1 Traditionalists: Attachment to Food

This corresponds to a vast part of the sample who claimed to enjoy their food and get satisfaction from it. Nevertheless the most important element for them was to get the "traditional old fashioned English meal" based on "meat and two veg.". They wanted to follow their routine as they had always done. It was not so much a question of quality than habit. The pleasure came from keeping the same pattern.

There was a very strong consensus among this group against "trash" food and ready-made meals. All respondents insisted that they wanted to know what was in their food. Indeed, for them eating healthily was having a cooked meal and avoiding "junk" food. Respondents did not like "foreign" food although would buy pasta sometimes, but rice was for rice pudding. They could not stand even the smell of a curry.

Traditionalists tended to criticise advances in food technology, processing and preserving foods. They were nostalgic of the good tasty products they believed there used to be, before pesticides and modification of food.

The preparation was not considered a big effort: they cooked mainly through habit. Cooking sometimes afforded a sense of achievement, other times they had not thought about it. Again the most important thing was to get the traditional dinner they had always eaten.

Traditionalists did not really enjoy shopping. Some reported to shop as a matter of habit, whilst some merely sought efficiency as they always bought the same items.

Traditionalists were found in greatest proportion among the oldest respondents, especially among the ones living in couples. There was an interesting paradox as far as gender was concerned. Women were better at preparing traditional food; women on their own may follow the tradition but men found this difficult. As already stated, when men cooked they tended to use different methods. On the other hand, men seemed more attached to the traditional food than women. Men resisted the introduction of pasta in the menu, causing some complaint from the women. Finally, traditionalists were mainly found to be in C1 and lower social grades.

3.5.2 Hedonists: Enjoyment from Food

The hedonists were into food and they were interested in what they eat. Food was an important part of their life, sometimes even described as a hobby. Key words were enjoyment, innovation, experimentation and variety. They liked to discover new products, and as a group, respondents enjoyed "foreign" food of some kind.

Hedonists did not have a dogmatic position against ready-made meals like the traditionalists and used them for specific occasions. For example, respondents would indulge at Marks and Spencer. However, like the traditionalists, though to a lesser extent, they were concerned by the evolution of food towards more artificial products and they criticised the fast food habits of the young population.

There was not a clear common reaction as far as healthy eating was concerned. Some were aware, some did not seem to really care and others were forced to awareness through medical conditions.

They enjoyed cooking and described themselves as adventurous. They tried different ways of cooking, inventing recipes, making the effort and enjoying it. They were likely to cook foreign food by themselves. They also enjoyed shopping either for the excitement of the new products, but also as a nice outing. A key driver for them was the quality, in the sense of special products.

The hedonists are fairly well represented in the sample. They tended to be under 65 and live in couples. However, there were also some older singles that still dedicated time and energy to food. They were to be found in all social classes with a slight over representation in the A/B category. There were more of them in London.

3.5.3 Survivors: Boredom with Food

The survivors were characterised by the lack of interest in food. They did not get much satisfaction from eating and they ate because their body needed it. A few respondents admitted that they "ate to live". Food was seen as important in their lives, but rather as a problem and a pain than a pleasure. What was important for a survivor was to get their food in the easiest possible way.

Survivors generally accepted the use of ready meals within the diet and were likely to have purchased these products if on offer or provided by their children. Their attitude to "foreign" food was varied, with no fundamental likes or dislikes – this group simply showed no interest.

This group was not particularly aware of healthy eating, and pretended not to have changed much in their habits, more because they had not actually taken notice. The ones who had become aware had been forced to because of medical requirements.

None of the survivors enjoyed cooking. They did not cook as it was too much of an effort and

they limited themselves to simple food, such as salad, baked beans, pastries and pies from the shop and forced themselves to undertake this task. Some mentioned the loneliness, others tiredness as reasons for their eating habits. Whatever the cause, the lack of interest was apparent. Survivors either disliked shopping or saw it as a hobby. In the latter case, shopping was undertaken for the sake of it.

The survivors were mainly older single elderly (over 65) whilst all of the older couples managed to find some interest as they shared meals. Old couples also supported each other in the cooking work. Survivors were spread along all social classes with a slight over representation among the E social category. There were few in Birmingham, which was probably due to the relatively young age of the sample there.

3.5.4 Inhibited: Scares and Concerned about Food

The inhibited were respondents who thought mainly of food in terms of health and sickness. Foods were clearly categorised in positive and negative groups – foods to eat and foods to avoid. Food was sometimes seen as a risk when considering diseases related to food. Generally products were discussed with reference to their use rather than taste, for example, the benefits of carrots relating to cancer and similarly red wine for the heart.

Some respondents seemed obsessed with fatty foods. Their whole diet was planned in order to control the intake of fat, greasy food, sugar and calories. Some respondents had medical reasons to control fat in their diet, although inhibited respondents took the issue seriously beyond prevention and medical need.

The intake of "foreign" food was fairly poor due to the unknown associated risks. Some respondents referred to the healthy reputation of Italian pasta compared to the fat content of Indian food. Respondents were not acceptors of ready meals, which was largely due to the fact that respondents could not control the content very well.

This attitude was not linked to a specific like or dislike of cooking. The amount of effort required was of little importance, the main concern was controlling what they ate. They

neither seemed to like or dislike shopping.

Nearly all of the inhibited respondents were to be found in the younger couples (under 65). They were the ones anxious of staying young and healthy and of living longer. They were equally split between women and men and appeared most frequently among C2 and D social classes.

3.5.5 People of Duty: Obligation to Food

This was the least well represented attitude. For the people of duty, food was regarded as part of life whether they liked it or not. The important thing for these elderly people was to be capable of playing their role as providers of what they considered to be appropriate meals. They seemed to have an idea that a proper meal should be prepared from scratch. They did not really enjoy the result and hated the cooking but they judged that things had to be so.

When the respondents driven by duty were in a couple, the duty consisted of feeding their family properly. Some said they would not bother for themselves, but they could not feed "rubbish" to their family.

"Foreign" food was not really a part of their diet; they were not very adventurous about food and did not accept the idea of ready-made meals too openly. A ready-made meal was acceptable for oneself, but not for the family. They were aware of eating healthily and were surprised that certain people were not aware.

Numbers in this group were low; however, they tended more frequently to be couples, older elderly (over 65) and in the A social category. Female respondents were clearly more inclined to being people of duty, than males

3.5.6 Conclusion about Attitudes towards Food

For most elderly people, food was important, either as a pleasure because it was interesting

and fun (hedonist) or as a tradition (traditionalists). However, food was seen as an important necessity, which led some elderly people to feel they must do the right thing (duty). For some, food was important because of the risk factor and control was necessary to deal with the risk (inhibited). For the last group of the sample, food was not a priority or a pleasure, the purpose was to find the most painless way to deal with feeding themselves (survivors).

Although food was fairly important it was rarely described as a passion or an art. Elderly people rarely spent more than an hour in their kitchen and recipes remained fairly straightforward.

3.6 Health and Food

Virtually all the elderly respondents were aware of the benefits of physical activity on their general health and well being. Similarly the relation between health and food was quite clearly recognised. The question was whether people involved with sport and physical activities also had better diets or were more aware of eating healthily?

There was a clear correlation between physical activity and health awareness. People who exercised, displayed a better knowledge of healthy food (as much as the study methods allow measuring it) and were more interested in healthy food. This tends to prove the idea of a global approach to health in a sort of healthy life style. Respondents who were concerned tended to be the younger ones.

Nevertheless it should be stressed that many respondents would have liked to partake in physical activities, but were not able to. Many elderly people reported arthritic problems and weak knees. Thus there is a gap between the awareness and wish for a healthy life style and actually being able to implement this behaviour. Also, sport was not always relevant for older elderly (over 70). At this age a lot of respondents considered physical activity to be beyond only sport, to include walking, light gardening, cleaning and dancing. This should be considered for further measurements.

3.7 Unproven Hypothesis: Underestimated Problems?

At the start of the study a few elements were seen as possible issues for elderly people dealing with food including: energy efficiency, wastage, packaging, mobility, taste/sensory aspects. These points were discussed during the interviews even though the respondents did not approach them spontaneously. Such issues were not discussed earlier in the report, as elderly people did not give much content to them. The lack of associated discussion is an interesting finding.

3.7.1 Energy Efficiency

It was thought that energy efficiency might influence cooking habits towards more effective ways. The reported changes in cooking such as more microwave, and more steaming than boiling never referred to energy savings. When elderly people judged that cooking pies, pastries or cakes was not worth it considering the cheaper products on the market, they referred to a global idea of cost, thinking more of all the ingredients they bought rather than the energy aspect.

3.7.2 Wastage

Wastage might have been an issue considering that elderly people eat less and that some products come in family sized portions. This generation described itself as very aware of wastage, and most of the respondents had developed mechanisms to avoid wastage. They considered that freezing was very useful and was used to freeze what they did not eat. Respondents acknowledged that fruit and vegetables keep better than before. Even though they had to throw away a few fresh products, respondents did not see this as an issue, they were very well trained and naturally avoided wastage almost without thinking of it.

3.7.3 Packaging

It was thought that elderly people could have difficulties in opening some packages. This problem was hardly mentioned by the respondents. This may have been due to the fact that they cooked all their meals from scratch, had found their own solutions or that they simply didn't want to admit to the problem. The ones who had problems with cans had bought good can openers. Some reported their elderly parents having problems, but in the main this was not issue at all for elderly people.

3.7.4 Mobility

Difficulties in standing and walking could limit elderly peoples' possibilities of cooking and shopping and thus alter their diet. Respondents did not mention it as a problem related to shopping. A few respondents in the groups admitted that it was more of an issue in cooking, as they got tired standing in the kitchen for too long. Normally people talked more about a general tiredness. Many of the older elderly had physical problems, but it was generally not seen as an impediment to cooking.

Special attention should be given to arthritis. Many respondents suffered from a kind of arthritis, which did limit certain movement. In particular, it affected the shopping and carrying of bags; however, respondents did not see any possible solutions and in the end lived with arthritis quite well.

3.7.5 Sensory Aspects

It is known that sensory capabilities decrease with ageing. Respondents explained their lack of taste for food by the modifications thought to be associated with modern food.

Respondents were insistent that fruits and vegetables were artificially forced to be sold all year long, with a nice shape and hence such practices had altered the taste. Meat was also often judged to have lost taste due to changes in farming methods and low fat. In summary all respondents who reported taste loss, with a noticeable exception in one group, saw the reason in the food and not in sensory abilities. Textural aspects of food were rarely mentioned, despite scientific reports regarding deterioration of mastication and consequently the knock-on effect on elderly people's food choices.

In spite of questions asked insistently about possible problem areas, elderly respondents did not seem to take them very seriously. However, the results must be regarded with caution as it is uncertain whether the elderly do not actually have these problems or whether they prefer not to admit to or recognise them

As it has already been observed, elderly people were very proud of their autonomy and tended to understate their problems and disabilities. They liked to believe they are doing very well and saying it seems to confirm this. Projection techniques (using future scenarios or other people) did not bring out hidden attitudes as respondents did not want to think of possible future handicaps. The lack of acknowledgement of problems is a strong characteristic of the elderly, particularly the older elderly, and it has to be considered when reading the findings and surveying these age groups.

4. OVERVIEW AND CONCLUSIONS

The conclusions are split into five parts: global key points, summary in relation to respondents' characteristics, summary for the different aspects of food, elements about elderly psychology applied to methodological aspects and finally a few comments about the methods and how to improve such research projects. Additionally, some new elements may be added to the findings at this stage, not as defined by the overall qualitative research plan, but were considered to be of general interest.

4.1 Global Key Points

Fairly strong dietary awareness was observed among people aged over 55. This means mainly cutting down on fat and fried things, sweet foods and trying to eat vegetables and fruits. This is the result of health campaigns that the respondents understood as being the fruit of recent scientific research. More than that, the evolution towards a lighter and easier diet was rooted in a combination of factors that apply to all ageing people: tiredness and lack of energy, loneliness, loss of appetite and digestion difficulties. This increased as years pass by and accelerated when health problems occurred.

Elderly people clearly saw the relationship between health and food and most had altered their habits, whether they realised it or not, and whether they wanted to admit it or not. They generally believed they were doing well in terms of healthiness and didn't express many ideas of how to improve their diet. This satisfaction may have been linked to a fundamental dislike of changes and the refusal to accept failure and ageing. Elderly people liked to believe they knew what to do and had always been fine. On the other hand there was certainly a failure with communication of information to the elderly. They appeared to lack the knowledge to understand their body changes and corresponding needs. They sometimes felt under pressure to have a healthier diet and were confused by weight and health related advice.

Elderly shoppers were strongly driven by prices and habits, with a slight obsession regarding

low fat products. Interest for innovation was rare, except for the people who really enjoyed food. Others mentioned that they ate this type of food in the presence of children and grandchildren or for convenience (pasta ready-made meals for example).

Five profiles of attitudes towards food were identified. ***Traditionalists*** enjoyed the "old fashioned English food". They cooked by habit and shopped by routine. Healthy eating meant doing what they had always done and avoiding "trash junk modern food." They tended to be older. ***Hedonists*** were driven by experimentation and variety. They were into "foreign" food which they attempted to cook themselves. Healthy eating was not their main concern and was often linked to limitations. They were younger and often lived in couples. ***Survivors*** put up with food and ate to live. They looked for convenience solutions and didn't take much notice what type of food it was (e.g. was foreign or healthy food), and were mainly the older single elderly. ***Inhibited*** elderly cared about food in an obsessive way using food more as a tool than a pleasure. Food was perceived as a disease risk and as such a reason to avoid certain foods. These "control freaks" were to be found mainly in the 'younger' elderly couples. Finally ***people of duty*** did not enjoy food as such but made a point of continuing to cope with dealing with food. They saw food matters including healthy eating as a duty towards their family, and tended to be women at the older end and more often in couples.

4.2 Summary in Relation to Respondents' Characteristics

Age was an important factor to be analysed in relation to the marital status. Younger elderly (55-65/70) benefited from quite a unique combination of factors: time and energy. However, they were not necessarily into food and cooking and this combined with loneliness led to an early move into convenience and easy food. Younger couples were likely to get into food and dedicate time to it. In general, all people of this age were concerned about their weight and this was often a key entry to the subject of healthy eating provided they did not follow some kind of diet for high cholesterol or high blood pressure. The idea that healthy food might protect them against disease was often present and these respondents tended to take more vitamins.

Older elderly (over 65/70) were often consumers of healthy food; this was largely based on the opinion that their bodies could not cope with "heavy" food anymore. Their first worry was regarding their digestive system and secondly their weight. Respondents were very attached to traditional food and progressively reduced cooking and shopping. Couples indulged less in easy cooking and seemed to enjoy their food more.

Little can be concluded about differences linked to cities, as samples were not homogeneous throughout the locations. Respondents happened to be younger in Birmingham, slightly higher social classes in Leeds and more alone in London, although this does not reflect the local population characteristics.

In an attempt to highlight trends it could be said that respondents seem less active in Glasgow and they were less inhibited with fried things. People were eating more "foreign" food in London, they were more critical and women were more opinionated. Similarly differences between rural and city respondents were not very clear. Overall, the majority of respondents lived fairly near a supermarket and for those who did not this was not an issue as respondents in more isolated areas had cars or people to take them.

4.3 Summary for the Different Aspects of Food

Shopping was a key aspect in elderly people's life. It could be sheer enjoyment, a social outing, an interesting pastime searching for new products and finding bargains and offers, and a way to get some exercise and fresh air. Whatever the reasons to enjoy it, depended on the age and the situation, elderly people wanted to do their own shopping for as long as possible. Shopping delivery was never seen as suitable for them and was considered to be more suitable for working people who bought a lot and had little time. Many respondents feared the social consequences of not getting out to do their own shopping (people would not mix and would remain in their own closed world). Home delivery was always seen as a very good thing for people who were home bound. Interestingly, elderly people saw home delivery as something quite natural that was returning as small shops used to deliver in the past.

Transport was sometimes a limitation, but people dealt with it. If they did not have a car, they walked, took the bus or asked their children and neighbours. Interestingly they may have complained about the fare of the bus, but not about the fact that the supermarket was far away. They showed great satisfaction with their shopping organisation. They were sometimes nostalgic about the times of small personal shops but have come to terms with the fact that supermarkets are here to stay.

Storing was never seen as a real issue. The elderly people who wanted to store were able to do so. They generally had more space than they needed. They described their generation as one that used to store fairly little in the past because foods consisted mainly of fresh products. Many still preferred fresh products and did not like freezing. On the other hand, some admitted being able to eat without going out for several weeks, the idea being that they were prepared in case of sickness.

Meat was the main product to be stored in an organised way. The frequency of eating meat and the decision to freeze meat or not was the key point to determine shopping frequency. Meat was the crucial central point of shopping and storing organisation.

Eating was an enjoyment, but rarely the centre of life. Elderly people rarely felt a passion for food. Little time was dedicated to food and a fairly high number of elderly people never cooked for guests. If they lived in a couple, eating tended to be more regular and sophisticated. Generally elderly people were quite attached to their traditional food which was described as "English food" (even in Scotland). They didn't appreciate young people's food, described as "ready-made junk" food, but did not feel strongly that traditional English cuisine should be preserved.

Cooking was mainly a pain or a habit. The longest time spent in the kitchen was rarely more than one hour and it did not seem to vary much in relation to different days or occasions. There was a clear correlation between enjoyment for food and cooking, and innovation. People into cooking were the ones who tried new recipes, new products or new ways of cooking. For those who cooked less frequently, more effort was made and meals tended to be more adventurous. This particularly applied more to men.

Special occasion cooking was also seen as more interesting than daily cooking. Again, elderly people noticed that the younger generation did not cook the same way or did not know how to cook at all. Elderly respondents explained the situation quite easily to themselves by the fact that women were now working.

Healthy eating was another topic for discussion. Generally elderly people were quite satisfied with the healthy character of their diet. This meant that they did not consider making any (further) changes. However, the discussion highlighted many different meanings understood by healthy eating. Healthy eating was seen as purely within the limits of weight concern by many of the elderly. This main concern was associated with health campaigns associated with the low fat and low calorie diets. Healthy eating was also understood as the food that your body can digest. For a lot of respondents it meant fresh food as opposed to ready-made meals and "trash food" such as hamburgers. Healthy eating then consists of having traditional food "as you always had". Healthy food was also be seen as food without preservatives and colourings, just like the respondents remember having during the war, that was remembered as being plain and simple but healthy.

Elderly respondents were not at all aware of the evolution of their needs in terms of nutrients. They felt that they needed less, that is less in quantity, because they were less hungry but they did not feel their increased need for specific nutrients. Some said that they now know their body and should listen to it, but that was more a reason for ignoring health advice than for making sound changes.

Elderly respondents were upset and confused with the contradictory health messages. This was certainly partly due to their lack of general understanding of the physiological ageing process. As a result, significant pressure was felt in relation to healthy eating, and changes in dietary habits, although often realised by the elderly, remained quite inefficient. It appears that the tools needed to enable the elderly to understand healthy eating, taking into consideration their specific needs, have yet to be provided.

4.4 Elements about Elderly Psychology Applied to Research Methodology

Interviewing 115 elderly respondents has provided experience in how to approach the subject with this category of population, as it is not so straightforward. The elements exposed here should help further investigation and communication.

4.4.1 The War Generation

The older elderly people mentioned the war a lot. This was their "good old times", and has built their philosophy of no wastage, their belief that eating anything and not being fussy is a quality, the moral value of the effort, the duty of cooking, etc. These were the elderly references, but that might change with the coming generations that will not relate to the war, but to the rather prosperous sixties as the "good old times". Some differences between younger and older elderly might be linked to this evolution that should be considered when projecting problems and attitudes.

4.4.2 Lack of Acknowledgement of Problems

For some complex psychological reasons not investigated within this research elderly people often hid their weaknesses and refused to accept their disabilities. Recognised problems like arthritis are easier to approach, but the effects of general tiredness and of not being well were more difficult to address. Basically, elderly people wanted to believe that they were doing the same. As a result, their problems were difficult to identify and hence to tackle. As this sensitivity has to be respected, the solution is not in forcing them to say things they do not want to talk about. Widening the scope of respondents to include family members and carers would be useful to cross-reference information.

Memory weaknesses and an inability to discuss their behaviour at any length reinforces the difficulties in tackling their problems. This point applies mainly to older elderly. For younger elderly the difficulty is rather in their refusal to imagine the old days and the possible difficulties.

4.4.3 Social Pressure

Eating healthily is experienced as "politically correct" and elderly people try to conform to this idea. This is an impression from quite a few interviews, but also the perception of some respondents, especially in London. On one hand eating fatty products or frying your food is out of fashion and people seems to follow healthy advice in a blind way. They feel guilty if they do not. On another hand, the reported healthy attitudes sometimes hides a certain embarrassment, people are not very sure of what it is but they feel it should be judged as important and they insist that they are doing well. Investigating further into their perception and behaviour often reveals the lack of content of their healthy awareness. This leads to many contradictions, notably about the changes in their food and their receptivity to health messages.

Guilt, embarrassment and confusions influence the answers. This is the social context of this study and should be considered while reading the findings as well as for further projects.

4.5 Critical Review of the Methods

115 respondents (54 depth) represented a fairly high number for a qualitative study. In spite of the complexity and wide scope of the study, some information repeats itself after a while. Qualitative research seeks a variety of ideas and these exist in limited number among the same type of people being asked the same questions.

From the experience acquired during the fieldwork some ideas have arisen of how this could have been done differently on the basis of a similar budget.

- Interviews could have been done in more isolated villages or in centres of cities, even though relatively little of the population live there in the UK. Medium size cities (50,000-70,000 inhabitants) could also have been approached.

- Considering the difficulty of the elderly to talk about their weaknesses and disabilities, other views could have been gathered through people involved with elderly. They would be able to bring more neutral facts knowing the situations and the problems from inside, for example interviewing close children or carers.

- The scope could have been even broadened by interviewing people who deal with elderly people on a more impersonal level: shop keepers, supermarket staff, doctors and nurses, social services, sports and leisure centres, etc.

- An "official" voice could have been recorded by interviewing elderly associations or magazines. They must have relevant views about elderly interests and problems.

- A more ethnological approach could also be considered. That means for example following an elderly person during a day, filming the preparation of different meals, recording the content of cupboards and freezers, going to the supermarket, etc.

- For a better view of actual diet in terms of nutrient intake or healthiness, an exhaustive record of meals could have been realised on several days. This would allow a better cross-reference of information and gap between perception and facts.

APPENDIX 1: RECRUITMENT QUESTIONNAIRE

INSTRUCTIONS:
Please use a blue or black pen
Please fill in the box like this ■
or like this ☒

RECRUITMENT QUESTIONNAIRE P.51506

Respondent ID ☐☐☐

Location: Glasgow ☐ Birmingham ☐ Leeds ☐ London ☐

Good Morning/Afternoon,
I am conducting a survey on behalf of Campden & Chorleywood Food Research Association, an independent market research company. We are carrying out a survey in this area. May I ask you some questions?

Name _____

Address _____

_____

_____

Telephone Number _____

Interviewers name _____

Date of interview __ __/__ __/__

INTERVIEWERS DECLARATION

I declare that the interview was carried out in accordance with the written instructions with the person named here who was previously unknown to me

Age

55-64year	☐	REFER TO QUOTA
65-76 years	☐	
77-84 years	☐	
85+ years	☐	

Socioeco

A/B	☐	
C1	☐	REFER TO QUOTA
C2	☐	
D	☐	
E	☐	

Income

State pension only	☐	REFER TO QUOTA
State pension plus other sources of income	☐	

Household composition

Living alone	☐	REFER TO QUOTA
Living with company	☐	

Education

Educated to primary level	☐	REFER TO QUOTA
Educated to secondary level	☐	
Educated to higher further level	☐	

Gender

Male	☐	REFER TO QUOTA
Female	☐	

Activity

Retired	☐	REFER TO QUOTA
Working less than 10 hours per week	☐	
Working more than 10 hours per week	☐	

Living in

City/town	☐	REFER TO QUOTA
Village /rural	☐	

INSTRUCTIONS:
Please use a blue or black pen
Please fill in the box like this ☒
or like this ☒

RECRUITMENT
QUESTIONNAIRE P.51506

Respondent ID ☐☐☐

1. Do you or any of your family or close friends work in any of the industries shown on this card? **(SHOW CARD A)**

   Media Market Research Marketing Public Relations Journalism Advertising Food Industry (manufacture or sales)

   IF 'YES' THANK AND CLOSE INTERVIEW

2. Have you participated in any food related Market Research in the last 6 months? **IF 'YES' THANK AND CLOSE INTERVIEW**

3. Have you lived in the country for less than ten years? **IF 'YES' THANK AND CLOSE INTERVIEW**

4. Which of the following best reflects your dietary habits?

   I can eat anything I like ☐
   I have made an effort myself to cut down on a few things ☐
   For medical reasons there are a few foods that I can't eat ☐
   I am very limited in what I can eat these days ☐ **DO NOT RECRUIT**

5. How many main meals (lunch or dinner) each week do you and /or your companion shop for and/or prepare at home?

   More than 4 per week ☐
   3-4 per week ☐
   1-2 per week ☐
   None ☐
   } **DO NOT RECRUIT**

6. Do you and /or your companion shop:

   All or most of the time ☐
   Rarely ☐
   Never ☐
   } **DO NOT RECRUIT**

7. Do you smoke cigarettes? Yes ☐ No ☐

8. Do you undertake any of the following physical exercises on a weekly basis?

   Short walks ☐ Other (please state) ☐ _____
   Exercise classes (e.g. yoga) ☐ No physical activity ☐
   Swimming ☐

9. Do you use any of the following equipment in your home?

   Oven ☐ Microwave ☐ Fridge ☐ Freezer ☐

CHECK QUOTA & ASK IF RESPONDENT IF THEY WOULD

APPENDIX 2: RESPONDENT DETAILS

Details of interviews with women

	Birmingham			Leeds			Glasgow			London			total	total	
	group	depth	total	group	depth	total	group	depth	total	group	depth	total	group	depth	TOTAL
55-64		3	3	8	2	10		2	2		3	3	8	10	18
65-76		2	2		3	3	8	1	9	8	1	9	16	7	23
77-84	6		6		2	2		1	1		1	1	6	4	10
85+	2		2			0		1	1		2	2	2	3	5
			13			15			13			15	32	24	56
A/B	1	1	2		3	3		1	1	2		2	3	5	8
C1	1		1	6		6	4		4	3	2	5	14	2	16
C2	1	2	3	2	1	3	4	1	5	3	1	4	10	5	15
D	2	1	3		1	1		1	1		3	3	2	6	8
E	3	1	4		2	2		2	2		1	1	3	6	9
			13			15			13			15	32	24	56
alone	5		5	1	6	7	4	3	7	3	6	9	13	15	28
Not alone	3	5	8	7	1	8	4	2	6	5	1	6	19	9	28
			13			15			13			15	32	24	56
City	8	4	12	4	5	9	4	5	9	8	7	15	24	21	45
Rural		1	1	4	2	6	4		4			0	8	3	11
			13			15			13			15	32	24	56
Total	8	5	13	8	7	15	8	5	13	8	7	15	32	24	56

Details of interviews with men

	Birmingham			Leeds			Glasgow			London			total	total	
	group	depth	total	group	depth	total	group	depth	total	group	depth	total	group	depth	TOTAL
55-64		2	2			0		1	1		2	2	0	5	5
65-76	8	1	9		2	2	8	2	10	4	4	8	20	9	29
77-84			0	7		7			0	2		2	9	0	9
85+			0			0			0		1	1	0	1	1
			11			9			11			13	29	15	44
A/B	1	2	3	6		6		1	1	3	2	5	10	5	15
C1	2		2	1		1		2	2	2	2	4	5	4	9
C2	5		5		1	1	4		4	1	1	2	10	2	12
D		1	1		1	1	2		2		2	2	2	4	6
E			0			0	2		2			0	2	0	2
			11			9			11			13	29	15	44
alone	1	1	2	1	2	3	3	1	4	2	5	7	7	9	16
Not alone	7	2	9	6		6	5	2	7	4	2	6	22	6	28
			11			9			11			13	29	15	44
City	8	3	11	6	2	8	8	3	11	6	7	13	28	15	43
Rural			0	1		1			0			0	1	0	1
			11			9			11			13	29	15	44
Total	8	3	11	7	2	9	8	3	11	6	7	13	29	15	44

Details if Interviews with Couples and Grand Total

	B'ham	Leeds	Glasgow	London	Total Couples		Total Women	Total Men	Grand Total
55-64	3	1	3	1	8		18	5	31
65-76	1	2	1	2	6		23	29	58
77-84					0		10	9	19
85+				1	1		5	1	7
A/B			1	2	3		8	15	26
C1	1		1	1	3		16	9	28
C2	2	1	1	1	5		15	12	32
D		2	1		3		8	6	17
E	1				1		9	2	12
Alone					0		28	16	44
Not alone	4	3	4	4	15		28	28	71
City	2	1	3	4	10		45	44	99
Rural	2	2	1		5		11	1	17
Total	4	3	4	4	15		56	44	115

APPENDIX 3: DISCUSSION GUIDE

Welcome & presentation
Thank you for coming today.
I am …

Principles
We are going to talk about your food habits, the idea is that you talk freely about what you actually do and think there are no good or bad answers. The best if to be spontaneous. Use this opportunity to share your experience with others…
I am not going to sell anything to you; we just want to know more about eating habits.
This is all confidential and I record for my use only.

Organisation
I am going to bring different subjects and we'll talk for 2 hours. Short break at…. to refresh ourselves.

Warm up
Tell us your name, where you live and in which conditions (on your own, with partner, friend, relative…)

Important points (proposal):
Health
Social norms
Food supply (place)

-feel of balance of diet
-type of food
-enjoying/eating to live

-organisation of food (meal /snack)

-sharing

1. **Eating habits (15', use subject as warm up)**

➔ What did you eat yesterday? Include all meals and mention if you had bits and pieces as well.

People write on a piece of paper and then tell everybody to start discussion

- Is it representative of a normal day? What is and what is not?

(get around a normal day and get some ideas about out of normal)
(concentrate on one meal, change type of meal for different groups)

↳ type of food eaten : list typical dishes you usually have *(to be written on a paper board)*
↳ repartition of food intake : how many times during the day ?
(stick to main meals or snacks all day ?)
↳ social context : how often is meal shared ? (eating out, guests…) What is different then? (in terms of food, atmosphere…)

➔ What is your favourite meal (that you actually prepare/have sometimes) ?

People write down and then tell everybody

- How often do you have it ?
- Other things you enjoy eating ?
- Are there new things you now have which you didn't/couldn't have before? Since when ? Why ?
- Are there things you don't enjoy eating ? Why ?
- Are there things you don't or can't have any longer ? Why ? Since when ?

Talk about ↳ eating enjoyment (eating to live…)
↳ importance given to food
↳ their changes in the time (related to events…)

- Do you restrict yourself through some kind of diet ?

↳ under/over weight issue

➔ What could make eating more enjoyable ?

➔ Do you go to fast food ? Explain.

-relation food/health
-barriers to healthy diet
-information

2. **Healthy eating**

(option)
➔ Can you describe a healthy meal (for your present needs)

(People write down ingredients/meals and then tell everybody)

- Is it the kind of food you have sometimes ?
- Enjoy it ? Why/why not ? What would make it more enjoyable ?

↳ evaluate health food vs. taste and enjoyment

- What stops you eating such meals ?

↳ evaluate financial, psychological reasons, preparation, knowledge…

➔ How important do you think healthy eating is to remain fit ?

- Are you happy with the way you're dealing with it ? Why ?
- In general what do you do to with regard to your own personal health ?
- What else could you do ?

↳ Evaluate interest for healthy/healthier life style

- Can I ask you for some advice/tips to remain fit…

(option)

➔ Do you know your specific needs according to your age ? Explain.
- Where do you know that from ?
- Is it something you care of ?
- Give examples when preparing a meal ?
- Do you look at the labels to check ? Give precise examples.
- Have you changed anything in your habits ? Precise. How often ?
- Why not more often ?

↳ barriers to healthy diet
↳ ways/solutions for a healthier diet

➔ Do you feel well informed about what is healthy for you?

↳ evaluate ways of improving information (content and form)

(option)

➔ Do you use dietary supplements ? food fortified with..., with added something...
- Which ?
- Why ?
- What would be a good form to take supplement ?

-way to cook, from scratch/can
-barriers to cook well (?)

3. Food preparation

Let's talk about your usual way of preparing food.

➔ What type of food do you normally cook ?

➔ What is your favourite way of cooking ?

↳ reheat, fry, MW, frozen, ready meals...
↳ most used appliances
↳ evaluate changes and explain

➔ How long does it usually take you to cook ?

➔ How often do you cook ?

➔ How do you get organised with cooking ? (planing)
- When do you decide what you're going to eat ?
- How detailed ?
- On which basis ?
- For one meal or several ?

➔ Do you enjoy cooking ?
- What do you like/dislike about it ? Why ?
- Give examples of what you like/dislike cooking ? Why?

↳ evaluate changes and explain
↳ barriers to cook : explore social issues (alone...), ability/mobility in the kitchen, health, utensils, purchase, cost, packaging, cleaning...

➔ What could make cooking more enjoyable ?

-relation to shopping
-problem for healthy diet

4. Food storing (short)

➔ What kind of food do you always have at home ? Where ? (fridge, freezer, cupboard...)

➔ What problems do you have regarding storing ?

↳ explore size, packaging, carrying, dates...

➔

➔ Do you have to throw away food sometimes ? Why ?
- What do you do to avoid throwing food away ?

-transport/access -home shopping and delivery -what can chain do to make life easier? -barriers and solutions (portion size, packaging, finances, health/mobility)

5. Food shopping (15-20')

➔ Tell me about the way you organise your shopping
- Type of shop : multiple, independent (corner shop)…
  ↳ relate to type of food
- Where : town center or out of town ? How far from your home ? How do you go ?
- How often ?
  ↳ relate to type of food, portion, quantities
- Problems/difficulties encountered : transport/access/mobility, carrying purchase, finding things, price, portion size, labelling…
  ↳ Justify all answers
  ↳ How to improve ?
- Do you know in advance what you're going to buy ? make a list ? Explain.
- Do you have a budget ? How do you deal with money ?

➔ What type of food do you buy ?
- Fresh, frozen, processed : repartition
- Give details about vegetable, meat/frish
- What do you particularly look at when buying food ?
  ↳ Look at price, sensory, quality, quantity, brand, packaging, portion/pack size, labelling, habit…
  (is sensory a quality ?)

➔ What do you like/dislike about food shopping ? Explain.
- What would make it more enjoyable ? (think of what chains could do to improve their service)
- Test the idea of home delivery/shopping from home

Do you have anything to add ?

Thanks a lot.