Managing food shopping and cooking: the experiences of older Swedish women

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ABSTRACT

The aim of the research reported in this paper was to study older Swedish women's experiences of managing food shopping and cooking as part of an independent life in different family situations. The research approach was qualitative, using informal ethnographic interviews and thematic analysis. Twenty-three single-living and 18 cohabiting Swedish women, aged 64–67, 74-77 and 84-87, participated. They valued being active through continuing with familiar routines whereby they could live independently. They gained physical exercise and social contacts when they went shopping. Well-known foods and traditional dishes were preferred as they enabled them to proceed from familiar routines. Economical thinking related to money and their own work guided their choice of food. Lack of strength made some, particularly the older informants and those living alone, dependent on local shops, and they simplified their cooking, while others had more freedom of choice when they shopped together with their husbands. The implications of the research for services which help older women, particularly those who live alone or who have been recently bereaved, are discussed.

KEY WORDS – women, independence, shopping, cooking, habitus, living arrangements..

Introduction

During recent decades, theories about social life and old age have developed from seeing old age as a problem in itself to seeing it as a social construction, as exemplified in the understanding of food choice in old people (Fjellström *et al.* 2001). For example, different studies in geriatric wards revealed the construction of a dependent old person at table during meal times, though the patients in fact were able to manage by themselves. The problem was that they were not given the chance according to their own wishes by the staff. Neither did they

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express their own wishes to the staff but played the role of dependent patients (Sidenvall et al. 1996a, 1996b; Sidenvall et al. 1994).

Dependence in old people is not only associated with institutions but also with independent living. Dependence in old age can lead to what Hockey and James (1993) call the social discourse of infantilisation of the Western world. There is a danger of this phenomenon emerging, where older people are seen by society as not capable of taking care of themselves or knowing what is best for them:

Independence and dependency, which, in biological and social terms, represent points on a fluctuating continuum that encompasses every person, are socially constructed as polar opposites. As we have shown, infantilising practices both sustain and are sustained by binary thinking and cognitive practice of this kind. The cultural value attached to the pursuit of individual freedom therefore problematizes the binding human needs experienced by very young, chronically ill, handicapped or very elderly people. (Hockey and James 1993: 110)

What Hockey and James are stressing is that dependence is socially constructed, and that the loss of individual freedom is expected to become a problem for people growing old and frail in Western society, especially for the very old. The social discourse of Western culture denies full personhood to those who are perceived to be dependent. A person thereby risks losing their self-determination, which could explain why many old people fear dependence.

One area where individual freedom might be restricted and dependence become a reality, is in the management of food in everyday life. Many older people in poor health, with disabilities and restricted mobility, have been found to have trouble either in getting to shops or shopping, and also in preparing food, and that this can cause food insecurity (Nes *et al.* 1992; Stitt *et al.* 1995; Wolfe *et al.* 1996; Wylie *et al.* 1999). Among older Americans and Swedes, the number of meals has been found to be reduced. Cold or uncooked alternatives have replaced hot meals, and the consumption of pastries, potato crisps and similar food items has increased (Quandt *et al.* 1997; Sidenvall *et al.* 1996; Rosenblom and Whittington 1993; Steen *et al.* 1988).

Other reasons for food insecurity may be economic constraints or the loss of neighbourhood shops. In the US, old people living on incomes below the poverty level have problems buying food, and have been shown to be at nutritional risk (Parker 1992). Such problems have also been found in the UK where those living alone especially have limited financial resources (Stitt *et al.* 1995; McKie 1999; Lyon and Colquhoun 1999). Furthermore, in several countries there has been a decline in local retailing in favour of supermarkets located out of town. This

disadvantages many older people, who are known to favour small or medium-sized food stores (Lang 1994; Wylie et al. 1999). The Euronut-SENECA study of 19 small traditional towns, located in twelve European countries, showed that shopping for groceries was not a problem for people aged 70 or more, when shopping facilities were close by or within walking distance of the home (Schlettwein-Gsell et al. 1991).

Changes in food shopping, food habits and cooking procedures may be due to declining abilities and functioning in everyday life, but they may also be due to the loss of spouses (Rothenberg et al. 1994; Winter Falk et al. 1996; Quant et al. 1997). The majority of the oldest households in the Western world consists of women living on their own (Dirren 1994; Lyon and Colquhoun 1999). Loneliness and bereavement have been found to impair food choices and nutritional intake (Lyon and Colquhoun 1999; Wylie et al. 1999). Both the content and regularity of meals have been shown to change after the loss of a spouse or after children have moved away (Quandt et al. 1997). Furthermore, widows have decreased motivation to prepare meals for themselves (Webb and Copeman 1996; Sidenvall et al. 2000).

For women still living with their spouse, retirement seems to mean very little change in the organisation of domestic tasks, and cooking is still the woman's task. Women of older generations have been shown to be dependent on continuity in their daily life, and this means primarily continuity in their domestic and social activities (Fennell *et al.*, 1994, Quant *et al.* 1997, Sidenvall *et al.* 2000). Men, when retired and living alone, show more rational behaviour towards meals and eating and they can enjoy cooking. They ate to satisfy their hunger, not showing the same consideration about the social aspects of the meal as women did (Winter Falk *et al.* 1996; Quant *et al.* 1997).

According to Douglas (1984), women in the Western world are culturally socialised to kitchen tasks and typically they have the responsibility for food shopping and cooking in private homes (Fjellström 1990; Fieldhouse 1995; Warde 1997). Sociological studies among British middle-aged women have shown that the 'proper meal' was by definition made by the wife. The ability to cook good homemade meals on their own stove and in their own kitchen was seen as a fundamental part of women's role as wives and mothers among these women (Charles and Kerr 1988; Murcott 1983). Such ideals also exist today among old Swedish women, who saw the whole procedure of preparing a meal as preparing a gift (Sidenvall *et al.* 2000).

As food provision and cooking have been and still are seen as woman's work, this part of everyday life could be interpreted as a social

construction of gender. Independence in food provision and food-related work such as cooking, is thus a gender issue. Given this, becoming dependent on others in everyday life with regard to shopping for food and cooking one's meals could be the same as giving up individual freedoms. Since there will be more older women in the future, this area of research is of great importance. Our aim was thus to study older Swedish women's experiences of managing food shopping and cooking, as part of an independent life in different family situations.

Method

This study was part of the MENEW project (Meals, Eating habits and Nutritional intake among Elderly Women), which was designed to study food and meal habits among older women living at home, from a cultural perspective. An evaluation of how social planning, local shops and household organisation affected food intake and the meal situation among independent and disabled women, was also included. This article reports findings from a qualitative investigation carried out in 1997 and 1998 through informal ethnographic interviews (Agar 1980). The interviews were carried out by the three authors and the study was approved by the Uppsala University Ethics Committee.

Informants

The informants were recruited from among 159 independent-living women, reporting their nutritional intake and living in a city, a town or the surrounding rural area in central Sweden. The sample was obtained from the official population register of Sweden.

Women from three age groups, 64 to 67 years, 74 to 77 years and 84 to 87 years, were invited by letter to participate in the study. Thus our informants included newly retired women, women now used to retirement, and very old women. As loneliness was known to be associated with impaired food intake and desire to cook, half of the women in each age group were single and half living with a partner. The women were systematically selected from a stratified random sample ensuring approximately equal numbers of single and cohabiting women in each age group. Thus approximately half were invited to take part in this particular study.

The researchers confirmed participation by phone and checked that each participant was retired, lived at home, and was able to buy food and cook their meals independently. Furthermore, a home visit was arranged and each woman described the way to her home. Through this conversation, mental ability was also assessed. This paper is based on 41 interviews with older women, in their own homes, who stated that they were willing to talk about their experiences related to shopping and cooking food (Table 1).

Interviews

An informal ethnographic interview was carried out covering the following broad areas:

- family situation,
- how the women managed shopping,
- how the women managed cooking,
- experiences of managing food shopping and cooking.

The last three areas were supplemented with specific questions:

- Where do you usually shop for food?
- How do you plan your purchases?
- What do you think about food prices today and your food budget?
- How do you get inspiration to cook?
- Describe your cooking procedures?
- Have you changed the procedures in old age?

The interviews usually started with the first area, but the remaining areas were introduced in the conversation when it seemed natural. The women often covered topics and questions before being asked and the researcher merely encouraged them to tell more within the scope of the overall aim. Each woman was interviewed on one occasion, lasting one to two hours.

Data analysis

The preliminary analysis was made during the interviews (Kvale 1996). Analytical notes were made, and the findings were discussed between the three authors after every five to ten interview visits. These discussions were a form of team research triangulation (Hammersley and Atkinson 1995). After the fieldwork period, all interview transcripts were systematically analysed by the first author, identifying characteristic themes. The themes were checked by the other two authors and, after two working sessions, combined into three themes. These were systematically checked again in relation to the transcripts (Agar 1980, 1986; Lincoln and Guba 1985). The content of each theme was compared between the six groups of women to check for similarities and

Table 1. Women interviewed in the study

Living arrangement	64–67 years	74 ⁻ 77 years	84–87 years	Total
Single Cohabiting	9 6	8 5	6 7	23 18
Total	15	13	13	41

differences. Parallel with this analysis, theory and research from other studies were used to interpret the empirical findings (Hammersley 1990).

Methodological considerations

Prospective informants were invited to participate in writing and, at a follow-up telephone call, they were asked to consent. Those who said they were too old, had nothing to tell or were ill and handicapped, or incapable of cooking, were not then visited. Further criteria for participation were an ability to talk freely and to initiate topics relevant to this study. Thus, informants were independent living women systematically selected from a stratified random sample.

The 41 informants included represent different occupations and social contexts, as well as urban and rural areas. Thus, they reflect a wide range of living conditions. Many were interested in cooking, but even those who found it boring were represented. The data were collected in an environment familiar to the women, and the researcher was their guest, wanting to learn from them. This way of carrying out the interviews facilitated the researcher's understanding as the interviewees were able to demonstrate what they meant.

Findings and discussion

Being active through familiar routines

The women expressed how important it was for them to be independent and to manage daily activities, such as household work, as they always had done, even though they had grown older. One part of being independent is to be able to shop for food and to cook. The ideal is to use natural resources such as home-produced food or food from nature. Using these fresh food items, and planning menus according to seasons for vegetables and hunting periods, shows a relation to household work influenced by life course experiences. Quandt *et al.* (1997) and Winter Falk *et al.* (1996) also found this important for food choice among old

persons. The women in this study were brought up to use harvest products and the gifts of nature: to pick berries and vegetables and to store them in the refrigerator. High consumption of home-produced food, particularly fruit and vegetables, has also been found among older people in several other European countries (Dirren 1994). Using and storing natural products was an urgent necessity in Sweden at the beginning of the last century (Fjellström 1990). These practices are signs of their 'rural personality' (Daun 1989), a mentality that is still prevalent in modern Sweden. Daun argues that, prior to urbanisation and industrialisation, a natural economy existed and most Swedish farmers were self-subsistent. This created ingenious economically autonomous households, and self-governing people with a dominant attitude of not being a burden on others.

When shopping for food, our informants wanted to visit shops with familiar selections that sold high quality food that was easy to find and pick from the shelves. In that sense, they kept to their old products and searched for well-known foods. The inspiration for what to cook often came when they saw the products in the shop. Therefore, they wanted to see each food item with their own eyes in order to judge its quality and utility for cooking.

I search for those products that I can get the most food out of. If I buy marrowbone or rib, then I can have both beef stew and boiled beef with horseradish sauce. (cohabiting, 80s)

This quotation, from a woman in her 80s, is an example of a skill in choosing meat for cooking that is typical of the two oldest age groups. She obviously found it natural to base her meals on the products she found in the store. The availability of well-known food items stimulates cooking in a way that these women had learnt from life experience. This way of thinking among old people has been found in other studies (Fjellström 1990; Wolfe *et al.* 1996; Winter Falk *et al.* 1996).

As a consequence of looking for well-known food, new food items were usually neglected among the oldest women. This could be ascribed to the fact, as McKie (1999) found, that many new food products of today may seem inferior, junk or rubbish compared to traditional home-made food. The latter, which they had been used to since childhood, was thus seen as proper food. These findings support those of Winter Falk *et al.* (1996). Furthermore, these women were used to preparing traditional dishes and could actively use their experience. This gave them self-esteem and independence, as they could manage without searching for instructions.

Besides the security of choosing one's own food, the trip to the shop

A majority of the women bought their everyday food in a neighbourhood shop. We found that cohabiting women in all age groups, and single-living sexagenarians, had the opportunity to be flexible. They had freedom of choice and could use different shops for different articles or make larger purchases in supermarkets by using their car. Cohabiting women also shopped with their husbands, who helped with driving the car and carrying heavy bags.

Nowadays we often go shopping together at neighbourhood stores down there, not daily, but perhaps every third day. Larger purchases once a fortnight perhaps ... When we go to the supermarket, we go by car. (cohabiting, 60s)

Women living alone, however, especially those in the two older age groups, preferred to shop at the same store every time:

I'm so used to going shopping at the same shop, so I know what I buy. I don't think about it so much. Not when it comes to food. (single, 60s)

In this way they gained confidence being able to recognise the products and find their way around the store. For these women, being in their normal environment when shopping is labour-saving. Routines promoted comfort by simplifying complicated food choices, as Winter Falk *et al.* (1996) also found.

They could also be described as 'Store Loyals' (Winter Falk *et al.* 1996), choosing a store for ideological reasons. One cohabitee in her 80s, for example, said: 'We are members of the Coop'. The Coop is part of a chain of stores owned by the Swedish consumer co-operative movement (Holmberg 1996). Similarly there are examples of women who prefer and are loyal to private shops.

Although women in the two oldest age groups expressed the importance of knowing and being known by the shop assistants, they wanted to choose their food themselves:

The shop assistants are so nice, so I'm very happy there. They know me and I know them. They know what I want. (single, 80s)

The assistants were allowed to help them and to pack their food, but the women wanted to manage the transport to their homes by themselves. Very few had used delivery services and then only when they had been ill: 'When I have the strength, I prefer to do a lot myself' (single, 80s). Wylie (1999), who also found a low level of interest in home-delivered groceries, discussed the lack of social interaction as one explanation for this. We interpret it as a sign of the desire to remain independent, but perhaps these two factors complement each other.

Everyday cooking is based on experience, a routinely performed procedure. The women know exactly what to begin with in order to have everything ready to eat at the same time. The whole procedure is first described as something that went on while the potatoes were boiling: 'Peel the potatoes, if I'm having potatoes. Baltic herring, I'll fry it while the potatoes boil' (single, 80s). Thus three phases can be identified: preparing the potatoes, frying or boiling (for example, sausages or fish), and finally making a sauce and possibly some vegetables. The initial description of cooking was later modified and expanded, taking the food chosen into account. If the women were going to prepare roast pork, a hotpot or meatballs, they began with the meat, because it took some time to brown and cook. In this way, the women wanted to present to us their skill in cooking traditional food (the model for it agreed with that of older Americans: Winter Falk et al. 1996; Quandt et al. 1997):

I am responsible for cooking large quantities of everything, boiled beef with horseradish sauce, lamb roulades, loin of pork stuffed with prunes, and such dishes as you ate as a child. So I still do it. It makes several meals for two persons. We freeze it, and then we have several dishes to choose from. (cohabiting, 80s)

Ingredients for different dishes are kept in each woman's mind. They have their special set of spices, of which salt and pepper are central. When asked to describe their cooking procedure, some had difficulties reporting how much they used of the different ingredients. They obviously did not measure or weigh them, but took as much as they found appropriate.

You have it in your blood. You do it from long-established experience without reflecting. I think that's good, as you save strength and energy. I never follow any recipes. It's only if I find something new that I want to try. Then, naturally, I follow a recipe, but otherwise you have everything in your head. (single, 80s)

This octogenarian expressed pride in her skill in cooking when she kept to familiar routines (which agrees with the findings of Winter Falk *et al.* 1996).

The concept of 'habitus' deals with how people, through proceeding from incorporated practised manipulations and thought structures,

act, think and orient themselves in familiar situations (Bourdieu 1977). Cooking according to familiar routines is based on such manipulations and structures. Cooking skills can be seen as a system of abilities that increase the individual's capacity to master a situation. Such routines are established in the bodies and minds of people. Habitus could thus be seen as a product of daily training. It is something valuable that enables the individual to manage in familiar situations (Broady 1991).

In summary, the women, especially the octogenarians and septuagenarians, proceeded from familiar routines, both when they went food shopping and when they cooked. They could thereby manage and be active, and this they highly valued. Further, these activities are seen to keep them active and healthy, which is a prerequisite for an independent life. The younger informants were more interested in buying new products and trying new recipes. Those who shopped with their husbands were more flexible going to different shops, while the oldest single-living women preferred the security of their usual local shop. This means that the youngest women and cohabiting women had more freedom of choice.

Expenditure and housework

The women were economical with their resources, including their money and their own ability. The ideal of using food from nature was also seen as economical. They cooked with these food items, using their own capacity for housework which was 'free of charge'.

In a household, money was, on the whole, saved through housekeeping. I've been doing it for years, so I know how to make good use of the products and I know the ones I can make different dishes from. (single, 80s)

Most women were price-conscious and compared prices of products in different shops. To keep expenses down, they avoided 'unnecessary' food products, such as soft drinks and crisps. They knew that young people bought these food items, and therefore thought that they had expensive shopping habits. The older women wanted all the articles to be inexpensive and they favoured a few special low-price shops. Very few could account for monthly food expenses however: 'Neither of us has any idea how much it is, but still we try to keep it low by doing the cooking ourselves' (cohabiting, 70s). The few who could report their expenses kept accounts:

I compare the two shops I usually shop in. Then I know almost exactly. I buy those things I know are cheapest. I save the receipts from both places. (cohabiting, 70s)

Cohabiting and younger women, who were able to exercise choice between shops, were most able to switch shops according to price, while the oldest single-living women were obliged to pay the prices in their local shop. This could have an economic impact as living alone in old age is often associated with financial constraints (Lyon and Colquhoun 1999).

Special offers were included in planned shopping. The majority of the women read about special offers and bought them in their usual food shop if they normally used the product. In addition, some specifically prepared, or ready-made, products were bought at special prices. In those cases, this was seen as an economical purchase:

We buy the baked fish and the pre-cooked savoury chicken. Often there are special offers. Then you have to seize the opportunity as we have a big freezer to store it in. (cohabiting, 80s)

Among cohabiting women, minced meat, flour and sugar were bought when they were offered at special prices:

If there are special offers, I buy them and have them in reserve, if it suits me of course. I reflect very carefully on what I need. (cohabiting, 80s)

The tendency to buy special offers is usually connected with storing. Those who have space for this can thereby also acquire security in emergency situations such as illness and bad weather. Wylie *et al.* (1999) had found this suitable among old people with restricted mobility. In addition, through this form of shopping, they avoid being a burden to others, which Daun (1989) discusses as a sign of wishing to be independent. Further, with such stores of food, these women can easily cook and entertain surprise visitors. This ability was found to be an ideal in an earlier study (Sidenvall *et al.* 2000).

A few women were proud of their efforts to use low-price food, while others found it awkward. Among the few who regularly used special offers, the choice of shop and food items was based on advertisements in daily papers, or direct advertising: 'He goes shopping here and there, where it's cheapest' (cohabiting, 70s). At the other extreme, special offers were disregarded and the preferred food was bought regardless of price. However, we found that, later in the same interviews, examples were often given of using low-price products.

A feeling of shame was evident among some of the women when talking about cutting coupons from direct advertising: 'I sometimes take the coupons with me. That's childish' (cohabiting, 6os). Accordingly, most of the women focus on price, a trend also seen among elderly people by other researchers in Sweden and America (Tollin 1990; Winter Falk 1996). Shop-switching for special offers was

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rare among women in this study, but was used for special products by a few.

Striving to buy as cheaply as possible is probably a learned way of shopping, perhaps connected with the rural mentality described by Daun (1989). It may also reflect their life experiences, as Wolfe et al. (1996) and Winter Falk et al. (1996) have found among older Americans. As most of the Swedish women interviewed in this study could not specify their food budget, our interpretation is that most of them in fact had money to buy food. This conclusion is supported by the Euronut-SENECA study, where economic problems were reported to be rare in small urban areas of northern Europe (Schlettwein-Gsell et al. 1991; Dirren 1994). Neither the UK nor Sweden participated in this European study however, and in the UK, McKie (1999) has found that financial constraints are usual amongst low income households. Participants in her study were keenly aware of the cost of food each week. Lyon and Colquhoun (1999) also discuss limited financial resources for those living on their own in old age. Consequently, significant economic differences between countries may exist. It is also possible that those with limited budgets and food insecurity did not participate in our study.

The ideal of buying cheap raw materials did not stop some of our informants from buying specific prepared products such as fillet of fish, smoke-cured loin of pork or instant soup. The reasons they gave for this was to reduce the work and effort involved in cooking. Such simplifications are consequences of there being only one or two people in the household. Other reasons reported were defective vision, lack of dexterity or simply being tired of cooking and being old. Consequently, some of the cohabitants in the oldest age group reported simplified cooking procedures, as did some of those who lived alone. Heating up some frozen food or leftovers replaced cooking: 'I simplify everything I can simplify. The vegetables don't need to be cooked' (single, 60s).

It is no use preparing a roast in a small household. Instead, it is easier to fry slices of beef to avoid extensive cooking: 'I don't do big, time-consuming cooking' (cohabiting, 70s). A similar desire to be released from cooking was seen among older American women, who found it burdensome (Winter Falk *et al.* 1996).

Obviously, the women interviewed in our study found little meaning in exerting themselves for a small household; for them, cooking meant doing so for a group of people, for a whole family with children (Quandt *et al.* 1997). Widows in particular expressed a loss of joy in cooking. This theme is elaborated in more depth elsewhere, where the meaning of preparing a meal is described as preparing a gift with the

ultimate goal of eating a proper meal in commensality (Sidenvall *et al.* 2000).

Cooking new dishes is also considered burdensome, as such cooking cannot be done from practised manipulations, it is not part of their habitus. Using recipes is extra work. Further, if a new dish calls for new ingredients, spices for example, this is an obstacle as older women do not want to obtain and store them, with the risk that they will not be used again. These are the economic reasons for not trying new recipes. Keeping to the practised cooking is labour-saving (Winter Falk *et al.* 1996). This is another explanation for their dislike of strange products or new dishes:

I think the recipes are so strange in a way, irrespective of whether they are on TV, radio or in the newspapers. They make it too awkward. We hardly ever try anything that way. (cohabiting, 80s)

In summary, these women balanced their expenses for food purchases against their own capacity for preparing food items. Most wanted to buy at the lowest price possible. Special offers of ready-to-eat food were one way of reducing their own work, as seen by single-living and the oldest women. This is perhaps a way to remain independent if they are ill and lack strength.

Practical solutions related to lack of strength

The women selected for this study were self-governed. They wanted to visit shops that were easy to enter and move around in, and which were spacious without being too large. This is essential, especially for those with locomotion difficulties, which have been reported among a fifth of Swedish women aged 60 years and over (Gustafsson *et al.* 1996). Lang (1994) and Wylie *et al.* (1999) found that old people favoured small or medium-sized shops.

Lack of strength forced single-living women in the two oldest agegroups to find practical solutions to managing independent shopping. They had to plan the amount they bought in order to be able to transport it. Many bought a few articles and went to the neighbourhood shop sometimes every day, sometimes every second or third day. Those living at some distance used their bicycle, a shopping trolley or a perambulator. A minority used public transport; often these were specially adapted to facilitate access. Some had to carry their goods upstairs, and sometimes they had to make several trips.

If I'm going to buy a lot, I can go twice the same day. I have to divide it up ... I feel how much I can manage to carry ... but I think, as long as I have the strength to carry it, I'll do it. (single, 70s)

This woman illustrates how complicated it can be to be single and to lack help. She also illustrates older women's ingenuity in overcoming a lack of strength in order to retain their independence. The same strivings were found in the UK by McKie (1999), even among those in their gos.

The oldest single-living women wanted assistance with shopping from their children or others in their family: 'When they are at home, they do the heavier shopping for me sometimes' (single, 80s). If they are unable to do it themselves, they prefer relatives to do their shopping rather than municipal home helps. According to Szebehely (1998), in Sweden single-living old people with children living in the neighbourhood, were most often supported in shopping and cooking by daughters. She also reports that 23 per cent of old people reported needing help with shopping and 15 per cent with cooking, but only those lacking relatives or friends in their neighbourhood received municipal help (Szebehely 1998). Moreover, the municipal home service has been reduced to consist of only personal care. Consequently, most old people in Sweden buy and cook their own food and, for those needing support, informal care resources are becoming more and more important (Swedish National Board of Health and Welfare 1996).

Daughters and husbands are usually familiar with the way their mother/wife wants things done, and so they help to do the shopping according to their wishes. Most will recognise, with the value of independence in mind, that it is important that they do not take over, that they allow her to choose in the store and to cook in her own way. For helpers from the municipal home service however, it may be difficult to provide the same kind of support. We found, when asking our informants about how they did their cooking, that they had difficulties in explaining what they wanted and how they cooked their food. They had their recipes in their mind and cooked instinctively according to familiar routines. The question then is how these helpers can support older women in getting their traditional food, especially if they do not cook the same types of dishes. The tendency to buy prepared or ready-to-eat products may be a step towards preventing dependence, a way to get food when their abilities decline.

In summary, loss of strength was most clearly expressed by the older informants, and shopping problems were evident among those living alone. For these women, the freedom of choice had been reduced. They had to find different practical solutions to managing their shopping and, if they needed help, they preferred this to come from a family member who knew their habitus.

Conclusion

As studies from different countries have reported difficulties in grocery shopping among older people related to diminished physical strength (Nes et al. 1992; Stitt et al. 1995; Wolfe et al. 1996; Wylie et al. 1999), this will be a growing problem as older adults are the fastest growing segment of the population (Dirren 1994; Lyon and Colquhoun 1999). Further, the development of out-of-town supermarkets while neighbourhood shops close, especially in the countryside, will complicate shopping for older or frail people. The prices tend to be higher in local shops, but travelling by bus to a supermarket costs money, time and effort. Both McKie (1999) and Wylie et al. (1999) report transport struggles, while Lyon and Colquhoun (1999) maintain that the decline in close shopping facilities could be followed by food insecurity, which in turn might be a threat to independent living in the community.

Maintaining freedom of choice is important for Swedish older women. They want to be independent and to continue to buy food and cook in their own way for as long as possible. They are skilful in choosing food items and express pride in their cooking skills. They have problems relating to procedures and recipes however, as the whole procedure is incorporated in their habitus. Changes of procedure in food-related work are easier to talk about than the actual cooking procedure.

Many, particularly the older informants and those living alone, were affected by changes related to losing family members and strength. For them, shopping was restricted to local retailers and their cooking was simplified, factors that might lead to insufficient food intake. They adjusted their shopping by buying a small quantity each time, by going often or by asking family members to help. To give help to a skilled widow, mourning her husband, is complicated when she is also in the process of adapting to declining ability and sad about that. During this process, she risks losing self-esteem, and help therefore must be given in a tactful manner. One way is to help her go shopping and to continue to make her own choices. In that way she keeps up-to-date about food items and is able to freely modify her choices and pick what she wants. She keeps her self-esteem even if somebody else helps her with the practical arrangements.

The older woman should also be stimulated to do as much cooking as possible. In this way, she will be seen as a person, not as the socially constructed stereotype of dependent old age. When somebody has to take over the food-related work, the risk is that she will be disappointed, especially if she is unable to give instructions on her way of performing the task. The performance may be difficult for daughters, and even more difficult for home-helps from the municipal help service, who have no reference to her way of doing things. She risks losing her freedom of choice and having to eat what is served. As we stressed in the introduction, independence related to food really is a gender issue, and this must be taken into consideration when studying the significance of food in the lives of the older generation.

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References

- Agar, M. H. 1980. The Professional Stranger. An informal Introduction to Ethnography. Academic Press, Inc, Orlando, Fl.
- Agar, M. H. 1986. Speaking on Ethnography. SAGE Publications, London.
- Bourdieu, P. 1977. Outline of a Theory of Practice. Cambridge University Press, Cambridge.
- Broady, D. 1991. Sociology and Epistemology. On Pierre Bourdieu's Work and Historical Epistemology. 2nd Edition (Doctoral dissertation. Summary in English). HLS Förlag, Stockholm.
- Charles, N. and Kerr, M. 1988. Women, Food and Families. Manchester University Press, Manchester.
- Daun, Å. 1989. Svensk mentalitet. Ett jämförande perspektiv. (Summary in English) Rabén and Sjögren, Stockholm.
- Dirren, H. M. 1994. Euronut-SENECA: A European study of nutrition and health in the elderly. *Nutrition Reviews*, **8**, 38–43.
- Douglas, M. 1984. Purity and Danger. An Analysis of the Concepts of Pollution and Taboo. Ark Paperbacks, London.
- Fennell, G., Phillipson, C. and Evers, H. 1994. The Sociology of Old Age. Open University Press, Buckingham.
- Fieldhouse, P. 1995. Food and Nutrition. Customs and Culture. (2nd Edition) Chapman and Hall, London.
- Fjellström, C. 1990. Drömmen om det goda livet. Livskvalitet och matvanor i ett uppväxande industrisamhälle. (Summary in English. Doctoral dissertation). Acta Ethnologica Umensia 1. Umeå universitet. Almqvist & Wiksell International, Stockholm.
- Fjellström, C., Sidenvall, B. and Nydahl, M. 2001. Food intake and the elderly social aspects. In Frewer, L. J., Risvik, E., Schifferstein, H. N. J. and von Alvensleben, R. (eds), Food and People and Society: a European Perspective. Springer-Verlag, London.
- Gustafsson, G., Hamrin, E., Minhage, M. and Svensson, P-G. 1996. A survey among

- the elderly in Sweden with emphasis on locomotor disability. *Health Care in Later Life*, **1**, 105–17.
- Hammersley, M. 1990. Classroom Ethnography: Empirical and Methodological Essays. Open University Press, Buckingham.
- Hammersley, M. and Atkinson, P. 1995. *Ethnography: Principles in Practice*. 2nd Edition. Routledge, London.
- Hockey, J. and James, A. 1993. Growing Up and Growing Old. Ageing and Dependency in the Life Course. SAGE Publications, London.
- Holmberg, C. 1996. Stores and Consumers. Two Perspectives on Food Purchasing. (Doctoral dissertation). The Economic Research Institute at the Stockholm School of Economics, Sweden. Stockholm.
- Kvale, S. 1996. Interviews: an Introduction to Qualitative Research Interviewing. Sage, Thousand Oaks.
- Lang, T. 1994. Feeding the Captive Stomach; Supermarkets, the Consumer and Competition Policy. Paper for International Home Economics and Consumer Research Conference, Sheffield 21–22 July, 157–65.
- Lincoln, Y. and Guba, E. 1985. Naturalistic Inquiry. SAGE Publications, London.
- Lyon, P. and Colquhoun, A. 1999. Home, hearth and table: a centennial review of nutritional circumstances of older people living alone. *Ageing and Society*, 19, 53–67.
- McKie, L. 1999. Older people and food: independence, locality and diet. *British Food Journal*, **101**, 7, 528–36.
- Murcott, A. 1983. It's a pleasure to cook for him. In Gamarnikow, E., Morgan, D. H. J., Purvis, J. and Tailorson, D. et al. (eds), The Public and the Private. Heinemann, London, 78–90.
- Nes, M., Sem, S. W., Pedersen, J. I. and Trygg, K. 1992. Dietary intake in a group of independent-living old people in Oslo. *Aging: Clinical and Experimental Research*, 4, 145–56.
- Parker, S. L. 1992. A national survey of nutritional risk among the elderly. Journal of Nutrition Education, 24, 36S-45S.
- Quandt, S. A., Vitolins, M. Z., De Walt, K. M. and Roos, G. M. 1997. Meal patterns of older adults in rural communities: life course analysis and implications for undernutrition. *Journal of Applied Gerontology*, **16**, 152–71.
- Rosenblom, C. A. and Whittington, F. J. 1993. The effects of bereavement on eating behaviours and nutrient intakes in elderly widowed persons. *Journals of Gerontology:* Social Sciences, 48, 4, S223-9.
- Rotenberg, E., Bosaeus, I. and Steen, B. 1994. Food habits, food beliefs and socio-economic factors in an elderly population. *Scandinavian Journal of Nutrition*, **38**, 159–165.
- Schlettwein-Gsell, D., Barclay, D., Osler, M. and Trichopoulou, A. 1991. Euronut-SENECA study on nutrition and the elderly. Dietary habits and attitudes. *European Journal of Clinical Nutrition*, **45**, (Supplement 3), 83–95.
- Sidenvall, B., Fjellström, C. and Ek, A-C. 1994. The meal situation in geriatric careintentions and experiences. *Journal of Advanced Nursing*, **20**, 613–21.
- Sidenvall, B., Fjellström, C. and Ek, A-C. 1996 a. Ritualized practices among caregivers at meals in geriatric care. Scandinavian Journal of Caring Sciences, 10, 53-61.
- Sidenvall, B., Fjellström, C. and Ek, A-C. 1996b. Cultural perspectives of meals expressed by patients in geriatric care. *International Journal of Nursing Studies*, 33, 212–22.
- Sidenvall, B., Lennernäs, M. A-M. and Ek, A-C. 1996c. Elderly patients' meal patterns a retrospective study. Journal of Human Nutrition and Dietetics, 9, 263–72.
- Sidenvall, B., Nydahl, M. and Fjellström, C. 2000. The meal as a gift-the meaning of cooking among retired women. *Journal of Applied Gerontology*, **19**, 405–23.

Stitt, S., O'Connell, C. and Grant, D. 1995. Old, poor and malnourished. *Nutrition and Health*, 10, 135-54.

Swedish National Board of Health and Welfare, 1996. Older People's Health, Need and Use of Service and Care. (Äldres hälsa, behov och bruk av service och vård.) Ädelutvärderingen 96:6. Socialstyrelsen, Stockholm.

Szebehely, M. 1998. Hjälp i hemmet i nedskärningstid – hemtjänstens och anhörigas insatser för gamla kvinnor och män. In Sandqvist, A-M. 1998 (red) Åt var och en efter behov. Kommentus förlag, Stockholm.

Tollin, K. 1990. Konsumentbilder i marknadsföringen av livsmedel. (Doctoral dissertation) Företagsekonomiska institutionen, Stockholms univeritet, Stockholm. (In Swedish).

Warde, A. 1997. Consumption, Food and Taste. Culinary Antinomies and Commodity Culture. SAGE Publications, London.

Webb, G. P. and Copeman, J. 1996. The Nutrition of Older People. Arnold and Age Concern, London.

Winter Falk, L., Bisogoni, C. A. and Sobal, J. 1996. Food choice process of older adults: A qualitative investigation. *Journal of Nutrition Education*, **28**, 257–65.

Wolfe, W. S., Olson, C. M., Kendall, A. and Frongillo Jr., E. A. 1996. Understanding food insecurity in the elderly: A conceptual framework. *Journal of Nutrition Education*, **28**, 2, 92–100.

Wylie, C., Copeman, J. and Kirk, S. F. L. 1999. Health and social factors affecting the food choice and nutritional intake of elderly people with restricted mobility. *Journal of Human Nutrition and Dietetics*, 12, 375–80.

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