

IFHE



INTERNATIONAL FEDERATION
FOR HOME ECONOMICS

Family Socioeconomic and Cultural Issues: A Continuing Home Economics Concern

Editor:

Prof. Geraldene B. Hodelin,
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Associated Editors:
Mary Margaret Hayes-Frawley,
Ireland

Prof. Dr. Sidiga Washi, Sudan

This publication was
initiated by the IFHE
Programme Committee
Family under the
Guidelines of the UN
for the IYF 2014



2014 - TWENTIETH
ANNIVERSARY OF THE
INTERNATIONAL
YEAR OF FAMILIES



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Year of the Family (IYF).

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KEY TOPICS

20th ANNIVERSARY OF THE IYF 2014

poverty **hunger** social exclusion **economic insecurity**
heightened workload **pressure to perform** demographic development
migration **family structure** networks **poverty hunger**
social exclusion **heightened workload** pressure to perform
demographic development migration **family structure**
networks poverty **hunger** social exclusion **heightened workload**
pressure to perform demographic development **migration**
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social exclusion **heightened workload** pressure to
perform **demographic development** **migration**
family structure networks



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Preface

The International Federation for Home Economics (IFHE) is widely acknowledged as the only worldwide organisation focused on home economics and consumer studies.

Established in 1908, IFHE is an International Non Governmental Organisation (INGO), having consultative status with the United Nations (ECOSOC, FAO, UNESCO, UNICEF) and with the Council of Europe.

IFHE defines home economics as *“a field of study and a profession, situated in the human sciences that draws from a range of disciplines to achieve optimal and sustainable living for individuals, families and communities”*. While its historical origins place home economics in the context of the home and households, the profession is as relevant today for our global society as it was in the early days of the 20th Century.

At the IFHE centenary congress in Lucerne, Switzerland, the IFHE launched a position paper on home economics in the 21st Century. This document provides a foundation for the Federation, confirming that an essential dimension of home economics is *“a focus on fundamental needs and practical concerns of individuals and family in everyday life and their importance both at the individual and near community levels, and also at societal and global levels so that wellbeing can be enhanced in an ever changing and ever challenging environment”*.

It was as far back as 1982 that discussions began within IFHE resulting in a resolution to propose an International Year of the Family (IYF). This resolution presented to the United Nations Secretary General resolved that *“the biennial International Council of IFHE Meeting in Strasbourg (France) from 26 to 29 July 1982, propose to the General Assembly of the United Nations the promotion of An International Year of the Family.”*

This action and the subsequent lobbying from IFHE together with other NGOs ultimately contributed to the designation of the International Year of the Family in 1994 by the United Nations. IFHE is very proud of its part in bringing about the International Year of the Family and especially of its designation as an IYF Patron, one of the first NGOs to receive such recognition.

In 2014 IFHE is very proud to continue its commitment to maintaining a focus on the family as an integral unit within society. As a federation we continue to support United Nations (UN) initiatives and embed these initiatives into our activities. In acknowledgement of the 20th Anniversary of the International Year of the Family 2014, we have adopted the three major themes designated by the UN to guide our activities.

These themes of confronting family poverty and social exclusion, ensuring work-family balance, and advancing social integration and intergenerational solidarity within families and communities have guided the focus for our IFHE campaign entitled, *“Empowering individuals, families and communities through Home Economics”*.

At the core of our Federation is the work of our Programme Committees. These committees are based on IFHE needs and the interest of members, providing the opportunity for direct involvement in the work of IFHE. The IFHE Family (and gender) Programme Committee has taken a leading role in Federation activities to support the 20th Anniversary of IYF 2014 under the leadership of IFHE Immediate Past President, Geraldene Hodelin (Chair) and Mary Margaret Hayes-Frawley (Co-chair). This monograph is their initiative. Entitled, *“Family socioeconomic and cultural issues, a continuing Home Economics concern”*, it relates specifically to the three key themes proposed by the UN and includes contributions highlighting the economic, social and cultural influences on families and the contribution that home economics knowledge and skills can make to enhance the quality of everyday life for individuals, families and households.

As with the activities for IYF in 1994 and the 20th Anniversary activities in 2014, the focus is intended to be at a local, regional and national level involving families or having a direct impact on them. In an ever-changing society there are many factors impacting on families including technological change, social media, financial stress and debt, illness, poverty and cultural diversity. From working at the grass-roots level to advocating in the political arena, home economists continue to keep the needs of families at the forefront of their work.

It is very fitting that this unique publication is launched and celebrated at our Council Meeting in July 2014 held in London Ontario, Canada. It was the delegation from Canada in 1982 that presented a proposal that IFHE recommends an “International Year of the Family” to the United Nations and it was President of Honour, Doris Badir (Canada) who prepared the official IFHE Policy Statement for the IYF 1994.

On behalf of IFHE, I would like to thank all of the contributors to this publication for your willingness to share your knowledge and expertise and to home economists around the globe, for your continued commitment to work to advocate for families.

Carol Warren

IFHE President (2012 – 2016)

KEY WORDS IFHE PUBLICATION

ageing **demographic trends** family gerontology family relationship **ageing**
welfare state **family** care **life course** inclusion **cultural transformation**
self-conception **social learning** patterns of interaction **society**
psychodynamics of care and love exclusion **urbanization** migration
family **India** culture **diverse and multicultural** **Society** learning
dimension and standards of culture **intercultural competences** senior
international comparative enquiry **ADL** **worldwide case study**
home economics curriculum **intergenerational relations**
intergenerational support **life satisfaction** elderly **east Asia** home economics
Green Care agricultural enterprise **mental health** quality of life **widowhood**
malnutrition **poverty** nutrition **intergenerational** families **Care**
improving child nutritional status **families in emergency** severe
acute malnutrition (SAM) **community based** Darfur **sustainable living**
home economics community course **process evaluation**
short-term impact low income **budget restriction** food insecurity
food purchases **nutrition behavior** need obesity **race** ethnicity **families**
resource management mother health **balance**
Maslow's theory of hierarchy of need **maternal earning**
food preparation time-use **status** children's well-being
household resources family size **Nigeria**
age at marriage **work-life balance** gender equality
well-being **family responsibility** work **female**
quality of life **family** balance **strategies** banks
development goals **competencies** Caribbean



SECTION

Invited Papers

Celebrating the Twentieth Anniversary of the International Year of the Family

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As a member of, and Vice President for the Asian Region of the International Federation for Home Economics (IFHE), I am delighted to join in the celebration of the 20th Anniversary of the International Year of the Family (IYF), and honored to be a part of this wonderful opportunity to contribute to this e-document.

Over the twenty years, with the motto, “Building the Smallest Democracy at the Heart of Society”, various activities for IYF have been conducted, each placing family as an important unit dedicated to serving an important role in a rapidly changing global society. At the same time raising a consciousness and recognition that assistance should be accorded to families so that they may fully assume their responsibilities within the community.



Now, I have in my hands the paper “Issues of the International Year of the Family: Changes in the Private Sphere and Its Interfaces and Their Public Importance” written in 1994, by Dr. Maria Thiele-Wittig, a former President of IFHE. In this paper, she refers to the changes in family, gender role, and a rise of “New Household Work”, in an increasingly complicated living environment.

In this paper, Maria expounded that the importance of family as the private sphere for society, and as a counterpart more recognition is needed to support the interrelationships between the private sphere and the rest of the society. Although families are small and their sizes have even decreased, they are the basis of society, they are the institutions in the context of which the citizens of any country live and act and make their decisions as their life course. She emphasizes the degree of freedom of decisions on the micro level and their input on society. She asserts that in the pursuit of different types of work as compared to traditional household work, “New Household Work”, more intellectually new competencies to cope with the new demands are needed. After 20 years, the environment surrounding family has become even more complex, diverse, and unique than Thiele-Wittig anticipated. However, the concepts and insights offered then are still valid and have a lot of implications to the society we live in now.

In Japan, family has changed drastically, with the increase of people choosing to marry later and stay single longer. The number of one-person household rocketed in the last twenty years. In the past, one-person households consisted mainly of the elderly who lost their spouses, but now more than 20% of men and 10% of women at age 50 are never married (National Census, 2010). More than ever, Japanese people spend time without family in their life course. Does having a family in the life course no longer an obvious choice and does this mean that family is less important to us? Must individuals without family face the society alone without assurance of belonging or connected? Definitely not is my emphatic response.

By creating a solid basis of living, through which to interface with society, have become more important despite diverse living styles. The number of people living alone and regularly changing working environments and careers has been increasing, bringing about visible changes in how people are connected in the society. It is very important that all people should have a “sense of belonging” to certain community. This is an essential condition for any human-being, to support interconnectivity and without engendering a state and or a sense of isolation. It is in these contexts of family diverseness and distancing and when community living becomes more insecure that home economics embrace its important mission: to deliver ways to secure robust and flexible basis of living, to improve the quality of life, and to live through regardless of the situation people are in.

In the aftermath of the Japanese disaster of March 11, 2011, the land that was destroyed and wiped away by tsunami, after the earthquake was, before that, a place to live. It was a place to not only to work and grow, to nurture children, to hand down the wisdom, skills and culture across generations, but also gave a sense of belonging to the people, which is essential for sustainable life. Soon after the earthquake, people in the disaster areas went back to where their homes were located to look for pictures of their families and ancestors; and searched diligently for proof of their existence prior to the disaster. What they were desperately looking for, despite the danger of radiation and aftershocks, must have been the continuity of time that links their past and present.

Future is an extension of the present, and the present is a product of the past. It can be said that the future is built on the foundation of what we have established in the past. The action we saw in those people is a reflection of their hope to seek for continuity of time that was disrupted by the disaster, in order to move forward into their future.

These are examples that clearly show how important it is for human beings to have a basis for their living and predictable continuity of time. It is inevitable to equip people with proper skills to ensure them of sustainably and to continually improve one’s quality of life. In this sense, Thiele-Wittig’s argument still resonates with us. It is vital for us to re-discover and re-develop “New Household Work” to empower individuals and families. Today we have to find “New Household work” that matches our current living.

The symbol of the IYF consists of a solid green circle with an image in red, representing a heart and house. This symbol indicates that families are the center of society and provide a stable and supporting home for people of all ages. Looking into the future, as a home economist, I hope to find ways to create a harmonious world that is envisioned in the symbol, and further the family agenda for the IFHE and the United Nations.

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Effects of Old-Age Demographic Changes on Families and Societies

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Abstract

Using international demographic data, we illustrate trends in individual longevity and population aging and their influence on family life. Increased longevity and decreased fertility, as well as lifestyle choices, contribute to a shift away from dominance of the traditional nuclear family structure for many individuals and families. These changes have the potential to provide more opportunities for demonstration of intergenerational solidarity and collaboration among multiple generations in the family lineage. At the same time, they also offer challenges for individual aging and for families and societies in terms of meeting the needs of all family members, and especially older adults who may be at increased risk for physical limitations and social isolation. Addressing the needs of all generations in families and promoting intergenerational solidarity requires researchers, service providers, and policy makers to interact effectively so they can recognize and appreciate the value of diverse family forms, develop evidence-based services and interventions, and construct policies to provide needed resources to assist families in their intergenerational support tasks.

Keywords:

ageing,
demographic trends,
family gerontology,
family relationships,
intergenerational
relationships,
older adults



Effects of Old-Age Demographic Changes on Families and Societies

Demographic changes involving old people and their relatives are occurring globally, with important implications for family structures. Increasing life expectancy leads to more multigenerational families, yet future generations of families are likely to have fewer members. In addition to changes in family composition, shifting social norms have challenged conventional definitions of families and have helped produced greater diversity within families than ever before (Bianchi, 2014). Thus in many societies, demographic changes, economic challenges, and shifting social norms are the driving forces shaping family configurations and the ways in which families care for their oldest members (National Institute on Aging, 2007). Diverse family forms provide new opportunities and challenges for intergenerational relationships and elder care.

Individual Longevity and Population Aging

In 2013, 841 million people were aged 60 years or older, accounting for about 12 % of the world's population (United Nations, 2013). With advances in medical care and technology, improvements in nutrition and sanitation, and decreases in infectious disease, more persons are living to older ages than ever before (National Institute on Aging, 2007). By 2050, the population aged 60 and older will increase to two billion persons, or 21 % of total population, and by 2100, projections anticipate three billion persons aged 60 and over, or 33 % of the population. Survival rates among those aged 60 or older differ across regions of the world because old people have experienced a variety of social, economic, and political circumstances over the years (United Nations, 2013).

Life expectancy at birth for the world's population grew by 21 years between the 1950-1955 interval and the 2005-2010 interval, from 48 to 69 years. Looking ahead, life expectancy will continue rising, achieving 76 years in 2045-2050 and 82 years in 2095-2100. Countries in developed regions have already had significant increases in life expectancy, which has contributed to the growth of their older population. In developing regions such as Africa, lower life expectancies reflect health and economic conditions less supportive of rapidly increasing longevity (United Nations, 2013).

The number of very old persons, those aged 80 or more years, will grow from 120 million in 2013 to 392 million in 2050 and 830 million in 2100. In 2013, half of all those aged 80 and over lived in developing regions; by 2050, 68 % of that age group will live in less developed regions (United Nations, 2013).

Age-specific population growth rates within countries vary because of past and present birth, death, and net migration rates all of which may be related to changes in marital and educational trends, cultural norms, the economy, public health programs, epidemics, war, and natural disasters. But in general, an emerging cross-national pattern involves high growth rates of older relative to younger family members (Lutz, Sanderson, & Scherbov, 2008; United Nations, 2013).

Influences on Family Structure and Interaction Patterns

The growth of the old population relative to the working age and young populations has important consequences for new opportunities as well as increasing constraints on individuals, families, and communities. For example, more opportunities for intergenerational transmission of family history, traditions, and values can arise. As individual life expectancy advances across successive generations, the likelihood of having multiple generations within families also increases. Most old adults are members of three-generation families, and some will belong to four- or even five-generation families composed of spouses or partners, siblings, children, grandchildren, and possibly great-grandchildren. Likewise, an increasing number of middle-aged people will have surviving parents, aunts, and uncles. In turn, more children will have opportunities to know aunts and uncles, grandparents, great-aunts and great-uncles, and great-grandparents (National Institute on Aging, 2007; Phillipson, 2010). These multigenerational ties have potential for enhancing intergenerational solidarity (i.e., multidimensional forms of cohesion across generations, Bengtson & Roberts, 1991) and promoting reciprocity of aid and support (Izuhara, 2010).

In contrast, changes in the structure of generations might yield some problematic circumstances. For example, in countries with low birth rates, an increasing number of people in successive generations will have no or few siblings, leading to "beanpole families" with more living generations but fewer people within each generation due to reduced childbearing (Bengtson, Lowenstein, Putney, & Gans, 2003; Izuhara, 2010). As a result, family members in the middle generations may be particularly burdened if they do not have siblings or cousins with whom to share caregiving and care management tasks for relatives in one or more older generations (Bianchi, 2014).

The emergence of both "age-gapped" and "truncated" family forms can also present intergenerational challenges. As the average age of childbirth has risen, particularly in Western societies, the number of years between generations has widened. Large age differences in age-gapped families may interfere with the development of affective bonds and shared values across generations,

increase the likelihood that members of the middle generation face responsibility for child rearing and elder care simultaneously, and limit the number of available helpers for middle-generation caregivers (George & Gold, 1991). Further, in more developed societies, around 20% of women do not give birth (Craig, Donovan, Fraenkel, Watson, Hawley, & Quinn, 2014). Rising percentages of childless women are seen in Europe and North America and, increasingly, in Latin America and Southeast Asia as well (National Institute on Aging, 2007). Childless elders in these truncated families are more likely than those with offspring to rely on extended kin such as nieces and nephews and on formal services for assistance, and they are at greater risk for social isolation (Albertini & Mencarini, 2014; George & Gold, 1991).

Taken together, these opportunities and challenges lend complexity to both intra- and intergenerational family relationships, which are also influenced by the intersections of age, gender, race, class, and sexual orientation among the members, and cultural diversity due to inclusion of transnational relatives (Phillipson, 2010). Moreover, with greater social and economic affluence, more adults have choice in their family makeup, so family constellations are more diverse, requiring an expanded definition of “family” beyond the nuclear form and beyond traditional criteria involving co-residence and blood ties or legal marriage (Izuhara, 2010). Now family members must navigate between the traditional image of the nuclear family and the pluralistic families created by their own choices and the actions of their relatives. Given that aging individuals’ lives are linked to and intertwined with their relatives’ lives (Bengtson & Allen, 1993), the families to which they belong have increasingly fluid boundaries, with members negotiating roles and responsibilities in new ways (Phillipson, 2010).

Intergenerational Solidarity and Collaboration

What are the effects of these demographic, structural, and cultural changes on intergenerational solidarity and collaboration? Traditionally, families have given aid and sustenance to members across the generations,

provided economic support, offered companionship through enjoyable activities and fostering a sense of kinship and belonging, and sustained deep emotional ties of love and caring concern. Do family members in contemporary society still provide crucial support across the generations?

Social and emotional support are vital for physical and psychological health at any age (Ong & Bergeman, 2010). Loneliness, depression, and vulnerability to illness are risks associated with feeling isolated from people who care about one’s happiness and well-being. The oldest members of society may be most vulnerable to these risks if it is difficult for them to obtain needed social and emotional support because of shifts in family structure and composition. At the same time, research on resilience shows that individuals can be very adaptable and may seek and find such support in new ways (Kern & Friedman, 2010), including incorporating fictive kin into their social realm.

Caregiving is a key type of instrumental support in families with aged members (Pruchno & Gitlin, 2012). In all societies, family members are a vital source of assistance for old people with physical, cognitive, and mental health problems (Gonyea, 2013), yet cultural norms and expectations vary with respect to perceptions and enactment of filial responsibility for elder care (Chappell & Funk, 2012). For example, younger family members in Eastern cultures often endorse norms of filial piety and respect for older family members as the basis for carrying out caregiving duties (Sung, 2001) whereas both younger and older family members in Western cultures consider it appropriate to balance the needs of all generations when making elder care arrangements (Chappell, 2003). Regardless of culture, enactment of filial duty may be tempered by conflicting preferences across the generations (Daatland, Herlofson, & Lima, 2011), laying the groundwork for ambivalent feelings on the part of both caregivers and care receivers that can interfere with feelings of solidarity. Still, many caregivers report positive outcomes from assisting their old relatives, including feeling needed, being able to reciprocate previous help from the care receiver, and feeling closer to the care receiver (Pruchno & Gitlin, 2012).

Supporting Aging Families

Old-age demographic changes and shifts in family structure and composition have numerous influences on intergenerational relationships that can amplify or diminish family solidarity. Professionals are challenged to enhance positive dimensions of intergenerational relationships and mitigate difficulties through research, education, services, and advocacy.

Research

Researchers need to inquire about the potential meaning of all of older persons' relationships, including not only blood or legal ties, but also anyone who is "like a relative." Using a more inclusive definition of family will provide greater understanding of (a) how individuals related through complex family connections view their obligation and responsibility to support each other as they grow older and (b) the likelihood of family and family-like persons providing care to old adults when needed.

Education

Ageist attitudes and reluctance to become involved with old family members might be due to lack of knowledge about aging processes and the experiences of old people. Educational programs aimed at promoting strong intergenerational bonds might help reduce such negative perceptions of growing and being old. The "Talk of Ages" web site (www.lasell.edu/talkofages) provides a wealth of information and teaching resources related to intergenerational relationships.

Aging-related Services and Public Policy

Most old-age services are predicated upon the availability and willingness of families to aid their older members. Health and human service providers must recognize the multiple configurations of families and include distal and fictive kin in care plans because they may be important sources of support and aid to old people.

To ensure that policy initiatives account for diverse family structures, researchers, community practitioners, and policymakers must actively engage in discussions about

the impact of changing demographic trends on families' abilities to provide emotional and instrumental support and quality elder care. The exchange of information among these professionals is critical for development and implementation of new services and evidence-based interventions to support the diversity of families in the 21st Century and beyond.

The United Nations web site (www.un.org/) includes many links to research reports, position statements, and policy recommendations aimed at understanding and fostering intergenerational solidarity, intergenerational transfers, and intergenerational support. Additional resources can be found by searching the same site for services for older adults.

Finally, the 2017 International Association of Gerontology and Geriatrics World Congress in San Francisco, California, USA will provide opportunities for researchers, educators, health and community service providers, and policy advocates to address the situation and needs of, and resources for, older adults and their families. All are invited to participate in that meeting (<http://www.iagg2017.org/>).

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Ageing, intergenerational relations, and the welfare state

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Abstract

Statistical data project a burdening future for both European welfare state systems and intergenerational relations that seem to suffer from demographic ageing due to longevity of the baby boom cohorts. These projections are used in political decision-making processes. The paper argues that, for example, old age dependency ratios are misleading and current policies may therefore result in new aspects of social inequality. We offer an alternative perspective on the challenge of demographic ageing that focuses on a redistribution of education, work, and retirement phases in the life course and keeps track of diverse aspects, such as the individuals' well-being, economic productivity, and inequality on a societal level.



Introduction

The ageing of societies will be a major challenge of the coming decades for Europe and many other countries, but sooner or later for nearly all countries worldwide. One most relevant factor to explain the demographic change is the postponement of mortality. Predictions assume a growth of life expectancy by about three years per decade, or ten years per generation, if we assume a new generation every 30 years. Medical progress, better education, hygiene, healthier nutrition and lifestyles, less incriminatory working and living conditions, and technical developments have contributed to an enormous lengthening of the lifespan and additionally diminished the likelihood for infant death. It is expected that “half of the children alive today in countries with high life expectancies may celebrate their 100th birthday” (Vaupel 2010: 539).

This is the story of an enormous human success: We live longer, generally in better health, and, on average, all age groups live in better conditions than ever before. A second driving factor that influences the age structure of Western societies is the decline in total fertility rates. This decrease has been partly an effect of later child-bearing and is therefore a methodological effect. But it is also evident from cohort data that fertility is below

replacement in most European countries (Frejka/Sobotka 2008). Both processes contribute to the ageing of societies and thus result in both an increase in numbers and proportions of older people.

Longevity as a demographic burden

These predictions have resulted in considerations how to finance the growing number of long-living individuals, discussions of the limitations of public pension and health care systems, and highlighted the idea of intergenerational justice. Many European countries developed measures to reduce the expected burdens for welfare states based on statistics about age dependency ratios in societies. However, many of these pictures, as well as the many interpretations of existing data, seem to be exaggerated. For example, the sheer comparison of people above 65 to those aged 18 to 64, the so called old age dependency ratio, is widely used to prove the weakness of existing or former securing systems of the welfare states, while the above mentioned factors (medical efforts, better education, hygiene, healthier nutrition and lifestyles, less burdensome working and living conditions, and technological progress) still change biographies. Future cohorts of people aged 65 and over will most probably be healthier and might have more resources for active and productive lifestyles compared to older people today. With respect to the pension system in Germany, for example, future cohorts of pensioners will have lower entitlements due to more unsteady working careers and increasing self-employment, reduced pension levels and rising retirement ages, all factors contribute to less “dependency” and “burden”. Furthermore, even a 100 percent increase in 50 years sounds much less dramatic if we express it as two percent every year, which seems possible with technological change, better health, better education, and improved working conditions resulting in an increase in productivity.

Nevertheless, many European governments have decided to address the projected rise in life expectancy and the apparently naturally resulting financial burdens for societies by an increase of retirement age, a shift from defined benefit towards defined contribution plans, an increased importance of private and occupational pensions, and reductions in public pension levels. This in

turn results in new problems of old age poverty, inequality, insecurity and instability of old age incomes (cf. Fachinger et al. 2013), and probably more burdensome generational relations within the family (cf. Künemund, 2008).

For example, the increase of retirement age affects individuals differently as life expectancy is not distributed equally. The broad tendency is that lower social class or strata individuals have a higher likelihood of bad health care provisions, unhealthy lifestyles, and burdensome working conditions and therefore a lower life expectancy, while these individuals increasingly contribute to the pensions of those with higher life expectancies. We therefore might establish a redistribution of resources that in some way contradicts the idea of welfare states.

In regard to personal care for the elderly the situation seems even worse. While other types of support are also commonly given by kin relationships with different levels of intimacy, by friends, neighbours, or acquaintances, we see a preference for familiar support in times of need for physical care, especially for tasks that imply a high level of intimacy. The decreasing number of children of the baby boom generation and the growing childlessness within societies result in a lack of potential caregivers – namely, daughters of these future elderly. The increasing number of singles in their children’s generation might add to that problem due to a lack of daughters-in-law. This leads to family structures recently described as “beanpole families” (Giarrusso, Silverstein & Bengtson 1996), i. e. families “with strikingly similar numbers in each age category starting from children and adolescents through those above the age of 60” (Bengtson 2001: 5). More dramatic prospects even assume a development towards a reversed pyramid or funnel structure, where four or, in the case of a divorce, even more grandparents may try to take care of one single grandchild (or ask them for support and assistance). Furthermore, daughters are increasingly participating in the labour force and, consequently, their spatial mobility is rising. Following this perspective, the welfare state takes over the responsibility of care for older individuals that used to be accompanied by members of their nuclear family, e. g. the partner and their children (including in-laws). Reducing the welfare state spending for the elderly may therefore aggravate the burden for the daughters of the baby boom cohorts,

as they are additionally less likely to share care activities with siblings. Furthermore, they probably face competing demands from both younger (e. g., generation of their children) and elderly (e. g., their parents and parents-in-law) kin as well as from the labour market and therefore these “doubled” caregivers are commonly described as “sandwich generation” (cf. Künemund, 2006). It might turn out that this will be especially true for families with few economic resources who cannot simply buy missing services in case of a lack of informal caregivers. This perspective concludes in a threefold interaction of social class, cohort, and gender that deserves further research.

It is also widely assumed that the modern welfare state has undermined family solidarity and the family itself. Increasing childlessness and fewer births, decreasing marriage and increasing divorce rates, rising numbers of singles and the decline of multigenerational co-residence, to name just a few widely known facts, may indeed indicate a weakening of the family and its functions. But despite the high intuitive plausibility of such interpretations in which large parts of the social sciences meet with common sense, it has been argued that the family has in fact changed but not diminished its role (cf. Künemund/Rein, 1999): The welfare state supports the elderly and thus the family, which in turn improves the quality of intergenerational relations within the family with the likely result of even stronger family solidarity. This is possible because welfare state spending for elderly people reduces the “burden” of family relationships (e. g. financial dependency from children, necessity of co-residence), enhances self-respect and autonomy, and enables the initiation of exchange and reciprocity with the family, friends, the neighbourhood, and the market (see Künemund, 2008 and Hahmann 2014a for more detailed accounts).

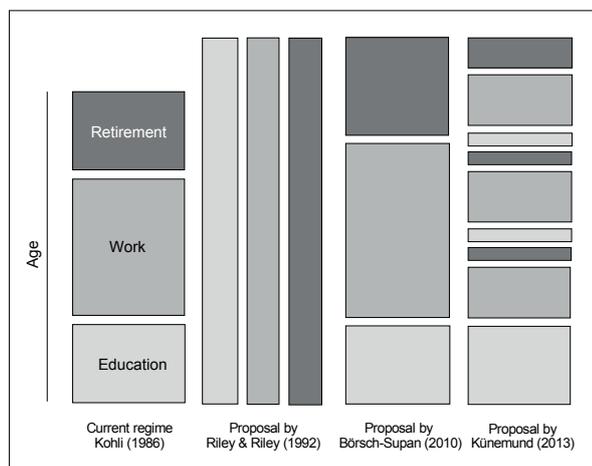
Additionally, family arrangements beside the traditional middle-class nuclear family, including a lifelong married heterosexual couple and one or more children, become more and more important. These arrangements might not even be built around a partnership but among friends, neighbours, siblings, or other kinds of relationships.

“Families of choice” (Pahl/Spencer 2004) oftentimes include so-called fictive kin, e. g., ties that are not related by blood or law but chosen. These relationships form personal communities that might take over the role of the filial caregiver in the future for a specific group of individuals. Research shows the current variety of kin reinterpretations (Allen et al. 2011) and composition of social support networks (Hahmann 2014b) and these families of choice might even be more relevant in the future because they also offer support when the described familial scenarios (e. g., the beanpole family) accelerate. Generational conflicts do not affect families of choice because solidarity does not arise from norms of filial piety but from those of reciprocity. Since the base of these supportive and reciprocal ties is not regulated by the idea of blood or law, but on voluntariness, it implies the individual construction of caregiving personal communities. Individuals themselves are responsible for the start and maintenance of reliable support structures, which might put them at a disproportionate risk of social isolation and critical shortage with support, especially in combination with reductions within the welfare state system. Again, stability and sufficient levels of old age income becomes important, as mutual exchange is hindered by not having enough resources, in other word, the “crowding in” argument (Künemund, 2008) holds for both the family of fate and the family of choice.

New perspectives on the life course

Regardless of such criticism, the discourses target worries about intergenerational justice, rising retirement ages, welfare state retrenchments, and proposals of new age boundaries for costly health measurements like hip replacements. Most of these frantic changes and proposals are not well thought through and put specific groups of individuals at risk.

Figure 1: Life course models



We would like to suggest a change of perspective that is linked to the perception of the life course as it is analyzed by Martin Kohli (1986). Beside the basic idea to understand the life course not only as a coincidence of domain-specific institutions, but as an institutional complex with its own logic, Kohli highlighted the tripartition of the life course, organized around the system of work into periods of preparation, activity, and retirement. The tripartition cannot just be used to understand the institutionalization of the life course, but is also a good model to illustrate scientific and political ideas to re-organize periods of work and retirement: We suggest a re-organisation of the life course that keeps the tripartition, but changes the sequencing and duration of these periods. By changing the social institutions of the life course, namely by redistributing education, work, and retirement phases in the life course, both increased productivity of the ageing workforces and reduced inequalities can be achieved at the same time. By improving productivity, the problems of ageing societies can be tackled at the societal level (e. g., increasing contributions for social security) as well as both the level of employers (e. g., improved skills of the ageing workforce) and employees (e. g., improved health). This idea is not completely new. Similar arguments have been discussed in the seventies of the last century. It is not the only alternative, but it serves us as a tool to show that there is more scope for decision-making processes.

Discussing such opportunities, other than simply rising retirement age, widens the scope for designing growth-friendly social security that helps to reduce existing social inequalities and improves intergenerational relations both at the family and the society levels (cf. Künemund, 2013).

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How to reach inclusion and intergenerational solidarity?

Social ontology, philosophical anthropology and
ethics in practical purposes relating social policy

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Abstract

Inclusion is not an easy single act. We can't understand inclusion like switch on/off the light. Beyond legal frameworks and economic incentives as important preconditions to realize social change by Pareto-optimal solutions in allocation (defined as a decision about allocation of resources in which it is not possible to make [on the one hand] any one individual better off without making [on the other hand] by this reason at least one individual worse off: Barr, 2012, p. 46) successful inclusion is a process of cultural transformation. This is very different from Paretian solutions with given preferences. Inclusion requires a shift in individual and collective identities about self-conception. Further, it is not only the problem of individual preferences about private issues; it is a problem of interferences between private and public issues and a problem of individual preferences about societal issues: how to live together.

Inclusion as metamorphosis (Gestalt-switch) of the collective agreement about the question of good life needs time, but during this time-span society has to organize social learning processes transforming the psychodynamics of individuals and the cultural grammar of exclusion. New innovative legal regimes must be transformed into new modes of thought, new patterns of interaction, new developmental stages in the ability of coping with human bi-polarities between fear and love, relating the social topography of inside and outside, going beyond the deep anxiety in relation to the homo patiens.

Because the experience of homo patiens is very often associated with older people and the very old age, the problem is also a central question of intergenerational solidarity. Again it is a question of psychodynamics of care and love and of cultural grammar of reciprocity and social exchange. Here the central issue is the discussion about the imaging pictures about ageing and old age, because, in accordance with research in cognitive psychology, the imaginations determine our behavior in relation to old people.



Introduction

Inclusion as the radical alternative to the reality of social exclusion of the *homo patiens* is an anthropological paradigm of philosophy of law to go beyond social structures of center and periphery in society.

Inclusion as a model of thought is driven by the United Nations and also by the catalogue of basic social rights, involved in the treaties of European Union. In Germany the policy of inclusion is on the way to be implemented on a national and local level. This is not without ambivalences. Inclusion is not a trivial story.

Inclusion is relevant along the whole life cycle of human persons because of the developmental challenges during the life-span. Inclusion refers to the infrastructure and competences of different resources the human person needs in transaction to his environment for successful ageing.

It is very relevant in relation to complex needs of the elderly people, characterized by chronic illness, multi-morbidity, disabilities and functional incapacities in the case of long-time nursing. But it is, on the other side of the life cycle, also very relevant in relation to the successful socialization after the birth of our children.

Therefore the idea of inclusion is an important force in the development of the cultural and psychological rules of reciprocity of giving in intergenerational solidarity. The future of the idea will depend on the ability of the society to generate a cultural grammar, including, from the perspective of evolutionary psychology, an adequate psychodynamic system of dispositions of the “insider” in relation to the “outsider”, of an open community on the local level.

Learning, that means cultural-induced empathy, will be the precondition of the ethics of solidarity from the perspective of the “golden rule” and the care ethics by awareness, that needs social environments as contexts of social learning of reciprocity as moral economy as the cultural grammar of modern societies in relation to the challenges of the social, demographic, spatial and epidemiological change to sum up, in accordance to the changing social morphology.

Multi-dimensional diversity shall be the case of normality. But again, this is not a trivial story. We need more social innovations of living in the *normal* social space as an increasing process of de-institutionalization. Institutions of long-time care must be transformed to the contexts of more personal autonomy and social participation.

At all possible levels, in the framework of a multi-level-analysis, we need real learning change in management: at the level of policy-making, at the level of institutions and at the level of mental models and patterns of behavior of the professions, and of the citizens as inhabitants in urban and rural areas.

The unfulfilled value order of French revolution in modern societal reality

The social structure of modern societies has to be in a complex manner characterized by dynamic figurations of different vectors of production of social differences and social inequality (Bourdieu, 1994). This includes mechanism of social classes, ethnicity, age order, gender order and cultural codes of definition of “normal” and “abnormal” in correlation to a set of further binaries like good and bad, beauty and ugly or pure and impure.

The experience of this societal reality is painful when confronted with the value-related heritage of the French revolution: freedom, equality and justice as solidarity. This cultural heritage means the equality of developmental chances of the human person during the life cycle, the freedom, the capability (Kuklys, 2005) to use the possibilities and to realize ideas of a good life and the order of solidarity in the case of failure. But, how to cope with failing people according to social norms and values, cultural role expectations, defined standards and patterns of behavior, outcomes and success by society? What about the responsibility of human self? What about the contribution of societal environments? What about cultural context as (historical) destiny?

Solidarity with the *generalized other*, with the *radical alterity* [otherness] (Levinas, 1999), is not an easy story. Is solidarity the logic of insider (as a closed club in the center of wealth and normality) or also of outsider (in the excluded periphery)? Many people in science and in

daily routine of everyday life make the difference between internal binding, strong ties, and external bridging, weak ties. This difference is a difference in the quality of social capital as outcomes of social networks. It makes the difference between special cultures of relatedness (kinship, friendship, economic partnership, and political alliances).

Dimensions and aspects of the idea of inclusion

To make an outsider to insider is a very old idea in cultural history in all different cultures. For example, in the social world of the old testament, in the case of debt slavery, (Chirichigno, 1993), or in the case of social assistance law for migrant (Otto, 1999, 2004) it is more of a collective dream than a social fact of reality. The hazard of being was in past time, as well as in present time, an anthropological challenge. How to give a human response to such existential questions? Faced with borderline situations humankind will understand oneself as *homo abyssus* (Tillich, 2000).

The homo patiens as an outsider of society

Research by Schulz-Nieswandt (2012) shows us the problems of social inclusion of the *homo patiens* as a result of cultural patterns of deeply anchored personal dispositions of social exclusion of the alterity of the otherness. The processes of deinstitutionalization are therefore not only structured by past dependencies, resulting from the logic of institutions and from the economic interests of the actors. Cultural stigmatization is at work, which has a deep impact on the affectivity of the person in social interactions. The mechanism of social exclusion is partly anchored in deep affectivities of anxiety as fear in relation to the strange otherness. Such insider produces order of hygienics concerning the objects of the anxiety. Therefore, we can obtain a loss in openness as a kind of human creativity. On the reserve we observe a phobic neurosis in coping with the otherness. The worst stage of escalation may be the killing of the objects of my anxiety. It remembers to our early evolutionary steps in the history of culture and civilization. The otherness is the generalized other of concrete natural enemies.

The evolutionary heritage of modern culture

The persons of modern societies have never been modern in a total sense of the word. From the perspective of psychodynamics, people have to cope with the challenges of psychic equilibrium of nearness and distance. If humankind leaves the cave, a well known metaphor in the history of philosophy since Plato, this spatial movement is on the one hand the birth of freedom and enlightenment, but on the other hand humankind has to cope with his anxiety after the loss of his cave as metaphor of existential security. Humankind needs a new functional order of security (Douglas, 1992). It is the challenge to build a new artificial world: houses, villages, economic, political, legal, social, cultural, moral order. It all begins and correlates with religious history (Eliade, 1961). It's the birth of the binary codes (Bateson, 2000), of the moral order of good and bad and of purity and impurity in structural relationship to profanity and sacrilege since the Neolithic revolution (Childe, 1942) of the axial age. The result is a structural equation between *social* order of insider and outsider on the one side of the equation and the *spatial* order of insider and outsider on the other side of the structural equation. The spatial order is the archetype of exclusion in kind of institutionalization. It is the order of boundaries, perhaps with bridges; but the logical precondition of the metaphor (Blumenberg, 2010) of a bridge is the spatial dualism of interior and outdoor space. The idea of bridging needs first the social fact of alienation by a gap like chasm or abyss. How to cross the deep hiatus between we (here) and the other (there/out there)?

The ambivalences of modern social policy institutions and the ontology of care and love

The meaning of ambivalences is including more than the well-known *two sides of the same coin*. Ambivalences are including painful conflicts between the two sides: contradictions and inconsistencies. And partly it is the situation of the classical tragedy: you can't give a solution without negative side effects or negative externalities. You will be *guiltless guilty* (Schadewaldt, 1991, S. 31).

In health institutions, nursing institutions or in the sector of organized work with people with disabilities we can observe deep ambivalences and role-ambiguities. On the one hand we observe the human logic of empathy,

philanthropy, charity, and altruism; on the other hand we must notice that the cultural grammar of such institutional habits is characterized by hierarchy, asymmetry, paternalism, and expertise. The structural relation between care and love is equated and must be identified as the structural grammar of need and power. The definition of need by the patient must not be the same definition of need by the experts, not only as the result of asymmetric distribution of information, more as a function of power.

In relation to the significance the word care is a multiple term. It is related to concernment, to anxiety, to trouble as cause of worry, to fear, but also to care of people as the object of apprehension. Here we can observe the deep cultural grammar of the correlation of the existential order of care as challenge and response, as human question and human answer in social interaction of the dialogue between persons in the context of cultural embeddedness and social connectedness in time and space. Love is the force of care of *ego* in relation to *alter ego* and at the same time the answer of *ego* (Ricoeur, 1992) to the need (the cry [as a metaphor] of the *homo patiens*) of *alter ego*. It is the well known issue of donation (gift) and reciprocity in social interactions (Schulz-Nieswandt, 2014). Humankind is able to be a *homo donans* (Mauss, 1990) and a *homo reciprocans*. Also in modern societies the individual will be able to be *homo economicus* in the mode of *homo co operativus* (Kappeler/Schaik, 2005). Ostrom (1990) explained how it will be possible in the case of social learning settings to cope with commons.

But how to transform the *gift from above* to the horizontal level of symmetry between equal persons? How to transform the top-down-donation to the bottom-up-perspectives of the table fellowship? How to transform the beneficial hierarchy to the cooperative grammar of mutual aid order?

We will never eliminate power totally, but we can and shall reduce it to the minimum as the necessary condition for politics and policy and shall reduce the misuse. The necessary legal form of our political self-organization power is the mechanism to organize care resulting from the potential of love (Tillich, 1954). The core of law and polity resulting from constitution is justice; and justice rooted in love. But politics is not a performance of *agape*.

While Heidegger (1962) put the focus on the care structure of human existence, Hannah Arendt (1958) put the emphasis on the love in relation to our world.

To give attention to the danger of archaic paternalism in modern social services, despite quality management in such regulated quasi-markets (Baltes, 1996), it is also relevant in the case that professionals in home economics have the possibilities to go new ways (Schulz-Nieswandt, 2013), entering the social service areas of enabling care for people with nursing needs and disabilities. In the context of innovative settings of collective living, with mutual help and reciprocities, there are emerging possibilities for multi-disciplinary care. But this new pathway is connected with new professional challenges as precondition of good practices. On the basis of self-consciousness, caring people must be socialized by the care ethics of awareness. The guiding legal framework, ongoing from European and international law, for this paradigm is the human right of inclusion.

The idea of capabilities

Coming from Amartya Sen (2009), but also a similar central dimension in the social-democratic essentialism by Martha Nussbaum (2004), capability (Kuklys, 2005) means in similarity to the idea of empowerment in the tradition of social work the promotion of autonomy and self-reliance/self-sufficiency.

But promotion is a transactional process. The person is located in the context of his environment. There is no position possible outside the world. There is a real cycle between the persons and his environmental world as context of his being. There is an impact of the person on his world (*Wirkwelt*); and there is the impact of the contextual world on the development of the person (*Merkwelt*). It is the central/fundamental theorem in the theoretical biology of Jakob von Uexküll (1926), particularly applied in developmental psychology. There are adaptations/assimilations and accommodations in the framework of this cycle. On the one hand we can notice the potentials of creativity of the person; on the other hand we must notice that autonomy of the person is relative, contextual and relational (Agich, 2003). Humankind is located between the possibility of imagination on the one hand and the *daimonion* of the social imprinting

in time and space like a wax tablet (we remember the metaphor of Plato) on the other hand. History is our destiny. Imagination is related to inscription as transcription to social change. Humankind needs culture (education) and humankind is able to generate culture (education). That is the mechanism to cope with the anthropological status to be a deficient being (Gehlen, 1988).

Autonomy, embedded in our perspective of fundamental ontology as philosophical anthropology of personably, is the self-concept of the individual as existential mode of personhood. Autonomy is only possible in the modes of cultural embedment of values and norms and social connectedness of interactions and institutions.

Therefore, and that may be the central point of our argumentations, capability is a mixture of two terms: capacities and abilities: take *capa* from capacities and combine it with *bilities* from abilities. You can see the double significance of the term of capability. Abilities are learned characteristics as qualities in the sense of competences of the single person, capacities are the institutional/infrastructural contexts to generate such abilities. Therefore we have, for example, to understand the correlation between health literacy and health care institutions and preventive dissipaters, between human capital and educational system of schools and universities or labour markets, in general: between self-management (self-care competences) and socialization.

But coming back to the role of power, we have to give attention to the governmental logic of the *dispositif* (Michel Foucault: see Eribon, 1991) of self-management. It is the cultural logic of inscription of modes of thought, of values and norms, of patterns of perception and awareness, of interpretation and orientation, as mechanism of control of mind, psyche and body, as convolution of external control into internal self-control. This is the function of the *governmental dispositif*: a collective script of generalized normality and identity. It is a convolution of societal and individual identity, combining the Sociology of Durkheim (Lukes, 1985) with Freud or Jacques Lacan (Roudinesco, 1997). We all are not able to define autonomy without the generative

grammar of our cultural scripts, resulting as *habitus* as a incorporated system of dispositions producing patterns of behavior (a term of systematic significance in the sociology and ethnology of modern class society of Pierre Bourdieu, 1994).

How to reach inclusion?

What are the consequences of these reflections? Inclusion means that we have to learn a new grammar of modes of thought and of resulting patterns of social interaction. We have to cope with our internal economics of psychodynamics of fear and aggression, of care and love. We have to reduce our habits of exclusion. That means, as mental precondition, the ability to transform dual social and spatial order of insider and outsider into a culture of inclusion.

Inclusion as a culture

Inclusion, coming from philosophy of law, needs political action to realized legal regimes in social reality. But inclusion means much more than integration. Integration is assimilation of the outsider according the dominant norms and patterns of the cultural hegemony of the insider. Inclusion means a radical re-definition of normality as overcoming of the binary code of normal and abnormal, of illness and health. Diversity is the normality.

Such re-definition is related to the fact that inclusion is a process of collective social learning. It is self-transformation of the community; and community means the network of the individual members of the community as a figuration, in the sense of the historical sociology of Norbert Elias (1969/82).

Community building: modern derivation of classical *paideia* of the polis

Inclusion is a process of community building. Community is a network with the result of generating social capital. Social capital is the outcome of the network, for example, the function of social support between the members as a kind of mutual aid. The emergence of network depends on the one hand on the development of trust capital; trust capital is on the other hand the result of successful investment in networks to induce social capital.

Social causality does not mean in this context the linear determination of y by x. We have to understand the cycle: a kind of cumulative-circular causality as a mode of interplay between x and y. That is the mystery of the origin of society. There is no social contract at the beginning. That is the myth of origin in theology. From the perspective of a philosophical anthropology of dialogue we must put the emphasis on the assumptions that the “I” is constituted as a “Me” as expression of a “You” as an appellation. This is a *philosophy of me* (french: moi, german: mich), not a Cartesian philosophy of a prior existence of “I”. We have to begin with the *thrownness* (Martin Heidegger, 1962) of the individual, growing up to a social person, embedded in cultural community, by the process of *paideia* as socialization in historical time und cultural space.

It is very important to conceptualize an adequate hermeneutics of human existence in the tradition of personality, but now enlightened by the post-structuralism of the de-centralized individual. Again a short game with words: take the *struc* from structure (societal context) and combine it with the *jectivity* from subjectivity and you will create *strucjectivity* in the tradition of Lacan.

Transform now this social ontology during a sociology of symbolic interaction (Mead, 1934) into an ethics of community building: The community need education of virtues as precondition as well as results of social investment into trust-founded networks with emerging social capital. Virtue-oriented education is an investment into the possibility of community building.

That is the well-known reflection of *paideia* (Jaeger, 1933-47) of the classical Greek philosophy of the *polis*. Partly this is reflected in different streams of modern communication, combing the ethical idea of virtue (like Alasdair MacIntyre [2007] in the Tradition of Aristotle), the principle of dialogue (like Amitai Etzioni [1993] in the tradition of Martin Buber) and the social norm of reciprocity of appreciation between different persons (like Charles Taylor [1992] in the tradition of Hegel).

Difference and Equality

Every social inequality is a kind of difference; but, from the reverse point of view, not every kind of difference must be reflected as painful social inequality. Formal

equality is a precondition of justice between different persons. Acceptable forms or amounts of difference are not a question of justice. Acceptable forms or amounts of difference are the subject matter of reciprocal appreciation between persons. If differences become the character of social inequality the democratic society must regulate through legal regime and must realize effective re-distributive welfare policy.

Inclusion is the culture of reciprocal appreciation of diversity. Therefore this cultural order needs polity, politics and policy of implementation of an inclusive legal regime. But this process of implementation is a long-run collective learning project, to be understood as a political project of cultural change management, transforming anxiety into open creativity, transforming habits of exclusion into an positive attitude of composure to bridge the gap between inside and outside, transforming enemies or strangers into the status of guests of duration (according to the classical German sociologist Georg Simmel, 1950). In the case of dementia in old age the discussion is organized around the wordplay “from hostility to hospitality” (Schulz-Nieswandt, 2012), very close to a *paromasia*.

From the perspective of the individual, as well as from the perspective of social groups or the whole society, this problem is a question of creative (not destructive) *transgressive ecstasy* crossing frontiers (Schlesier, 2011). From the viewpoint of psychodynamics as *Daseinsanalysis* it is the question of maturation and growth of personality. It is the challenge to overcome neurotic character in productive coping with developmental challenges in the lifecycle of human existence as human beings (Heidegger, 1962).

Constitutional law

Inclusion as a model of thought is driven by the United Nations and also by the catalogue of basic social rights, involved in the treaties of European Union. Both legal impacts are organizing the perspectives along the developmental challenges of the whole lifecycle between birth and death of the human person. Inclusion as a core argument in an adequate philosophy of law in practical relation to social policy is therefore related to the different stages of development during the life-span, including

different age classes and a catalogue of status passages crossing the boundaries between the different age classes.

On the one side we have to mention the *UN Convention on the Rights of the Child*, on the other side we have to put our emphasis on the *UN Convention on the Rights of Persons with Disabilities*. On the one hand we noticed the subject of child's welfare and well-being, on the other hand we are confronted with the *homo patiens* in the mode of the existential burden to cope with chronic illness and/or disabilities. We can add functional incapacities in the case of nursing and frailty.

Some problems are associated with older persons. The high prevalence of dementia of Alzheimer's disease in old age, at about 35 % at the age of 90+, is a prominent example (Ferri/Prince/Brayne u. a., 2005).

Questions arise concerning the dignity and quality of life of these modes of *homo patiens*, the challenge of how to cope with the problem, and how to live in the community with persons with dementia, without exclusion but within a local community culture of open hospitality. From the viewpoint of a psychodynamics of cultural grammar of social interaction, the case of creative *transgressive ecstasy* crossing frontiers is not a trivial story about easy efforts.

The big problem is how to find solutions to give an answer to the question of how to cope with the challenges of new constitutional law as processes of cultural change in management? How to change habits of mind, how to cope with affectivities? How to transform patterns of behavior? How to build inclusive community with the *homo patiens*? We have to cross aversion. We have to transform anxiety into positive wealth of successful being-with-one-another.

Back to our social ontology: Personhood is located only in the intermediate space as the interval of different persons. There is no human being outside the status of the fellow man as the reciprocal perspective of members of collective community building.

Excursion: The relevance of the legal innovations of the European treaties

In the legal context of the development of the European Union we (Schulz-Nieswandt, 2014a) have to give intention to the problem of the so-called Social Services of general economic or non-economic interests (SSG[e]) in connection with the development of basic economic, political and social human rights (Charter of Fundamental Basic Rights, now integrated [mentioned] part of the reformed treaty). SSG(e)I means public social infrastructure (for example: hospitals, medical ambulatories, long-term nursing institutions, rehabilitation clinics or centres, and educational institutions), to be analysed from the perspectives of criteria like availability, accessibility, awareness, quality-related acceptability ("the four big A's"), criteria of spatial planning and process-oriented quality management. Here we have to put our emphasis on the pressure by the spill-over dynamics of the European common market. The problem is the legal challenge by the quasi-constitutional treaties to realized compatibility between the functional logic of the common market order and the modalities of national social policy of the member states, with reference to the hypothesis of the "shared competence (responsibilities)" in social policy. The guiding idea of this legal and political compatibility, reflecting the functional logic of the dynamics of the open European common market and a part of the European Social Model, is the idea of the member state as a guarantor of the social services. But the modalities are market-oriented: the European Commission and the European Court of Justice (ECJ) offers the preference for obligatory tendering or entrustment in connection with strong transparency rules. Special problems are, for example, critical questions about the transaction costs and the social costs of the regulatory regimes.

With our central hypothesis that we have to interpret the architecture of the Charter of Fundamental Basic Rights as organized along the lifespan/life cycle, from childhood to old age, we induce some further consequences: the paraphrased hypothesis observation that European social policy is no more only centred around social issues of labour conditions and labour market (employment).

Although “employability” is still one of the central characterizing ideas of European Social Model discussions about social investment policies as substitute of consumptive social policy, new developments in European social policy shows us the emergence of an integrated lifespan-oriented and population-oriented perspective as a replication of national social history of the paths of welfare states. Very important in our opinion is the observation that there is a basic social right for open availability in relation to SSGI and the Social security systems. But remember, there is the pressure for market-orientation and competitive organization of the modes of production, providing and delivering of social services as the mentioned result of the spill-over-functionalism of the open and unrestricted European common market. Because of the facts of social epidemiology, inclusion is very often associated to the *homo patiens* in old age. That guides us to the questions about the culture of intergenerational order.

The grammar of intergenerational solidarity

All sociological research results show us that there is no decline or breakdown in intergenerational social exchange patterns. But there is stress resulting from economic modernization in connection with regional mobility and social network resources. But the backside of economic globalization and acceleration of social change and cultural dynamics is the strengthening of local communities and neighborhoods, the continuity of social exchange in family and kinship crossing spatial distance, the relevance of friendship, and an increasing relevance of the third sector of non-profit economy including different kinds of informal voluntary networks of citizenship. We explain social facts despite the myth of individualism.

From the viewpoint of psychodynamics we must notice that intergenerational exchange is not without ambivalences. But that is not surprising. Nobody wants to practice a kind of romantic myth of big families, multi-generation-households, philosophy of blood, as very deep and strong ties, in comparison to only weak ties of modern contractual, interest-driven ties of time-limited partnerships. The sociological truth of modern ethnology

of so-called traditional and modern societies is related to a variety of cultures of connectedness. Social capital is existing and working. We are living in a society of varieties of social support.

Also the modern society of market economics is a sustainable culture of different kinds of donation and of reciprocity of giving and gift in return (Schulz-Nieswandt, 2014). It is true that there are different cultures of capitalism and different pattern and degrees of embedment of economics into social norms and values. But again, we are not without the work of social capital in trust-founded networks. We are not a society of isolated individuals without bindings of duration and social bridging experiences.

At the same time, we have collective stress with the accelerating capitalism. We have to put our critical emphasis on the emerging of social costs. The spread effect of depression and burn out are only single indicators. Alienation is part of modern human being. Poverty is the backside of the coin of economic wealth. We have problems with trickle down effects in the distribution of economic wealth. The game produces winner and loser and the burden of the re-distributive welfare state is high. The social and economic complexity requires more and more public regulations. We are at the limits to cope with trans-regional (negative) externalities in the world-wide village of our planet. The ubiquity of economic, social and also emotional exploitation is not a story of past history. The frame of the human mind is under strong stress. But that is the sociological puzzle: cultures of solidarities in a world of stress and exploitation, social exchange beyond the logic of pure/poor economics of particular utilities, short-time interests and limited mental horizons.

What is to be done?

Modern societies need normative foundations. We call it an ethics of virtues. But that is, at the average, the result of successful processes of socializations as personalization of the different individuals. The archetyp is reflected as *paideia* in ancient Greek philosophy (Jaeger, 1933-47). But that is a fundamental epistemic heritage

also in modern societal times. The contractual society, following the classical sociology and social psychology of Durkheim (Lukes, 1985), must be embedded in non-contractual norms and values. From this point of view economics and politics are only the super-structure of the normative basis of modern society. The democratic state must be a guarantor of social structure, regulating markets and must be a re-distributing welfare state because of the social inequality outcomes of market economy. But the state is only the regulating and re-distributive guarantor of the efficient market economy. Therefore, the society must re-generate the order of values and norms as the normative preconditions of the efficiency regime of regulated and social compensated market economy. The state must give attention to these normative resources in the process of social reproduction of the whole social system.

This societal order of norms and values and the cultural grammar of cognition and mental models are structured by the ethics of the golden rule, by logics and patterns of donation, reciprocal rituals of mutual aid. The fundamental principle of equality, freedom and solidarity has to find functional equilibrium in kind of legal regimes organizing the psychodynamics of the societal members in coping with the bi-polarities of human being: care and need, fear and love, anxiety and aggression, self-relatedness and openness to the changing environments. That is all a question of awareness.

General inclusion as *diversity management literacy* of the society as a learned collective capability and, confronted with demographic change, the intergenerational order of reciprocity and exchange of resources in accordance with the attitudes and habits of minds of most of all individual members of society relating to the common public issues are the core questions of social ontology of modern societies. Modern society, in agreement with the value order as the heritage of French revolution, will not have a sustainable future if social cohesion, cultural coherence and personalization are not realized.

Social exclusion means order of social death for relevant minorities; ageism (Bytheway, 1994) and structural coercion to disengagement of older people and the

stigmatization and institutionalization of the *homo patiens* are indicators of the potential of societal erosion and for the fragility of civilization, reminding us all of the universal golden rule, grounded in the learned competence of empathy, which is grounded in the experience of love and trust in family and partnership, peer groups, extended kinship, friendship, neighbourhood, and local community.

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Exclusionary Urbanization and Migration: Impact on Family with Reference to Asian Countries

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Abstract

Rate of rural urban migration has slowed down in several Asian countries in recent years and the pattern of migration has changed significantly. Poverty induced migration comprising unskilled, poor, single male migrants has gone down. Cities, particularly, the large ones, have become unwelcoming to these migrants due to concerns for safety, security, hygiene and prevention of epidemics, for which the responsibility is often put on these migrants. The share of migrant workers with higher levels of skill, socio-economic status and connections has gone up. As the women in high and middle class families get jobs in global sectors and have their working hours and timings determined by overseas companies, their need for household help has gone up. Correspondingly, with the weakening of joint family system in rural areas and small towns, it is no longer possible for adult males to leave their wives and children and move into cities. The female male ratio and children adult ratio, even among the poor migrants, have gone up. Women and children, who were earlier left behind are now coming to the cities. The need for social security for the women and children in low income families has emerged as a major area of concern.



Introduction

Experts in the field of urban economics, manpower development and city planning consider migration in less developed countries as comprising large segments of single adult migrants, who flock to the cities as a part of their strategy of survival for themselves and their family members, whom they leave behind in rural areas. The major concerns in their research have been the unhygienic living conditions of the migrants in slums, problems of drugs, prostitution and other criminal activities, not paying civic taxes to the local bodies at the place of destination and often being held responsible for social and political unrest (Piel, 1997, Satterthwaite, 2008 and UN Habitat, 2008). Understandably, there is a negative perspective associated with migration and urbanization in less developed countries. There are only a limited number of research studies on the impact of migration on families

and these, unfortunately, are mostly restricted to problems of elderly, women and children who are left behind in rural areas and the inadequate flow of remittances. It is important to rescue migration studies from this negative perspective, to make it an integral part of home economics and to analyse the impact on the family size and composition and its implications, both in rural and urban areas. Another important development in Asian countries is demographic transition and a sharp decline in fertility rate, resulting in an increase in the percentage of the aged. In recent years the increase has been particularly high in rural areas, not simply due to decline in fertility and an increase in life expectancy but also because of outmigration of women and children along with their adult male members. The impact of this demographic transition and emergence of a large number of single elderly or elderly couple households in rural areas and provision of social support system should be areas of critical concern for home economics.

The focus of this paper is on the impact of migration on families and intergenerational interdependencies. However, instead of discussing issues of solidarity of young and elderly in general terms, it focuses on Asian countries and discusses the problems based on the latest empirical data. This is extremely important since the problem of migration, shift in the migration pattern and its impact on family composition in Asia are very different from what has been noted in the developed countries. IFHE's consultative status in UN bodies should help it in voicing these concerns in global platforms. Similar studies on African and Latin American countries would help in bringing visibility to the questions and concerns of all the developing countries and correcting developed country oriented bias.

The paper begins by analysing the trends and pattern of migration and urbanization in Asian countries. The second section draws attention to two significant points wherein Asian urbanization and migration pattern mark a sharp departure from that of the developed countries or other developing countries: one, despite predictions being made of "urban avalanche" hitting Asia, the actual growth rate of urban population has slowed down significantly in the past couple of decades; and two, the structure of Asian

urbanization has become top heavy compared to all other continents in the World until the last decade, wherein there appears to be a paradigm shift. The third section analyses the socio-economic characteristics of the migrants and labour mobility through available evidence from different Asian countries.

Taking India as a case study, migrant men in the working age group have been cross tabulated into various streams in an attempt to identify the factors responsible for changing family composition of the migrants and their consequences in the fourth section. Select social and economic characteristics of adult male migrants have also been analysed here in comparison with the corresponding non-migrant population. The impact of demographic transition and changing pattern of migration and urbanization on the nature of the family, both in rural and urban areas is then considered and finally a perspective is put forward for dealing with the challenges associated with the increased incidence of family migration and intergenerational gaps, particularly for households at lower income levels.

The Myth of Urban Explosion and Balanced Urbanisation in Asia

It has been predicted by global banking cum financial organisations, and also in the UN system, that the epicenter of urban growth would be shifting from north to south, from developed world and Latin America to Asia during the first three decades of the present century. A review of the recent data on urbanization in countries of South and East Asia, however, suggests that the urban growth rates have declined significantly. Conscious policies and programmes launched at the national and regional levels are responsible for slowing down migration, particularly adult poor male selective migration, and ushering in an era of exclusionary urbanization. The world was predicted to become more urban than rural with the percentage of urban population crossing 50 percent mark in 2006. The prediction has been proved to be erroneous as this actually happened only in 2009. The delay of three years is due to deceleration of urban growth in Asia (UNHabitat, 2009).

Out of 49 countries, 38 report deceleration in urban growth and about 30 record decline in urban rural growth differential (URGD), implying possible decline in migration. The indication of this is available from the data provided in World Urbanization Prospects (WUP), brought out regularly by the Population Division of the United Nations. The annual exponential growth in urban population has gone down from 2.2 percent to 1.4 percent in Africa and from 2.9 to 2.4 percent in Latin America in the first decade of the present century compared to the average of the preceding three decades. The decline is noted in case of Asian countries as well although it has been relatively less. It is nonetheless true that a few of the Asian countries, particularly those in East Asia including China, report acceleration in urban growth but there are serious problems of data comparability due to conceptual and administrative anomalies in this period (Kundu, 2009).

Notwithstanding these, there is no doubt that urban growth in Asia on the whole shows a distinct decline in recent years (Kundu, 2014). The predicted urban population in 2010 was 2700 million but in reality this has turned out to be less than 2400 million, as per the latest WUP. The urban growth rate for the period 2025-30 by the WUP 1995 was 2.2 percent per annum which has been brought to 1.7 percent by WUP in 2011, confirming that the rate of rural urban migration has declined in most Asian countries. UN has become less ambitious with regard to the prospect of migration in recent years and, confronted with the recent Census data from different countries, has continuously moderated their projected figures.

The second significant point regarding Asian urbanization is its top heavy character. The share of urban population living in cities with population over five million was 22 percent in Asian countries against the figure of seven percent for developed countries and 15 percent for all developing countries. The figure for India is even higher, reporting about 24 percent of its urban population residing in these cities.

The World Bank has proposed a vision of reshaping economic geography in less developed countries by promoting growth in large cities through substantial investment in their infrastructure, for exploiting economies of agglomeration and of scale (World Bank, 2009).

However, the recent data for the UN indicate that the growth rate of population in ten-million plus cities and even five-million-plus cities have declined significantly in recent years. There are distinct indications that the decline in demographic growth in these cities and the magnitude of decline are much more than can be attributed to decline in natural growth rate. The UN Population Division data make it clear that the population growth rates in five million-plus cities currently are below that of the smaller urban centres in most of the countries in the world. This can be described as exclusionary urbanization as the large cities are trying to attract global capital through a sanitizing process – pushing slums and pollutant industries and hazardous informal activities out of the city limits. The growth rate in slum population has gone down and many of the countries are claiming big success in reducing slum population – one of the Millennium Development Goals – much more than what was stipulated or anticipated by the UN. The decline in slum population can be noted as significant in case of Asian countries, particularly those in South Asia, primarily due to exclusionary urbanization (World Bank, 2013).

Changing Socioeconomic Composition of Migrants

Stability or decline in the rate of migration in countries in Asia in recent years despite continued regional imbalance and improvement in transport and communication facilities should be a matter of concern. Scholars have tried to explain this in terms of growing assertion of regional identity, education in regional languages up to high school, and greater vigilance and stringent land use restrictions operationalised through city Master Plans. Taken together, these developments serve to discourage migration directly or indirectly. It is also noted that the changing requirements in urban labour market and city governance could have created a policy environment less hospitable for the migrants, particularly those belonging to economically and socially deprived category, resulting in deceleration in demographic growth in urban areas. The recent trends in migration, thus, seriously discount the proposition that the mobility of labour in the unconstrained market would ensure optimal distribution of economic activities and people in space.

In many of the Asian cities, it is noted that new employment opportunities are coming up in select sectors and in a few regions/urban centres. While the poor constitute a large proportion of migrants, many of the jobs coming up in modern sectors linked to the process of globalization, are also being taken by migrants belonging to the middle and high income categories. It would, therefore, be erroneous to generalize that migrants are destitute or economically and socially displaced persons, moving from place to place as a part of their survival strategy. On the contrary, young, educated men and women in the upper and middle class are following new economic opportunities and the possibility of the rural poor and uneducated being absorbed in large cities has become less and less over time.

The low incidence of poverty and deceleration of rural to urban migration in recent decades, particularly in large cities, despite an increase in spatial inequality, confirms the fact that absorption of the poor is becoming increasingly difficult. The propositions of spatially unbalanced growth through “dispersal of concentrations” and then reaching out to the poor through a human settlement strategy, as advocated by global banking cum development agencies (World Bank, 2009), therefore needs to be examined with empirical rigor. Migration becoming an instrument of sharing the benefits of uneven growth across states and districts must be questioned in the context of increasing social and economic costs of migration which the conventional models fail to incorporate or highlight. Migration has become a mechanism for uplifting economic well-being largely for middle class and well-to-do people. Selective migration is taking place in a skill linked urban labour market.

The poor and unskilled male labourers (seeking absorption in informal activities as casual workers) find it increasingly difficult to become a part of the process and avail the benefits in urban setting. Understandably, their migration rate has gone down which is reflected in a significant decline in the percentage of poor in metropolitan and class I cities during the last decade and a half. They are able to get a foothold in small and medium towns but here the opportunities of employment and poverty alleviation are low. Consequently, migration for poverty alleviation has become a less important component in the mobility

stream and it is likely to become even smaller over time. This would imply a decline in the rate of migration of single adult males from rural to urban areas.

One additional factor, responsible for producing these trends, deserves discussion. The decline in the percentage of adult male migrants and their economic and social status being better and improving faster than the corresponding non-migrants may be partly attributable to institutional barriers in mobility for the poor. In addition to the rigidities in the agrarian system, growing regionalism, changes in skill requirements in urban labour market etc., there is no doubt that the system of governance in the cities has become hostile to newcomers (Kundu, 2013). These have made migration process selective wherein poor and unskilled labourers are finding it difficult to access the employment opportunities. A major factor responsible for the low poverty and high socio-economic status of migrants is the difficulty encountered by the poor to move into urban centres, especially the metropolises.

Changing Migration Pattern in India

An attempt is made here to check the hypothesis that the socio-economic conditions of the migrants have improved over time and that they are better off than the non-migrant population, taking a fast globalizing economy of India as a case study. Using the information from Population Census and National Sample Survey (NSS) since the early seventies, empirical evidence can be built up in support of the proposition that there has been distinct improvement in the socio-economic status of the people who can migrate from one place to another. The focus here is on the males in the age group of 15-59 years which is often considered to constitute the core of migration stream as the overall labour mobility is linked to this. It is important that the shares of these adult male migrants among the total migrant population have gone down, both in rural and urban areas, confirming that family migration has increased in recent years. This implies that adult males are now moving with women, children and elderly persons, resulting in a decline in the share of men, particularly adult men, among the migrants.

It is important to note that migration across the state (provincial) boundaries, as also urban to urban migration, wherein training, transfer, joining new jobs and other

business related factors are more important, the middle and upper income households claiming a higher share in these streams, has gone up in recent years. This, in a way questions the perspective that the migrants are at the bottom of socio-economic categories and have a status much below that of the non-migrants. The changing trend and composition of the migrants in recent years suggest that there have been distinct improvements in the social and economic well-being and status of migrants.

The percentage distribution of adult male migrants, classified by the reasons of mobility based on data from NSS for 1999-00 to 2007-08 (2007-08 being the latest year for which migration data are available), further confirms this proposition (Kundu and Ray Saraswati, 2012). The share of persons coming in search of employment or better employment has declined from 22 to 18 in rural areas. The corresponding figures for urban centres are 40 and 37. One would infer that economic desperation as a factor of mobility has become less important while changing employment and business related factors have gained in importance, particularly in urban areas. Furthermore, the share of migrants due to social and political insecurity has gone down while that attributed to higher education has gone up in the recent period.

It is important to note that the percentage of unemployed among the total migrants is just about 10 percent while that of regular workers is 19 percent before their migration, suggesting once again that economic desperation is not the key factor for their mobility. One would note that there is a substantial section of persons who have regular employment and yet are migrating in search of better employment. The figure of unemployment among the rural-urban (RU) migrants, however, is about 20 percent while that of regular workers is 11 percent in recent years, suggesting that they constitute the most vulnerable group among the out-migrants.

One third of the adult males not being in labour force (neither employed nor sought employment) before migration may also be taken as a positive factor since this implies many persons are moving as students or as a part of the family that have the capacity to take them along. The corresponding figure among the RU migrants is low which reflects their lower affordability to take their non-working family members along with them.

The data further confirm that the migration decision impacts significantly and positively on the livelihood pattern of the households. Incidence of unemployment goes down significantly in all the streams after migration. In case of RU stream, it goes down from 19 percent to less than two percent. Furthermore, the percentage of regular workers among the total migrants before their migration is 19 percent which goes as high as 40 percent after the movement. The increase in the figure for RU migrants is even higher – from 11 percent to about 45 percent. The percentage of persons not in labour force declines after migration from 34 to 16 percent for all migrants. This is partly because many among the adult males, who were not seeking employment before migration due to labour market conditions, could find employment at the place of destination, as is the case of the unemployed. In case of RU migrants, this goes down from 31 percent to 13 percent (Kundu and Ray Saraswati, 2012).

Migration from urban centres to rural areas (UR) or to other urban areas (UU) can be taken partly as mobility at the higher stratum of socio-economic hierarchy, as noted above. The percentage of unemployed being low and that of regular workers being high for the UR and UU migrants indicate they enjoy better socio-economic status compared to migrants in other streams. The percentage of non-workers among them has gone up over time reflecting an improvement in economic status of these migrants. The increased mobility of adult males from one to another urban centre, as reflected by increase in the share UU migrants among total migrants, can, however, be attributed to unemployment in small towns and their seeking better prospects in larger cities. One notes that, besides a significant reduction in the percentage of unemployed in this stream, the percentage of regular worker goes up from 35 percent to 53 percent, after migration. The figure is higher than even that of the non-migrant population. One would infer that many of the UU migrants take the migration decision after being offered or being aware of the possibility of getting a regular employment.

All these question the proposition that migration is taking place among the weakest and most vulnerable section of the labour force and suggest that the migrants are able to improve their economic condition considerably through their migration decision. There is thus no evidence from

the secondary data of strong distress factors being behind migration at their place of origin or of their remaining underprivileged in the place of destination, after the migration.

The sectoral shifts of the adult male migrants between agriculture and non-agriculture, provides further insights into the changing dynamics of labour mobility. About 66 percent among the migrants who were in agriculture were absorbed in non-agricultural activities after migration. For the migrants, previously engaged outside agriculture, the corresponding percentage is 95. Significantly, the percentage of persons employed in non-agricultural activities among the migrants is much higher than the non-migrants, both in rural and urban areas. Furthermore, the figure has gone up over the past decade. This could be seen as a desirable sectoral shift brought about through migration – a positive contribution in terms of diversification of the economy.

Adult male migrants have better socio-economic status relative to the non-migrants, as inferred from the differential educational attainments and technical skills acquired by them. The percentage of illiterates among these migrants in rural areas was 20 percent only compared to 25 percent among the non-migrants. A similar pattern is noted in urban areas as well. Conversely, the share of persons having higher secondary and graduation level of education among the adult male migrants was higher than the non-migrants, both in rural and urban areas. What is, however, more important is that the figures have gone up much more sharply for the migrants than non-migrants during recent years. Further, the percentages of persons possessing technical education are higher among migrants than the non-migrants, both in rural and urban areas. Here again, one notices a sharper increase over time for the migrants, thereby increasing the migrant and non-migrant gaps.

A cross classification of migrants across consumption expenditure categories reveals that at the macro level, economic deprivation is not the critical factor in migration decisions of men, both in rural and urban areas. The migration rate is high in the highest monthly per capita expenditure category and goes down systematically with the level of expenditure, the rate being the lowest

in the lowest class in rural areas. The same is valid in urban areas as well. Furthermore, the average per capita household expenditures in all the quartiles for migrants (each quartile arranged by expenditure levels, has 25 percent of the migrants) are higher than the corresponding non-migrant figures. More significantly, the figures for the migrants have gone up at a much higher rate than that of the non-migrants. These clearly indicate that the migrants are at a higher level of economic well-being and that their conditions have improved rapidly in recent years. One can thereby argue with a reasonable degree of confidence that economic distress is not the critical factor in migration decisions for men in rural or urban areas.

The fact that the percentage of migrants has declined and their economic and social status are better than that of non-migrants and has even improved over time, essentially reflect barriers of mobility for the poor. With the present rigidities in the agrarian system, growing regionalism, changes in skill requirements in labour market etc., the emerging productive and institutional structures in the cities have become hostile to newcomers. This has made the migration process selective wherein poor and unskilled labourers are finding it difficult to access the livelihood opportunities in developed regions and large cities. A major factor responsible for persistence of high poverty in the backward states is, thus, the difficulty encountered by the poor to move into developed states.

The percentage of persons in 15-19 age group to total number in 15-59 age group is less for the migrants compared to the non-migrants, both in rural and urban areas (Kundu and Ray Saraswati, 2013). This is understandable that the adolescents would continue to be a smaller proportion of the adult migrants, than the general population, despite an increased family movement in recent years. What is interesting is that the figures for both rural and urban areas have gone down over the years (with a corresponding increase in the figures for the next higher age group), suggesting that the average age of the adult migrants has gone up. This should be considered a welcome trend as a segment among the adolescents would be attending educational institutions and hence their staying at home rather than being forced out as migrants in search of employment would be desirable.

The increase in enrolment rate among them, both in rural and urban areas, confirms this. It is possible to attribute this decline in the share of 15-19 age group among the migrants also to a decline in the proportion of new migrants in the migration stock. Assuming that the age distribution in the migration stream has remained unchanged, the decline in the rate of migration will increase the average age, due to the aging of the earlier migrants.

A larger percentage of married persons among the adult male migrants in relation to that of non-migrants in urban areas is due to a large majority of the former coming from rural background where the age at marriage is lower than in urban areas. This can also be attributed, at least partly, to the burden of a family becoming a compelling factor for migration among the married adult males. Happily, this figure has gone down in recent years, which suggests that the choice element in migration decision is playing a more important role rather than family compulsions of the yesteryears. Unmarried persons shifting places for education or employment would be considered a more desirable trend than that of married persons, from the viewpoint of the families and the society as a whole.

Impact of Migration and Demographic Changes on Family

The changes in migration pattern and other demographic factors in Asia have affected and will affect the families in four significant ways. One, with a decline in RU mobility, there has been an increase in family migration, partly due to breakdown of joint family system. This is reflected in a significant increase in the share of female migration against a decline in that of male migration. The younger population in 10-25 age group, who were earlier left behind in rural areas, too, are now becoming a part of the migration stream. Furthermore, as a consequence of population growth declining sharply in the past couple of decades, the percentage of children in 0-14 has gone down and that in 15-25 age group has gone up as the children born in previous decades are becoming adults. As the young adult population has higher productivity and lower expenditure on health etc., this change in age distribution of population is hailed as demographic

dividend. This has offered an opportunity to the urban households but the advantage can be reaped only if there is skill formation for the youth such that they can be absorbed in globally linked or other upcoming industries and enjoy “decent wages”.

Two, migrants, reporting economic distress and search for jobs as the reasons for mobility, as a proportion to the total migrants have gone down. Correspondingly, the percentages of migrants coming for education, training and business related activities have gone up. This can be related only partly to improvement in economic conditions in rural areas. The major factor for the decline is changing labour demand in urban areas which has resulted in a significant increase in the requirement for skilled workers. A larger percentage of the migrants are now absorbed in non-agricultural activities, compared to non-migrants, suggesting that no longer are the rural unskilled workers flocking to the urban areas. From the earnings in non-agricultural sector being higher than agriculture, one would postulate that migrants have a better employment status than the non-migrants. One also notes that the migrant families in general have higher expenditure levels than the non-migrants in several Asian countries. The trend has been reinforced in recent years.

Three, educational status of migrant families also appears to be better than that of non-migrants. The former report smaller percentages in lower educational categories such as illiterates, below primary and primary levels of education. In middle and higher levels of education, migrants record much higher figures than the non-migrants. Unfortunately, the dropout rates from the educational institutions in all countries in South Asia, except Sri Lanka, are very high at the age of 13 and increases sharply for the subsequent years. Researchers have identified a new category of “nowhere children”, who neither go to schools nor absorbed in labour market, and whose share in population has gone up over time. The percentage figures are higher for the migrant families. The isolation or de-linking of the children from the families among the migrants can pose serious problem for the development of overall personality of the children, leading to serious socio-psychological problems.

Four, opening up to global factors, modernisation and demonstration effects have resulted in a breakdown of joint family system in rural societies, as noted above. This has also contributed to migration of nuclear families to urban areas, leaving the elderly parents behind. The elderly are therefore left totally to themselves in small towns and rural areas which make them vulnerable to physical risks from persons or natural factors.

Emerging Perspectives for Intervention keeping the Family at the Centre of Social Development Strategy

The changing pattern of migration brings a different perspective for the role and responsibilities of the local authorities and state government departments in urban areas. In public policy, instead of focusing on area based programmes for service delivery like slum improvement, public stand post, etc. there has to be household linked provision of facilities. Family linked provisioning of housing, basic services and health facilities would have to be given much greater weightage than in the past. The thrust in the welfare activities for the migrants was only on adult males. Given the changes in age composition of the migrant population, the programmes must now incorporate activities and schemes for women and children. Furthermore, a segment among the migrants can now pay the user charges for the facilities and contribute their share, expected from the beneficiaries in the current welfare programmes of the government. Even the RR migration stream has a larger proportion of families and hence the programmes for their well-being must be built into the interventions.

Over 60 percent of the elderly in South Asian countries live with their families. It would, therefore, be important to explore the possibilities of family based interventions that can strengthen the intergenerational relationships. Many of the national and international NGOs are designing programmes to take care of the elderly through day-care centres and provision of recreational facilities. These provide engagement for the elderly for the whole day but tend to increase their distance from their families when they return back to their families in the evening. They often meet unfriendly atmosphere at home as they are seen as outsiders, not taking any responsibility of the household.

A more effective way would possibly be if certain facilities can be provided for the elderly in a manner that strengthens their relationship with their households and increases their status within the family. Provision of employment, health and recreational facilities for the entire family through the elderly person could help in strengthening intergenerational relationship. Given an increase in the number of elderly within the families, a family based intervention in livelihood and health care support would be more effective and desirable. In rural areas, where the percentage of single elderly person/couple households is increasing, it would be important to have community based social security and health system to take care of the emergency situations that the elderly living alone may face from time to time.

The role of the family as an institution needs to be strengthened not just for livelihood support and the provision of basic amenities but creation of bonds among family members that result in better social outcomes, based on a given set of inputs from the public system. The data from family based surveys in different countries of Asia indicate that health and educational outcomes are much better in families wherein the intergenerational bondages are stronger. The Infant Mortality Rate and Maternal Mortality Rate tend to be significantly below the average, both in rural and urban areas, even after controlling for income, education, etc. when the family has the advantage of an elderly person in the household. India has been successful in stopping the menace of HIV/AIDS through the use of family as a mechanism of intervention. The female male ratio among the HIV/AIDS infected persons being low suggests that the pandemic is in its first stage, as the infection has been transmitted to males largely from the sex-workers but not entered the second stage when it is transmitted to their families and other women partners in the society. An increase in family bonds and families being involved in marriage formalities, often leading to formally and informally getting information on the medical history of the prospective couples, has brought down the spread of the infection, at least among the educated. It is established that a large percentage of the men visiting sex workers are those who do not live with their families. Hence a decrease in single person migration with a corresponding increase in family

migration into urban areas has, to an extent, helped in applying a break on the spread of this pandemic.

Not having family bonds at an early age for the children and young adults, when they have not become a part of labour force, can result in problems of social tension, frustration etc. which has been responsible for political and social disturbances. The serious problems of growth of HIV AIDS, drug addiction, prostitution and criminality etc. have also been attributed to this. Unemployment rate in the 18-25 age group works out to be very high in most of the large urban centres in Asia. Surprisingly, the employment rate for persons in 65-75 age group, too, works out to be very high which suggests that there is family pressure on the elderly to support themselves economically. Intergenerational coordination within the family and household based livelihood promotion through subcontracting arrangements can alleviate this problem to a large extent, particularly in small towns and rural areas. This solution is likely to be acceptable even by global companies, given the trend of subcontracting of jobs to smaller units and households in Asian countries, through their intermediaries.

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Empowering Families, Individuals, Communities through Intercultural Competences and Understanding

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Abstract

Members of the International Federation for Home Economics (IFHE) work with families (often with different cultural backgrounds), with pupils and students from abroad and are involved in international university programmes or work as Expatriates in foreign countries with other international networks.

Home economists also work with people of different social, economic, religious and cultural backgrounds. To cope with cultural diversity, to recognise the differences, as well as the similarity, we can support our own values as well as those of others from different countries. An understanding of cultural awareness and the ability to translate this information into effective relationships with others will better prepare those who have to work with or to live together for the diverse and multicultural world we live in.

The world is a much smaller place now than ever was. Globalization is rapidly breaking down our vision of a well-defined national, cultural and linguistic boundary. Migration and immigration has become an important issue. Today's working place has become diverse and multicultural. We have shifted into a new mode of living where cross-cultural contact has become almost a daily occurrence. Families and individuals are today confronted with these changes in a diverse society.

Keywords:

culture,
diverse and multicultural
society,
dimension and standards
of culture,
intercultural competences



Introduction

The International Federation for Home Economics (IFHE) is campaigning for the 20th Anniversary of the International Year of the Family 2014 with the theme "Empowering Families, Individuals and Communities through Home Economics". IFHE is a worldwide organisation consisting of about 1000 members and 100 Member organisations from 64 countries around the world. English is the first language which unites the members and makes the intercultural communication possible.

IFHE members work with families (often with different cultural backgrounds), with pupils and students worldwide and are involved in international University programmes, work as Expatriates in foreign countries and with other international networks.

Home economists work with people of different social, economical, religious and cultural backgrounds. Care centres for older people often employ carers from abroad, such as from the Philippines, Thailand, and India or from Eastern European countries. Day-care centres and kindergarten school feeding programmes have to cope with different cultural and religious diversity. To cope with cultural diversity, to recognise the differences, as well as the similarity, we can support our own values as well as those of others from different countries. An understanding of cultural awareness and the ability to translate this information into effective relationships with others will better prepare those who have to work with or to live together for the diverse and multicultural world we live in.

The world is a much smaller place now than ever it was. Globalization is rapidly breaking down our vision of well-defined national, cultural and linguistic boundaries. Migration and immigration have become an important issue. Today's working place has become diverse and multicultural. We have shifted into a new mode of living where cross-cultural contact has become almost a daily occurrence.

Families and individuals are today confronted with these changes in a diverse society. Educators who offer multicultural education that provides students with the knowledge, skills and attitudes required for functioning in a pluralistic society also help to build bridges both nationally and internationally and promote global interaction cooperation, respect and acceptance. Values and cultures are not static. They change within time. They differ from place to place. They vary with ethnic origins and religious affiliations.

How can we define culture?

Considering Intercultural Competences it is necessary to define culture. The American anthropologist, Alfred Kroeber and Clyde Kluckhohn (1952), compiled a list of 164 different definitions. To take one definition "Culture influences the behaviour of a group of people. It gives group members guidance on how to think and feel; how to act and how to make sense of actions of others. It gives members a feeling of belonging and identity. It is the glue that holds the group together". (Kroeber and Kluckhohn

1952; cited by Berry 2004, p. 168). Milton Bennett (1986) describes culture as the learned and shared values, behaviours and beliefs of a group of interacting people. It is a process of generating and sharing meanings. Thomas (1996a, p. 112) describes culture as follows "Culture is a universal orientation system very typical of a society, organization or group (...). It influences the perceiving, evaluating and acting of all its members and thus defines their affiliation to the culture. Culture as an orientation system structures a specific field of action for those who feel affiliated to this culture and thus creates the prerequisites for developing its own way of coping with its environment".

We belong to a number of cultures, all of which impact our behaviour. Some we have chosen to belong to because of our profession, others we may have been born into for example national and ethics.

Cultural Iceberg Concept

The Cultural Iceberg Concept is often used to create better understanding what we mean by cultures. The Cultural Iceberg describes three levels:

Above the surface

What can we see? What you notice about the people and organisation, the process and ways of working.

Just below the surface

Official rules and codes of conduct. The stated values, expected behaviours, philosophy, the outspoken vision, mission and goals.

Deep below the surface

How the work and business really gets done, the hidden rules and unspoken beliefs, mission and goals.

To generate real intercultural communication, we need to go below the water level. The non-observable part of the ice-berg is known as "subjective culture". This is where unspoken assumption is found, the core values and patterns that guide our thoughts and actions. Some cultures value individualism, others prefer collective orientation. Some cultures are comfortable moving quickly and taking risks; others choose to go slowly and look at

all information before the take the first step. All behaviour provides us with insight on how cultures of different values and communication style will determine our success.

IFHE as a cross-cultural organisation, we need to be more conscious of how the elements of “below the water line” need to be challenged and specifically worked through. Investing time to understand the basis for example the attitudes, perceptions, memories and prejudices which condition the approach to and reaction of those whom we are working and communicating with is therefore critical to our success. “Cultural intelligence” is the ability to use insight we have about the culture we belong to, to give us insight to the culture of those people we interact with.

What are the key dimensions of culture?

The key dimensions of culture are elements we have most in common and are the sum of generations of experience within the particular group.

Power

Power of the importance of social hierarchies. The driving factors are: position, wealth, religion, socio-economical situation.

Time

In time-oriented cultures is finite and should not be wasted. Time is a precious commodity, so time management is a core competence. We often say “Time is money”, this is relevant for example in Germany, USA, Northern European countries. In other cultures the attitude to time is more relaxed, for example in southern European countries as well as in African countries. The question is how we react to conflicts in the dimension of time. How do people conceptualize it, and what importance is given to the past, present, and the future?

Communication

Communications and the degree, to which we use verbal, non-verbal communications, differ in different cultures. When we are working across cultures, especially in virtual teams, there is no shared understanding; things are misunderstood; done differently and often not delivered.

It is easy to blame national traits. We are not investing enough time to learn about the culture, the behaviour, the habits, values, attitudes and belief of the other. How do we interpret the body language within different cultures?

Interdependence

Interdependence and the degree to which we put the individual or the group first. This dimension is about whether people see themselves as independent individuals or as an independent member of a group.

In “group cultures” (collectivist), as we can see in the Asian countries, there may be more pressure to conform to group norms to retain harmony. “We” as a harmonious society, relationship within the group is very important. Identity is based on group.

In “individualistic” cultures the identity is based on one self, called as the “Me” society. The individualistic culture can be found in the western world, such as in European countries, in the USA, Canada and others.

Much research had been done to compare “Cultural Standards” within different nations (e. g. Thomas, A. 1996) as well “Cultural Dimensions” (e. g. Hofstede G., 2001) but to describe them herein in this paper is not possible. I have to admit that we should not take these standards or dimensions to describe the culture, behaviour, attitudes, in general or even develop stigma – but knowing them, it helps to create awareness of differences between people from different nations. For better understanding what I mean by cultural standards, I would like to mention some which had been found in certain countries:

German

German cultural standards are: Task orientation; straight forwardness; sincerity; directness; differentiation of personal contact and distance-separation between work and private life; time scheduling.

American

American cultural standards: Individualism; relaxedness; social recognition; orientation towards future; minimizing interpersonal distance – optimizing interpersonal openness; achievement orientation; equality of chances; mobility; action orientation.

Chinese

Chinese cultural standards: social harmony; group orientation; cunning; tactics; face saving – not losing face; Guanxi (importance of social networks); integration of life and work; etiquette; hierarchy; bureaucracy.

Intercultural Competences

“Intercultural Competences is an important tool to understand people from other cultural background. It is the ability to communicate or interact affectively and appropriately in intercultural situations based on one’s intercultural knowledge, skills and attitudes” (Deardorff, 2006, p.247). Milton Bennett, M., an American interculturalist and founder of the Intercultural Communication Institute in Portland, Oregon, gave the definition “Intercultural Competences is learning and understanding the values and beliefs behind behaviour – how people think – and reconciling them with our own”. Basic needs are sensitivity and self-consciousness: it means the understanding of other behaviours and ways of thinking as well as the ability to express one’s own point of view in a transparent way with the aim to be understood and respected by staying flexible where this is possible and being clear where this is necessary”.

Intercultural Competences is a balance depending on the situations between

- Knowledge (about other cultures, people, nations, behaviour)
- Empathy (understanding, feelings and needs of other people)
- Self-confidence (knowing what I want, my strengths and weakness, emotional stability) and
- Cultural identify (knowledge about one’s own culture).

Intercultural understanding and competences and associated definitions appear to be the abilities to behave and communicate effectively and appropriately in multicultural context. Misunderstanding can occur due to language problems; distance can breed distrust; perceptions can be taken as facts; and cultural differences can affect the way decisions are taken, meetings are run, tasks are undertaken and completed and how deadlines are met.

Members from International Organisations, working with people with different cultural background (migrants, international business people, international students, or international professional and experts) every one of them will need to develop such skills. It is an ongoing learning process that involves interpretation, self-reflection and negotiation which gradually transforms one’s attitude, knowledge and skills towards cultural differences in which language function as the tool of interaction and communication to facilitate its development. To know and use a foreign language is very important. Language abilities are often over emphasized elements of intercultural competences and understanding.

Much more of the key elements of comprehensive cultural knowledge are dependant on action field or domain, context situations.

It needs

- an understanding of historical, political and religious contexts;
- an understanding of others “world views”, values, norms and way of life;
- an understanding of the role and impact cultural elements exert on behavior and communication;
- skills and strategies for successful cooperation, partnership and teamwork across national and cultural boundaries;
- to develop tactics and strategies for effective use of English (either as a native or a foreign language) in international communication;
- to provide information about specific cultures and become aware of the importance of cultural differences;
- to learn about key cultural concepts, such as attitudes to time, authority and information, and how to interpret different attitudes and behavior;
- to develop practical skills and strategies for maximizing the effectiveness of communication across culture.

Nancy Adler (2002), a world expert in group dynamics and intercultural competences writes in her book: “International Dimension of Organizational Behavior” that culturally divers’ teams often perform below

expectations. Leaders of international organizations are most common reaction to cultural diversity is simply not to acknowledge it or believe that it doesn't have an impact on organizations. This is a parochial attitude – viewing the world solely through one's eyes and perspective. The second most common response is that leaders behave in an ethnocentric manner – they perceive, but see it as a source of problems. Nancy Adler states that performance losses in multicultural groups can be traced back to diverse thinking patterns, disagreement on expectations and what information is considered relevant. All these factors lead to higher levels of stress than found in homogeneous groups. Furthermore, members of multinational teams demonstrate higher level due to the misinterpretation of different cultural behaviors and assumption. Additionally there is less group thinking. This occurs when group members, in striving for unanimity, override their motivations to realistically appraise alternative courses of action. The consequences of group thinking are failure to examine the risk involved in the group's choice, incomplete weighing of alternatives and a failure to work out contingency plans.

Strategies for developing culturally diverse groups or teams

To exploit the advantages of mixed cultural groups or teams and create synergy, group leaders need to take more time and effort by adopting certain measures. In examining the development of high-performing multicultural groups, Nancy Adler found the following qualities:

Recognizing differences

Intercultural communications break down or largely caused by ignorance of national differences. To overcome the natural ethnocentric perceptions, group members should first observe and objectively describe each cultural behavior without either interpreting or evaluating. At the same time, group members need to overcome acutely conscious of their own stereotypes and how they could inadvertently affect their expectations of fellow group from other countries.

Cultivate openness

Group-leaders should cultivate an open attitude toward cultural diversity. Members of a group with different cultural background should be encouraged to communicate their cultural values and explain reasons why they act the way they do. Cultural diversity shouldn't be seen as a burden, but rather as an enriching, positive resource.

Creating mutual respect

Working with people of different cultural backgrounds it needs an atmosphere of mutual respect. This especially is necessary in international organizations, between board members, group leaders and individual members, also with people of other international organizations.

Equal power

It is important that power is shared in an international context. Too much power between people of one culture could lead to counter productive activities, in than non-dominant group members could feel intimidated. The sensitive leader (chairperson, president) should be careful not to vest too much power in his/his own ethnic group and strive to distribute tasks according to each person's ability.

Establishing a vision and overriding goal

Multi-national groups have a harder time than homogenous groups in deciding collectively on what is good or bad suggestion or decision. To prevent a breakdown in the group work effectiveness, there needs to be continual positive feedback in every working phase. Very helpful is also external feedback. Group members learn to value contributions made by each member and trust collective decision. Right from the start to work in a group, the group leader should give the group members the opportunity to articulate their vision or goal. This will provide general direction, decrease prejudice and crease mutual respect.

To summarize, what is necessary by working together with people of different cultural background, speaking different languages, belonging to different religions, having different attitudes and understanding of correct behavior,

it is important to develop intercultural competences and understanding. The following competences will help to optimize our own intercultural thinking, and behavior towards people with an intercultural background. We need the ability to communicate effectively and appropriately in intercultural situations based on one's intercultural knowledge, skills and attitudes. Following ideas can support our intercultural skills and attitude:

- We need the ability to identify behavior guided by culture and engage in a new behavior in other cultures.
- We need skills and strategies for successful cooperation, partnership and teamwork across national and cultural boundaries.
- We have to behave appropriately and effectively in intercultural situations based on our knowledge, skills and motivation.
- We need to learn about key cultural concepts, such as attitudes to time, authority and information, and how to interpret different attitudes and behavior.
- We need good interpersonal skills exercised intercultural by sending and receiving messages that are accurate and appropriate.
- We need to develop practical skills and strategies for maximizing the effectiveness of communication across culture.
- We should understand other peoples world viewpoint.
- We need to develop cultural self – awareness and capacity for self-assessment.
- We should be able to adapt and adjust to new cultural environment.
- We should develop general openness toward intercultural learning.
- We need flexibility.
- We should avoid stereotyping.
- We should ask not tell, we should develop good listening skills.
- We should develop skills to analyze, interpret and relate.
- We learn to tolerate and accept ambiguity.
- We respect difference while remaining authentic.
- We should reflect our own experiences with other culture and respect other cultures.
- Deep knowledge and understanding of culture (one's own and others – reflection).
- We should develop cross cultural empathy.
- We should neither over- nor underestimate the role of culture.

Belonging to an International Organization, or working with people from so many different countries, with different cultural background, languages, attitudes, behavioral concepts, I often ask myself, how much do we know about each other, how much do we know about our own culture, and how much do we understand the “others” and their culture.

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SECTION

Intergenerational Solidarity and Social Inclusion

Situation of the Elderly: An IFHE study from Brazil, Germany, Guyana, India, Japan and Swaziland

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Abstract

Demographic change and the splitting up of households is a challenge for seniors all over the world: How are they integrated in private settings, how does their daily routine take place, are they being cared for? Home economists, representing the various parts of the world, set up an enquiry and interviewed seniors over 65 and over 75, with 50 interviews in each of the participating countries. Added by a scientifically based survey about the countries, the various settings of seniors in private households are visible in detail. This case study is the foundation to developing a curriculum combining home economics and gerontology, for all educational levels, young and old people, in official structures or informal ways. This gives the basis to develop detailed curricula regarding special socio-cultural items.

Keywords:

seniors,
international comparative
enquiry,
ADL,
worldwide case study,
Home Economics
curriculum



Introduction

Families are in transition. The elderly are not integrated in regular daily structures of work and life (including aspects of nutrition, communication, self-esteem, dress code), mostly they are not supported by a family (who may be working somewhere else or fixed to other tasks) and therefore the elderly lose integration in society. The new challenge is the splitting-up of families all over the world, in different ways. Elderly often stay alone in their private homes during daytime while other family members, neighbours and friends, perform different tasks for them, mostly as unpaid honorary work (e. g. work on a voluntary basis). The elderly, with their wisdom and experience need to be taken care of in all countries of the world. This means looking at the consequences of the demographic transition and its impact on quality of the lives of elderly people as well as the contribution of home economics to their life.

The International Federation for Home Economics (IFHE), as an international non-governmental organization develops strategies based on home economics expertise worldwide and tries to inform politics of all levels and encourage politicians to take care of individuals, families and households, especially vulnerable persons. The

Executive Board of IFHE started an initiative for education, focussing on Agenda 21 for a sustainable development of households and their members according to the United Nations (UN) Millennium Development Goals 2004 – 2014. Home economists contribute to sustainability in the world and especially support rural areas and individual management.

In February 2010, a team of scientists shared their experience on the situation of the elderly, representing all parts of the world and having individual scientific home economics backgrounds in different professional fields. All members of the project team are individual members of IFHE and committed to its ideas for a long time, mostly in official positions on the IFHE Executive Board. The project team consists of Prof. Dr. Mabel-Rose Cordini (Brazil), Assoc. Prof. Yukiko Kudo (Japan), Prof. Janice Maison (Guyana), Assoc. Prof. Dr. Seema Puri (India) and Nishi Surana (Swaziland). All have worked on various aspects of the elderly (e. g. nutrition, textiles, health, institutional households).

Frame

The project: Situation of the Elderly: A six-country study from a Home Economics Perspective worked according to the IFHE grant guidelines. The official working period of the project lasted from November 2011 to the end of July 2013. The final report was presented end of October 2013. The project team is aware, that in this short time, and with limited time available to them for this extra “honorary” work which they did on a voluntary basis in addition to their fulltime jobs, the results cannot be complete and representative. But, all team members live in the countries involved, and as well as personal knowledge, have also taken a scientific approach to the theme using different sources, while keeping within the limitations of the available time. The team not only represents various countries and regions of the world, but also different aspects in the project Situation of the Elderly such as Home Economics, Nutritional Sciences, urban and rural background, scientific university careers or administrative leading positions. The team organized itself with Elisabeth Leicht-Eckardt as speaker. The evaluation of all project data was undertaken in India under the responsibility of Seema Puri.

The budget of the project was calculated as EUR 18,000, the grant given by IFHE covers EUR 8,000. The major part of the budget, EUR 10,000, is given by the project team members for their expenses for travelling and communication. None of the project team members received any money for their work. The only salaries that were paid were to assistants for work done on enquiry and evaluation of results.

The progress of the project had to be reported every sixmonths to the IFHE grant commission and the project team presented first results at the International IFHE Congress in summer 2012 in Melbourne (Australia). IFHE members were informed about the project in two articles in the IFHE newsletter 2012 and 2013. The project was presented in a workshop “The Elderly” in Brussels organized by the European Parliament.

Aims

Demographic change takes place all over the world, but the situation e. g. estimation and integration of Elderly in society is different. They, on the other hand should not only be consumers of services but also be encouraged and trained to take care of themselves by improving individual skills and networks, and encouraged to transfer their experience to others. From a home economics perspective it is interesting to examine the home-related daily life of this target group, which usually, in public, is not documented and discussed. Production and consumption takes place in every household, defined by the household’s lifestyle (nutrition, housing, cleaning, mobility, gardening etc.), but still varying completely in different parts of this world. The goals of this project are to gain information about the situation of Elderly in different regions of the world and to give a scientifically based voice for their situation in respect of home economists, as well as to the UN.

Nutrition as a physiologically necessary item of every human being takes place at home, outside home or in institutional homes. One of the topics focuses on the field of nutrition and catering of Elderly and compares the situation in selected urban and rural areas, aiming to develop a home economics profile, indicating the implication for education in various countries. Nutrition as a necessary part of life is accepted all over the world

and thus is familiar to politicians. Therefore this topic opens doors and can introduce home economics as the necessary reference. The goal is the identification of major issues related to the daily needs, including the nutrition of Elderly which can be compared and accepted all over the world.

Sustainable development describes the long-lasting development which corresponds with the needs of people today without endangering the needs of generations in the future. The Rio Declaration on Environment and Development (1992) includes economical, ecological and social aspects as declared reasons for environmental damage and injustice, and is looking for worldwide balance. Human beings, as such, are active participants in this process. In this context home economists should focus on the topics of gender aspects, the situation of rural and urban areas and pay special attention to education – another goal of this project.

Home economists are working in households, home-related services and homes, but also, on a higher level, work as multipliers (trainers, consultants, educators and teachers). This means to establish a basic profile for home economics as a unit to teach or train the elderly in private households, private or public home-related services, or homes, leaving space for regional cultural specialization. This should be taught at various vocational trainings and levels, based on a curriculum developed as goal of this project. It also could be used as an appeal to politicians, as a basis for a global publishing campaign focussing on the situation and the necessary support of Elderly related to nutrition and home economics. Specially trained home economists can support the Millennium Development Goals (MDG) of the United Nations (UN): No. 7 (education for sustainable development), also No. 2 (universal primary education) and No. 8 (global partnership for development). The results of this project also should contribute to family policies focussing on the Elderly at least in the participating countries.

Methods and instruments

Qualitative and quantitative research (literature, political sources, expert interviews) including an enquiry was used to reach the aims of the project. The project team started

national research about the situation of the Elderly using primary and secondary sources in 2011. Each project member wrote an article about the situation of the Elderly, finished in summer 2012, according to the following scheme:

- Description of your continent and country or continent
- Situation of families in your country, living arrangements and family profile
- Situation of elderly people, demographic transition, changes in the last 20 years and reasons
- Tasks, role and involvement of home economics at the moment regarding Elderly.

There were intensive discussions about the definition of “the elderly” as the average living age of e.g. Japan and Swaziland varies extremely. For a valid basis, the elderly in this study are regarded up from the age of 65 and estimated to be retired. To have a scientifically and a comparable basis, the terms: “Region”, “Rural Area”, and “Urban Area” were defined in the participating countries.

The investigation was an exploratory study to understand living arrangement, daily routine, health profile, eating behavior and social interactions of the elderly. To have direct contact to seniors with an enquiry enables first-hand information about their actual situation representing the situation worldwide. The questionnaire was completed and pretested in all participating countries in summer 2012. It was checked by Prof. Dr. Dorothee Straka, University of Applied Sciences, Osnabrück, a nutritionist and expert in empirical social research.

The enquiry itself was in the responsibility of each national project member. Home economics graduates, selected by the project team member in her country, were trained for the interviews for elderly in urban and rural areas and for the careful documentation. The questionnaire was translated in national languages, if necessary (German, Hindi, Portuguese, Swazi). The elderly were categorized age wise into two groups – 60 to 75 years and over 75, realizing that, for example in Japan there is a big group of people aged over 85, but in Swaziland hardly anybody is of this age. The sample consisted of free-living elderly individuals, both males and females, the national data

basis covered at least 50 interviews of 25 people with rural and 25 with urban living places and had to have 25 interviews of people under and over 75 years each, ideally also with a comparable basis of males and females.

Questionnaire-cum-interview schedule was designed to elicit information on socio-demographic profile, family profile (general living conditions, physical environment and their daily routine), dietary profile (including their food habits, frequency of meals etc.) and health profile (past and present). Functional ability tests for testing physical parameters such as Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) were also used. The questions focus on nutrition, meal service, catering and caretaking, and were about the household equipment, the customs and individual actual situation of preparing food and having meals, about daily life network of the Elderly, their activities and needs to be taken care of. Many questions related to special cultural activities (e. g. baking ovens, rice cookers) have been excluded, as it was the aim to have a comparable basis for all participating countries. Only a few questions allow an individual answer, mostly the frame was given to answer in figures. Only questions were asked which would not be a problem according to personal data protection, which is also very different in the countries represented in this study. It showed up that not all information was necessary for the development of the curriculum, but it gives a good impression at first hand level about the actual situation of seniors in various parts of the world.

Each questionnaire used got an identity code (country, number). The questionnaires were collected from the national team members, transferred onto computer and answers – if necessary – translated back into English from national languages. The results were put in a prepared Excel sheet and sent to India, where the data were statistically evaluated. All original documents stayed with the national project team members. The results of the national enquiry have been sent back to the national team members and have been interpreted aiming to give the basis for the content of the home economics curriculum. The main data analysis of the questionnaire regards the differences of rural and urban as well as gender and age aspects.

Results of the data analysis

Global aspects

Ageing of the population is one of the most important demographic facts that came to the foreground in the 21st century. In the whole world, people live longer, birth rates decreased and consequently the elderly population increases both numerically and pro rata. Ageing of the population affects all facets of the society to include health, social security, environment-related issues, education, business opportunities, socio-cultural activities and family life. Often more visible in developed countries, ageing is an issue that needs to be appraised with much significance also in developing countries just like as in developed countries. The number of children and the young population will decrease over time and the share of the elderly population within the overall population will increase. In developed countries, several studies and assessments are conducted on the effects of ageing of the population on the socioeconomic structure, while efforts to ensure that elderly people continue with their lives without being detached from social life gain importance. Proper evaluation of the changes in the demographic structure and reflections thereof would ensure determination of the possible consequences of ageing before the issue turns into a problem for any country.

The period of old age envisages a series of adjustment in behaviour and thinking to meet the demands of waning existence punctuated by disease, disability and disbelief (Ramamurthi, 1997). It is associated with loss of physical health, frailty, failing cognitive and mental abilities compounded with feelings of inferiority and loss of self-esteem that create difficulties in adapting to stressful events later in life. Changes can be influenced by life events, illness, genetic and socio-economic and lifestyle factors. Therefore a person's physiological state reflects health status but may or may not reflect the chronological age. Lifestyle factors that seem to influence physiological age are dietary adequacy, sufficiency of physical activity, smoking status, alcohol consumption and body weight. Disease and disability are not always inevitable consequences of ageing. The use of preventive services, elimination of risk factors, and adoption of healthy lifestyle behaviours are some of the major determinants of how well a person ages (Beard, 1991).

Older persons are not a homogeneous group, but worldwide, the most common chronological age which is used as an entry point to old age is 60 years. This marks off segments of the population that have health needs different from those of other segments.

The pace of population ageing is more rapid in developing countries than in developed countries. Consequently, developing countries have less time at their disposal to adjust to the consequences of population ageing. Moreover, population ageing in developing countries is taking place at lower levels of socio-economic development than has been the case for developed countries. The median age for the world population now is around 28 years and it is likely to reach 38 years in 2050. Among those aged 60 years or more, the fastest growing segment is that of the oldest age of 80 years and above. Their numbers are currently increasing at 3.9 percent per year. Today, persons aged 80 years or over account for about one in every eight old persons (60 years or more). By 2050, this ratio is expected to increase to approximately two in every ten old persons. Also the Organisation for Economic Co-operation and Development, (OECD) has just published a report *A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care*, about quality in old age (OECD, 2013). Continued physical activity allows older adults to continue to perform many tasks of daily living, required for independent function, even in the face of compounding disease and/or disability. Nevertheless, older adults typically become more sedentary.

Table 1: The Global Demography of Aged

Source: United Nations (2007)

Major areas/Regions (in Millions)	60+			65+			80+		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
World	704.8	317.7	387.1	495.1	216.1	279.1	94.2	33.7	60.4
More developed regions	252.0	106.1	145.9	188.8	76.2	112.6	47.9	15.3	32.6
Less developed regions	452.8	211.6	241.2	306.3	139.9	166.5	46.3	18.5	27.8
Africa	50.1	22.7	27.4	32.5	14.4	18.1	3.8	1.5	2.3
Asia	385.4	180.7	204.7	263.7	120.5	143.2	42.0	16.2	25.7
Europe	153.5	62.8	90.7	116.8	45.7	71.1	27.8	8.4	19.4
Latin America and the Caribbean	52.7	23.7	29.0	36.5	16.1	20.4	7.4	2.9	4.5
Northern America	58.3	25.6	32.7	42.2	17.8	24.3	12.2	4.3	8.0
Oceania	4.9	2.3	2.6	3.5	1.6	1.9	0.9	0.3	0.6
Australia/New Zealand	4.4	2.0	2.4	3.2	1.4	1.8	0.9	0.3	0.6

Physical activity is associated with significant improvements in functional ability and health status and may frequently prevent certain diseases or diminish their severity. These benefits require regular and continuous participation and can be rapidly reversed by a return to inactivity.

The United Nations World Assembly on Ageing, held at Vienna in 1982, formulated a package of recommendations which gives high priority to research related to developmental and humanitarian aspects of ageing, especially comparative and cross-cultural studies. This plan of action was actively promoted by Monica Tupay, former president of IHFE, and the ideas integrated in the strategic plan of IFHE focusing sustainability according to the UN MDGs.

With the increasing focus on the elderly in national policy and program planning, there will be a greater demand for trained professionals to work in areas of training, research and welfare of older persons. Gerontology as a multidisciplinary area is an upcoming and growing area, but at the moment mostly focusing only on social gerontology or on the health aspects of ageing. In old age the socio-cultural environment has a strong influence on the health, well-being and quality of life – both dimensions being closely intertwined and inseparable. The professional qualification for taking care of seniors varies in the different countries and parts of the world, but everywhere, home economists as part of this discipline, are needed. Presently a graduation or post-graduation degree in home economics, health or (social) gerontology is offered.

Project related aspects

All research was undertaken in 2011/2012, for some countries new data from 2013 were added. It showed up that – even comparable in most ways of scientific work – in detail cultures are really different. The analysis of the situation in the participating countries makes clear, that even though demographic change takes place everywhere, the specific situation varies very much, due to the fact that the participating countries are so different:

Table 2: Data analysis in participating countries: Population and the Elderly

Country	Population in total	Over 65 years old	Data base
Brazil	190.732.694	14.5 million (≥ 60)	Census 2010
Germany	81.802.257	25.9 % (≥ 60)	National statistics 2011
Guyana	748.486	4.2%	Census 2002
India	1.210.193.422	77.000.000 (>60)	Census 2001 and 2011
Japan	128.019.000	29.595.000 Gov.	Populat. Estim. 2011, 2013
Swaziland	1.300.000	3.7 %	Study 2011

These data show, that this project about the situation of the elderly is quite a challenge: The participating countries are very different according to number of inhabitants and data available are based on different sources. A census is undertaken every five or ten years, but not in all countries on comparable basis, official statistics are not always available on an actual level and so a comparison is difficult. Still, the individual descriptions of the socio-economic situations of the countries and their elderly are very interesting: Each gives at least some comparable quantitative and qualitative information, but concentrates on a different focus. In team discussions it turned out, that these items actually also are comparable, e. g. the situation of elderly women, in average getting older than men, and financial problems occurring especially to them, as well as their caretaking situation, even if the reasons are very different. It also has shown as a fact in all countries of this project, that families intend to split up in dramatic social changes, but still most of the seniors stay at home, maybe in a joint family situation, and that seniors today have been living in their – mostly owned – buildings for very long time, which do not meet their

physical needs – unless the fact that the cultural style of buildings and their value vary extremely in the participating countries and parts of the world.

So the questions asked are comparable and the need of preparing societies towards an active politic for the increasing number of elderly implementing topics of daily care – and thus home economics – is obvious. The definition of what is rural and urban, varies totally in the participating countries; for example, in India settings with less than 100,000 inhabitants are rural, in Swaziland more than 1,000 people might be urban. So the quantitative approach was interesting but went no further for this project.

Results of the questionnaire

The interviewing time lasted from 20 minutes up to 45 minutes per interview. This was reported from the interviewers and is related to the following reasons:

- seniors wanted to think about the answers for a while,
- seniors were uncertain about the correct answers to give,
- seniors wanted to watch, what the interviewers marked and wrote,
- seniors just enjoyed to chat with the (mostly young) interviewer as person who is interested in the situation of an elderly person.

Regarding the totally different sizes of the participating countries it was agreed to evaluate not only in figures but also in percentages, in order to have a better comparability. The questionnaire was used in the participating countries as follows:

Table 3: Survey of Questionnaires

Country	Rural male	Rural female	Rural ≤75	Rural >75
Brazil	10	15	12	13
Germany	11	14	14	11
Guyana	9	16	18	7
India	12	13	12	13
Japan	12	13	14	1
Swaziland	10	15	13	12
	64	86	83	67
total:			300	

It was not possible to have the exactly same number of interviews for all items and countries. The tables are interpreted for rural and urban characteristics. The questionnaire gives a solid statistical basis for the situation of the elderly in the participating countries, and thus informs about a lot more items. But a detailed evaluation is far more effort than could be done within the framework of this project. The purpose to get individual insight in the daily life of the elderly in a case study was fulfilled. This could be the basis for politicians regarding the elderly as an important group and to encourage and support training centers in the world to develop training units on all levels focusing on this group.

Even though only a few interviews have been conducted in the participating countries, in percentage they give a good overview about the national situations and the daily life of the elderly in various parts of the world. It turned out, that all participants of the enquiry were living in private households in various cultural settings. The original idea to integrate interviews of seniors in “residential homes” only partly succeeded due to the fact that people living there were unable to answer, or access for interviews was not permitted. Still, residential homes could have an important role for supplying private households, if located nearby, and can provide home economics services for people living near these residential homes. These external services could support life quality especially for single-living seniors and also generate some additional income for the residential homes themselves.

It is obvious in this study, that there are differences in daily life of the elderly in rural and urban areas and that age (under or over 75) as well as sex are significant factors for abilities of the elderly. Of course the situation in the participating countries is very different in detail, for example, who in the family is responsible for taking care of the elderly and how the living situation is, e. g. in family settings. The selected evaluation parts of the questionnaire show food and nutritional habits of the Elderly, revealing that regular meals and times as well as partners are most important, independently of personal physical deficits and age. The interviews also show that the elderly mostly are active and very much aware about their health and food and thus could be a model for the societies. Evaluating the nutritional situation this case

study additionally underlines the necessity to bring home economics and home economists more into the awareness of the elderly, who try to get along in their daily situation mostly without professional external support. It is obvious that mobility is a major problem and thus knowledge and support must reach the seniors in their surroundings.

The results of the enquiry when evaluated show that home economics can contribute actively to the elderly in many fields. Professional support could save time and effort and maybe give more opportunities for the group of people aged under 75 to take care of other seniors. Home economists with a basic specified home economics training could improve the individual situations, especially for rural areas, if they get support to travel. It might be possible, that especially the elderly, aged less than 75 years, with their experience and knowledge of the local and regional situation, could be trained to work as multipliers, which originally was not in the focus of the project team in this project. Knowledge and skills needed in general are nearly the same all over the world to improve the problems of every day. But it also turned out in this case study, that advice and support in detail must be based on socio-cultural habits and geographical background.

The project team is aware, that in the setting of the project frame it was not possible to evaluate all available data in total and detail, and a lot more information could be evaluated out of the enquiry.

Home Economics training for the Elderly

The aim of this project to integrate the Millennium Development Goals (MDG) of the United Nations (UN) – No. 7 (education for sustainable development), also No. 2 (universal primary education) and No. 8 (global partnership for development) – into a home economics curriculum can be fulfilled on two levels:

- Naming home economics fields and their relation to the MDG
- Encouraging and training multipliers of this curriculum to transfer the details of the MDGs according to the target group and the level appropriate.

Home economics should be integrated in basic education all over the world. Not only should it be that a daughter learns from her mother and therefore traditional knowledge keeps up, which is valuable, of course; but meanwhile, knowledge about saving of energy and water, climate change etc., as well as new materials (e. g. microfiber) should be the basis of a modernized home economics curriculum. Traditional family structures of course are important, but are fragmenting (splitting up) and changing all over the world. Thus, also new settings of “living together” must be taken into consideration and taught in any home economics context. According to the IFHE position paper on the UN MDGs it should be guaranteed, that especially children in rural areas do have access to primary schools where they will learn about modern and adequate home economics knowledge and skills in a theoretical and practical way from qualified teachers or training programs, including the focus on the elderly (MDG 2). Resource management must be part of a home economics curriculum, regarding natural and human resources as a basis of societies (MDG 7). It may be difficult to convince Elderly to change habits e. g. in household or agricultural production, but only acting effectively and efficiently enables them to survive on our planet, Earth. Sustainable lifestyles are very different all over the world, but introducing sustainability everywhere and on all levels is a must. Home economics topics are ideal to show this in detail for daily life.

This project has integrated scientists from all parts of the world, having discussed intensively their knowledge, views, specific situation and common aims. The following professional profile of a home economics curriculum is the result of international qualification, cooperation and compromises and thus is an example of the IFHE position towards the UN MDG 8.

According to the case study, the new home economics curriculum related to geriatric and Gerontology topics should focus on two target groups:

- Young people at school, who could be effective in reaching the households, especially in rural areas,
- Active seniors, who are familiar with seniors’ habits and values in their surroundings and thus could be a model for other groups in society, especially seniors.

This means, that the topics in the curriculum are the same, but the transfer must be made according to the different learners’ levels and background and thus be integrated into the structures of the national educational systems, as well as in the informational structures of the elderly (e. g. special booklets, TV-training). Also, social structures (e. g. meeting in villages) could be used to transfer qualified home economics knowledge and skills to the target groups. Communicational structures are documented in the answers of the questionnaire (contacts, mobility, people contacted) and should be integrated in national strategies, as this turned out not be common all over the participating countries. For example: The transfer of the curriculum for the elderly in Europe could be integrated through initiatives of honorary work, which (in the questionnaire was declared as social work) appeared to be quite common amongst the elderly, especially aged under 75. To establish such a curriculum, national strategies and networks for voluntary contribution to society must be used. In some cases also, seniors could take over an active part of trainings, as models, being healthy and well-nourished at old age and able to talk about their traditional habits and working processes, as, for private households, often no written documentation exists.

Home economics and its contribution to the welfare in daily life must get more and more into the focus of politicians and social institutions. The basis to make officials more familiar with the possible benefit of home economics could be documented in self-help booklets, handouts, guides or manuals. These could either comprise of details of all home economics working fields, or just some tailored parts of the profile developed out of this project. It also has to be taken into account, whether these media are used for trainings aiming to support seniors, or for staff in private households, home related services or in homes.

The curriculum cannot include a directory about details and how to transfer these topics, as this is very different in the participating countries and has to take into consideration cultural specialization as well as the learning level and the target group. The profile therefore can just name the main topics for needs and necessary support of the elderly in integrating the focus of the elderly.

The following topics cannot be complete and do not claim as being representative, but many aspects are based on the results of this case study. Focusing on the elderly, special criteria must be regarded and training must be modified according to learning levels and target groups. Multipliers either could be scholars or students of home economics, as well as seniors.

The aim is to give more awareness, knowledge and skills to everybody (young and old) and therefore being related to daily life considering the special senior's needs, habits and values. This means that seniors not only should be taken into consideration as active fulfillers of home economics tasks, as long as they are able to, in their private households (e.g. cleaning maybe takes longer than if younger people were doing it), but also to regard seniors as specialists for traditional methods in the various fields of home economics. Maybe old fashioned skills and habits are more sustainable (or less), should be used further on, or changed; but discussing them and integrating these aspects in a home economics curriculum at all levels shows the value of the elderly and integrates them into daily life activities in a sustainable way.

The following are the topics for a home economics curriculum. They are gathered in groups, and additionally, special examples are shortly listed, which can be neither representative nor complete. This curriculum could be developed and taught as a complete unit, but also parts of it could be integrated into teaching and training programs. Little steps already would be helpful if undertaken, evaluated and communicated to get more awareness and sensitivity. Media for home economics should be developed including the aspects of daily life of, and for seniors, including the following aspects:

Health and safety

- Physical changes: getting old (senses, muscles, nerves...)
- Healthy sleeping conditions (air, room, bed ...)
- Regular body care for the elderly, e.g. washing while sitting, tooth care
- Ambient assisted living, helping equipment for daily activities

- Strategies and assisting technologies for regular intake of medicine and the battle against forgetfulness
- Physical activities – guidelines for exercises for seniors at home and leisure activities, e.g. gardening, walking
- Organizing storage in households with special focus on safety
- Suitable floors, shoes and clothes to avoid falling down
- Organization of a social network in case of accident, weakness etc.

Food and Meals

Shopping

- Responsibilities, possibilities of cooperation e.g. with neighbours, services
- Availability of markets, shops, etc. possibly including delivery
- Accessibility and quality of shopping places (distances, benches, chairs, toilets, space for wheel chairs...).

Preparing Meals

- Kitchen equipment, appliances and safety
- Support of and from others, e.g. delivery from homes, to neighbours
- Storage of food and rest of meals
- Hygiene in daily life.

Food

- Intercultural and religious aspects
- Allergies
- Availability from home services etc.
- Rest management and cooking for single person households.

Finances

- Preventive strategies for life at old age
- Survey on possible public financial support
- Survey on availability and costs of services
- Budgeting and insurances.

Cleaning and washing

- Appliances for handicapped people
- Modern strategies, water and energy saving
- Eco friendly detergents and costs
- Services available.

Communication and mobility

- Documentation of traditional habits and working processes in daily life
- Modern media, advantages and problems (e. g. TV series)
- Local networks for various purposes, e. g. sharing of newspaper, computer
- Strategies for personal network (friends, neighbours, local initiatives)
- Private models for transport (e. g. women's cooperatives)
- Assisting equipment for physical deficits, (e. g. types of wheel chairs, viewing aids, magnifying glass).

Final remarks

There are household appliances that are “a must” in some countries but not in others, e. g. a rice cooker. So, we could not ask about appliances in the questionnaire, as, for example, in Europe we could not ask about the rice cooker because, if you, as a European, are not familiar with Japanese food, you would not know of the appliance, or the word for it. And this is the same in Africa, where traditional items are used, which names could not be translated, nor would Europeans have been able to understand what this would be for, as we do normally not harvest by ourselves or for example, make grain at home. So you will find national expressions and appliances and techniques in different parts of the world, whereas in others they do not exist. Another example would be that someone in Asia may not be familiar with induction-cookers. So socio-cultural aspects always have to be regarded. But: In all home economics instructions you will find basic guidelines for cooking, baking etc. Therefore needs are still comparable in all parts of the world, the topics are the same, but the transfer must be on special level according to cultural background, financial situation

and target group. So teaching units could be based on the key-topics mentioned above, but have to be detailed for various settings.

According to the enquiry it turned out that Elderly not only need support but also are well educated, aware of health conditions and active with a high potential for social work. Therefore this heterogeneous group partly could be integrated as models in trainings and home economic topics could be included in seniors' groups for voluntary honorary work.

The study makes clear, that home economics education and trainings should not only regard seniors as a target group for providing goods and services (in the role of consumption) but also integrate and activate them with their abilities in a modern sense of value-adding care.

According to knowledge and research results, the project team wants to encourage home economists all over the world to contribute and to use to this curriculum focusing on the elderly and to ask politicians to support this:

- Target the “elderly of tomorrow”, older persons and their caregivers, as demographic change influences all parts of the world
- Take part in further developing a database on the elderly
- Developing criteria for active participation of seniors in home economics trainings as this group often has knowledge, skills and time
- Support accessibility and a barrier-free environment for and in private homes as well as in public, as mobility was one of the major issues for the elderly in this case study
- Create awareness of healthy lifestyles, establish positive models from the elderly for the elderly and their transfer for other target groups
- Inform about consequences of extensive use of TV and also of the positive effects of physical fitness in old age
- Establish nutritional requirements and food-based dietary guidelines for Elderly
- Develop forms of documentation of traditional dietaries/ documents and of traditional wisdom.

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Intergenerational Relations and Life Satisfaction among the Elderly in East Asian Societies

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Abstract

With a shared cultural background of strong filial piety, this study aimed to compare the changing intergenerational relations and examine the association between intergenerational relations and life satisfaction among the elderly (aged 60 years and older) in China, Japan, Korea and Taiwan as rapid population aging is taken place in the region. Inspired by the solidarity model (Bengtson & Schrader, 1982), intergenerational relations are dictated by various elements: living arrangements, intergenerational support exchange, and intergenerational filial norms. Data were derived from the 2006 East Asian Social Survey. The results revealed that intergenerational relations in the four Eastern societies reflect their traditions and cultures to a certain extent. The findings also show that the relations with adult children have effect on life satisfaction that depends on the aspect of the intergenerational relationship. Western studies have found that playing the giver's role increases life satisfaction for older people. However, the present study found that elderly parents enjoyed greater life satisfaction when they received more support from their children, and those who provided more support to their children were less satisfied. The analysis on Korea further certified that the more expectations an older person has on filial norms, the more satisfied he or she feels with life when receiving support from children. Cultural values reinforce the meaning and expectations of intergenerational support and shape the outcomes.

Keywords:

intergenerational relations,
intergenerational support,
life satisfaction,
elderly,
East Asia



Introduction

East Asian countries experienced rapid economic growths in the 1950s and 1960s, and by the 1980s they started receiving attention from both members of the international academic community and the general public in other parts of the world. When it comes to development in East Asian countries, one main argument is that the East Asian Economic Miracle was reinforced by the Confucian work ethic and family system (Vogel, 1991). Within a traditional social and family framework, "family" in East Asian societies served as the essential social unit, while responsibilities and obligations were greatly emphasized.

Not only were members of a family perceived as the main providers of upbringing and care, but a harmonious and interdependent family relationship was also regarded as a cornerstone of social development (Yi, 2013). Over the last several decades, however, China, Korea, Japan and Taiwan have all seen prolonged lifespan and dropping fertility rates (Haub, 2013; Population Reference Bureau, 2014). The effects of more people aging and fewer children being born on family structure, family function and older people's well-being has therefore been followed with interest. As nowadays a family functions differently in terms of senior care due to fewer children and a smaller household, the younger generation is also faced with major challenges while looking after their aged parents. Although a three-generational household or the co-residence of adult children with elderly parents is considered the ideal realization of filial piety, the actual co-residence between adult children and elderly parents has continued declining (Yasuda, Noriko, Yi, & Xie, 2011). The interplay of the dominant filial norm and the emerging "nuclearization" of both young and old generations is expected to produce complicated intergenerational relations.

In light of the population trends in East Asian societies, there have been a growing number of discussions on aging societies over the last few years. Nevertheless, not many studies have been made on intergenerational relations in a family. Most such studies also only focused on older people's living arrangements and daily care from the perspective of "children providing care while showing reverence to their parents". But there are other aspects of intergenerational relations between aged parents and adult children as well. To understand the complexity of intergenerational family relations in later life, Bengtson and Schrader (1982) proposed a model of intergenerational solidarity that focuses on family cohesion as an important component of family relations. This model emphasizes family solidarity as a multi-dimensional construct with six elements of solidarity: structural, associational, affectual, consensual, functional, and normative (Bengtson & Schrader, 1982; Roberts, Richards, & Bengtson, 1991; Silverstein & Bengtson, 1994). Looking at changing filial norms in East Asia, this paper delves into the association between intergenerational relations in families and older people's life satisfaction

while taking the cultural contexts in East Asian societies into account. More specifically, this study aims to explore various essential dimensions proposed by the intergenerational family solidarity model, such as living arrangement, filial norms and intergenerational support exchange, while analyzing and comparing intergenerational relations in China, Korea, Japan and Taiwan. Furthermore, it examines the association between the intergenerational relations between elderly and adult children and older people's life satisfaction.

Background: Major Population Trends Affecting Families in China, Japan, Korea and Taiwan

The East Asian societies of China, Japan, Korea and Taiwan have all entered a stage in which their populations are quickly aging, while the proportion of senior citizens continues to soar. According to data collected between 1990 and 2012 (Table 1), China, Japan, Korea and Taiwan all saw rather mild overall population growth. As to the life expectancy at birth, Japan had the longest at 83.6 years. Korea in particular enjoyed the largest increase, nine years, from 71.7 in 1990 to 80.7 in 2012. On the other hand, the fertility rate in these East Asian societies dropped tremendously. Since 1990, the total fertility rate in China, Japan, Korea and Taiwan has been going down. Taiwan has the lowest rate, at 1.27. Kohler, Billari, and Ortega (2002) have stated that when a country's total fertility rate drops to 1.3, it falls into a dire "super low fertility" trap. Because lifespans are increasing and fertility rates dwindling, senior people constitute a larger chunk of a country's population every year. In fact, East Asia is the most rapidly aging region in the world. Japan had the largest proportion of elderly aged 65 or more, at 24.4%, in 2012, followed by Korea and Taiwan. The senior population in China was 8.7% that year, which seems lower. But when taking the actual number of people into account, those aged 65 or more in China amounted to 110 million in 2012 and are increasing by 3.8% per year. It is expected that by 2035 every one out of five Chinese will be 65 years old or more (United Nations, 2013).

Along with population aging, marked changes are evident in family structures, relations and behaviors. Increased life expectancies imply that an individual will be a member of

a three or four generation family for longer periods of time, while declining fertility rates and delayed parenthood suggest that others will never be members of such multigenerational families (Lowenstein, 2007). In light of these changing demographic structures and changing family forms, intergenerational bonds among adult family members may be even more important today than previously because individuals live longer and thus can share more years and experiences with other generations (Connidis, 2001). The effect of population aging may vary in different societies due to factors like culture and economic development. In this regard, cross-cultural comparative studies are especially important. The family system being the shared cornerstone in East Asian societies, family values and family behaviors work differently than those in the West. In times when population structures and family forms are changing rapidly in East Asia, comparative studies will be beneficial to analyzing social changes in this region as the differences and similarities of family changes among these East Asian societies are examined at a deeper level.

Table 1: The Population Background of China, Japan, Korea and Taiwan

		China	Japan	Korea	Taiwan
Population (in Millions)	1990	1,124.8	122.3	43.0	20.4
	2000	1,246.8	125.7	46.0	22.3
	2012	1,330.2	126.4	48.6	23.3
Life expectancy at birth (years)	1990	69.4	79	71.7	73.79
	2000	71.2	81.2	76.1	76.46
	2012	73.7	83.6	80.7	79.45
Total fertility rate (births per woman)	1990	2.6	1.7	1.6	1.81
	2000	1.7	1.3	1.3	1.68
	2012	1.6	1.4	1.4	1.27
Population aged 65 and above (% of total)	1990	5.8	11.9	5.0	6.22
	2000	6.9	17.2	7.3	8.63
	2012	8.7	24.4	11.9	11.2
The elderly dependency ratio (%)	1990	8.9	17.1	7.2	9.32
	2000	10.2	25.2	10.2	12.28
	2012	11.8	39.0	16.2	15.0

Resources: The World Bank Indicators Data Resources, 2013; UNDP Human Development Reports, 2013

Culture, intergenerational relations and life satisfaction when aged

Family traditions and values in East Asian society

A good deal of prior research has charted how conceptions and experiences of well-being vary across cultural contexts. Furthermore, these studies show that much cultural variation in well-being is tied to fundamental cultural differences in conceptions of self and relationships (Karasawa, et al., 2011). The family has traditionally been the basic unit of East Asian society. Confucianism, which bases social order on family ethics and filial piety, profoundly influences the life values of the people. In a Confucian civilization, a person's happiness must be based on the welfare of the group that he or she belongs to, in particular the attainment of family goals (Lu, 2001). Previous studies verified that good interpersonal relationships, especially among family members, are considered a source of happiness in East Asian Chinese communities (Lu & Shih, 1997). In Western societies, independence is highly valued among the elderly, and national social welfare systems are a key factor in their financial stability. In comparison, family is one of the major social pillars in East Asia, and harmonious and interdependent family relations are emphasized. With a cultural heritage of strong filial piety, supporting elderly parents is considered a necessity to show reverence, and the family remains a crucial source of support during old age (Lin, 2012; Lin et al., 2003). Therefore, it seems reasonable to expect that intergenerational relations affect the well-being of older people.

Life satisfaction among the elderly: Do intergenerational relations matter?

Since the 1940s, social gerontologists have conducted research into the association between intergenerational relations and older people's life satisfaction, happiness, morale, and psychological well-being (Mancini & Blieszner, 1989). Many studies reported that frequency of contact between senior parents and their adult children had little impact on the parents' psychological well-being (e. g., Lee & Ishii-Kuntz, 1987; Lowenstein, Katz, & Gur-Yaish, 2007). Intergenerational relations are much more complicated than simply two generations keeping in touch with one another.

Most studies focus on how the exchange of intergenerational support affects the well-being of older people.

From a social exchange viewpoint, Dowd (1975) commented that older people feel detached from society when they have fewer resources and fail to establish a reciprocal, balanced exchange relation. Lee (1985) expounded on this perspective, noting that an imbalanced exchange relation, which makes the older person feel dependent, has a negative effect on his or her psychological well-being. Researchers also found that compared with the need to be supported, the inability to establish a reciprocal relationship could more seriously devastate the older person's morale (Liang, Krause, & Bennett, 2001). However, the patterns of intergenerational support are different between the West and the East. While adult children are likely to receive support from parents in the West (Lowenstein & Daatland, 2006), intergenerational exchange within Chinese families is usually in the opposite direction (Lin & Yi, 2011). As a Chinese saying goes, "an old person in a home is like a treasure of a family". In Chinese communities, traditional family ethics are deeply rooted in people's minds, and filial piety is the core of such ethics. Giving back to one's parents is children's most important duty (Hsu, 1988). Furthermore, filial piety plays an important role in parent-child relations in Chinese communities, where most people see "children fulfilling filial piety" as a key source of happiness (Lu & Shih, 1997). Thus, in addition to discussing how older people's perception of filial norms may influence their well-being, the relations among filial norms, intergenerational relations and the well-being of older people should also be discussed.

Overall, both Western and Eastern studies show that intergenerational relations have to do with older people's well-being. However, most studies still only focused on particular aspects of intergenerational relations. This paper explored intergenerational relations by incorporating the essential dimensions proposed by the intergenerational solidarity model (Bengtson & Schrader, 1982). By doing so, a more comprehensive picture of intergenerational relations in East Asia society may be captured. It is expected that this study will extend

knowledge in the area of intergenerational relations and give us insight into the overall effects of intergenerational relations on life satisfaction of older people in East Asian societies undergoing rapid social change.

Method

Data and Sample

This analysis used data from the 2006 East Asian Social Survey (EASS) (East Asian Social Survey Data Archive, 2009). The EASS is a biennial social survey project composed of the Chinese General Social Survey (CGSS), the Japanese General Social Survey (JGSS), the Korean General Social Survey (KGSS), and the Taiwan Social Change Survey (TSCS). The 2006 module was designated "Families in East Asia". All questions are given by structured interviews, although many data from Japan are collected by a self-administered questionnaire. The number of valid responses are 3,208 in China, 2,130 in Japan, 1,605 in Korea, and 2,102 in Taiwan. Since the subject of this study was relations between the older adults and their adult children, only subjects aged 60 and above with at least one adult child (aged 19 and above) were included. The number of respondents who fit the above conditions is 360 in China, 685 in Japan, 259 in Korea, and 403 in Taiwan.

Measures

This study aimed to compare the intergenerational relations and examine the association between intergenerational relations and life satisfaction among the elderly in China, Japan, Korea and Taiwan. Based on the intergenerational solidarity model, the study focused on three sub-dimensions of intergenerational relations: living arrangements, intergenerational support, and intergenerational norms.

Independent Variables

Intergenerational Relations

Living Arrangements

Living arrangement types were divided into two categories: co-residence or non-co-residence with adult child.

Intergenerational Support

Two dimensions of assistance were distinguished—financial and household chores. For each of these dimensions, support giving and support receiving were measured separately. A four-item scale asked: “How frequently did you do each of the following things for your child during the past 12 months?” (a) provided financial support, (b) took care of household chores. The converse was: “How frequently did your child do each of the following things for you during the past 12 months?” (a) provided financial support, (b) took care of household chores. Respondents rated each item on a five-point Likert-type scale corresponding to the following categories: not at all, seldom, sometimes, often, and very frequently.

Intergenerational Norms

In traditional Confucian culture, for adult children to provide financial support to their elderly parents is regarded as an act of filial piety (Yeh & Bedford, 2003). The present study defined intergenerational norms as the parent’s expectation of financial support from their adult children. The norm was measured by a four-item scale. The items were: (a) an unmarried adult man ought to provide financial support to his parents; (b) an unmarried adult woman ought to provide financial support to her parents; (c) a married adult man ought to provide financial support to his parents; and (d) a married adult woman ought to provide financial support to her parents. The items were administered in a Likert-type scale with seven options ranging from strongly disagree (1) to strongly agree (7), so that high scores represent high expectations pertaining to filial norms.

Personal Characteristics

The following characteristics of older adults were considered: age, gender (0 = female, 1 = male), marital status (0 = not married, 1 = married). Self-reported health was measured on a five-point Likert-type scale ranging from very bad (1) to very good (5).

Dependent Variable

The life satisfaction of the older adults was measured by the question: “All things considered, how satisfied are you with your life as a whole these days”? The answers to this question were rated on a five-point Likert-type scale ranging from very dissatisfied (1) to very satisfied (5).

Results

Intergenerational relations between older adults and their adult children

Living Arrangements

Taking all four countries into account, the percentage of intergenerational co-residence in East Asian societies stood between 30 percent and 53.3 percent. Taiwan has the highest rate of co-residence (53.3%). In Japan, 45 percent of the older adults lived with their adult children, and the percentages of co-residence in China and Korea are the lowest among the four places.

Mutual Support

Overall, the elderly in China and Japan provided the most support to their adult children, while those in Taiwan provided the least. Especially when it comes to financial support, the elderly in Japan and China provided significantly more support than those in Taiwan. The support that elderly people received from their children, no matter whether it is financial support, assistance with chores, or just overall support, was the least in Japan. As to the flow of intergenerational exchange in East Asian families, in China, Korea and Taiwan, older adults received more assistance from their adult children than they provided to them. Only older adults in Japan provided more assistance to their adult children than they received.

Intergenerational Norms

Older adults in Korea and Taiwan reported higher filial norms expectations than their Chinese counterparts. In addition, filial norms expectations of older adults in Japan are the lowest among the four places.

Table 2: Intergenerational Relations in Four Asian Societies: Comparing China, Japan, Korea and Taiwan (Mean (SD))

	China(C) n=360	Japan(J) n=685	Korea(K) n=259	Taiwan(T) n=403	F/ host hoc
Co-residence (%)	30.0	45.0	30.9	53.3	
G1 Provide support (1-5; Mean(SD))	2.36 (.94)	2.29 (1.00)	2.14 (1.00)	1.99 (1.01)	10.869*** C,J>T
Provide financial support	2.06 (1.11)	2.15 (1.10)	1.87 (1.09)	1.49 (1.03)	32.990*** C>T, J>K>T
Provide household chores aid	2.67 (1.29)	2.41 (1.32)	2.42 (1.46)	2.49 (1.59)	2.791*
G1 Receive support (1-5; Mean(SD))	2.76 (.94)	2.15 (.95)	2.88 (1.00)	2.81 (1.12)	59.529*** C,K,T>J
Receive financial support	2.84 (1.11)	1.92 (1.05)	2.98 (1.30)	2.84 (1.37)	89.246*** C,K,T>J
Receive household chores aid	2.68 (1.08)	2.37 (1.14)	2.78 (1.29)	2.77 (1.38)	13.450*** C,K,T>J
Norms (1-7; mean (SD))	5.31 (.72)	4.86 (.79)	5.82 (.80)	5.79 (.80)	162.858*** K,T>C>J

*p<.05, **p<.01, ***p<.001

Life satisfaction among the older adults

Table 3 shows that average life satisfaction among older adults in the East Asian countries of China, Japan, Korea and Taiwan was at three or more (mean = 3.07-3.61), indicating that they viewed their own lives quite positively. Overall, life satisfaction was higher among the elderly in Taiwan, followed by that in Japan and China. Older adults in Korea were not that satisfied with their lives. Does gender play a role in life satisfaction? Looking at these countries respectively, elderly men in China expressed significantly higher life satisfaction than their female counterparts, but no significant differences were found in the other places.

Table 3: Life Satisfaction among the Older Adults in Four Asian Societies

	China(C) n = 360	Japan(J) n = 685	Korea(K) n = 259	Taiwan(T) n = 403	F/ host hoc
Life Satisfaction (1-5) mean (SD)	3.41 (.75)	3.52 (.90)	3.07 (1.01)	3.61 (.98)	20.796*** T>C>K; J>K
Male	3.51 (.76)	3.53 (.90)	3.12 (1.05)	3.53 (1.05)	
Female	3.33 (.73)	3.50 (.91)	3.03 (.98)	3.68 (.90)	
Male Vs. Female (within State) t-test	2.226*	.349	.691	-1.622	

*p<.05, **p<.01, ***p<.001

Intergenerational relations and the life satisfaction among the older adults

To examine how intergenerational relations influenced the older adults' life satisfaction, we used ordinary least-squares (OLS) regression analysis with life satisfaction as a dependent variable. Table 4 presents standardized estimates predicting life satisfaction of the older adults in China, Japan, Korea and Taiwan.

From Model 1 to Model 3, we controlled the individual variables of the older people and analyzed how each aspect of intergenerational relations affects older people's life satisfaction. Although the extended family model is culturally dominant in East Asian society, Model 1 shows that only Korean older adults who live with adult children are more satisfied with life than those who do not live with adult children. In Japan, Model 2 shows that intergenerational filial norms significantly predicted life satisfaction, and higher filial norms expectations increased older adults' life satisfaction. In Japan, Model 3 shows that when elderly parents provided more support, their level of life satisfaction decreased. On the other hand, in Korea and Taiwan, the elderly parents enjoyed greater life satisfaction when they received more support from their adult children.

To further find out the associations between living arrangements, support exchange and filial norms as aspects of intergenerational relations and older people's life satisfaction, Model 4 added the living arrangements and the interaction terms between filial norms and intergenerational support exchange. In Model 4, interaction terms were significant only for the Korea sample. The interaction between receiving support and filial norms was statistically significant. Korean older adults who endorsed higher filial norms and received more support from adult children were more satisfied with life.

Table 4: Multiple Regression Coefficients Predicting Life Satisfaction

China (n=360)				
	1	2	3	4
Age	.020	.020	.029	.027
Gender ^a	.081	.079	.074	.086
Marital status ^b	.054	.065	.083	.056
Health status	.174**	.169**	.165**	.168**
Co-residence ^c	-.039			-.039
Norms		-.019		
Provide support			.062	
Receive support			.036	
Provide support *Norms				-.014
Receive support *Norms				-.078
R ²	.054	.047	.051	.055
F	2.86**	3.497**	3.188**	2.94**

Japan (n=685)				
	1	2	3	4
Age	.173***	.155***	.161***	.167***
Gender ^a	-.007	-.028	-.012	-.002
Marital status ^b	.073	.063	.077*	.071
Health status	.380***	.365***	.378***	.380***
Co-residence ^c	.041			.039
Norms		.112**		
Provide support			-.084*	
Receive support			.052	
Provide support *Norms				-.029
Receive support *Norms				.052
R ²	.160	.169	.162	.162
F	18.42***	27.630***	21.935***	18.629***

Korea (n = 259)				
	1	2	3	4
Age	.038	.005	.004	.046
Gender ^a	-.013	.004	-.013	-.031
Marital status ^b	-.058	-.090	-.071	-.056
Health status	.248***	.275***	.284***	.264***
Co-residence ^c	.154*			.125*
Norms		.083		
Provide support			.010	
Receive support			.146*	
Provide support *Norms				-.019
Receive support *Norms				.132*
R ²	.110	.073	.091	.099
F	4.06***	3.975***	4.262***	3.945***

Taiwan (n = 403)				
	1	2	3	4
Age	.170**	.164**	.153**	.175***
Gender ^a	-.135**	-.135**	-.122*	-.138**
Marital status ^b	.066	.066	.079	.068
Health status	.357***	.360***	.339***	.356***
Co-residence ^c	.060			.061
Norms		-.073		
Provide support			.020	
Receive support			.140*	
Provide support *Norms				-.049
Receive support *Norms				-.001
R ²	.147	.148	.158	.149
F	9.72***	13.800***	12.520***	9.851***

*p < .05, **p < .01, ***p < .001

Note: a. Reference = female; b. Ref = married; c. Ref = non-co-residence

Discussion and Conclusion

Inspired by the intergenerational solidarity model, this study examined key issues such as living arrangements, filial norms and mutual exchanges between generations in China, Japan, Korea and Taiwan. The analyses revealed that intergenerational relations in the four East Asian societies reflect their traditions and cultures to a certain extent. The most noticeable structural difference between East Asian families and their Western counterparts is perhaps the co-residence between the elderly parents and adult children. Our result shows that the percentage of intergenerational co-residence in the four Eastern societies ranges from 30 percent to 53.3 percent. On the other hand, the flow of providing financial aid and helping with household chores between generations was basically from adult children to their parents. This corresponds with the filial expectation, and thus deviates from the Western pattern (e. g., Bengtson & Harootyan, 1994).

What impact did the intergenerational relations between elderly parents and their adult children in the four East Asian societies have on the older person's psychological well-being? Our study documents that elderly parents enjoyed greater life satisfaction when they received more support from their children, and those who provided more support to their children were less satisfied. The analysis on Korea further certified that the more expectations an older person has on filial norms, the more satisfied he or she feels with life when receiving support from children.

By contrast, according to studies from the West, playing the giver's role was found to facilitate life satisfaction, while imbalanced intergenerational support had a negative influence on the older person's psychological well-being when this support was provided mainly by the adult child to the parent (Lowenstein, 2007; Lowenstein et al., 2007). Such differences between the East and the West can be explained from a socio-cultural perspective. In Western society, older people highly value independence. When they are in imbalanced exchange relations with their children, the inability to reciprocate means that older persons become dependent and feel powerless, and are thus demoralized (Lee, 1985). In Asian settings, because traditional values highlight the importance of filial piety and of responsibility of adult children in taking care of parents in old age, most adult children support their older parents. The old saying goes, "storing crops for famine time and rearing children for senior days", meaning that just as one stores up grain against lean years, parents bring up children for the purpose of being looked after in old age. The emphasis in Asian communities on the "invest–return" dimension during a person's lifespan has been shown to differ from the "symmetric reciprocity" rule of the intergenerational support mechanism of the West (Akiyama, Antonucci, & Campbell, 1997). Cultural values reinforce the meaning and expectations of intergenerational support and shape the outcomes.

Comparing these four East Asian societies, intergenerational relations between older people and adult children in Japan are truly more unique. In Japan older adults are least likely to receive support from adult children; conversely, they are more likely to provide support to adult children. The economy and society of Japan are more highly developed; the country also has the most complete senior welfare system in East Asia. In Japan, the "Gold Plan" was implemented in 1989 with a ten-year program to promote health and welfare services to the elderly, and monthly pensions exceed the typical wages of college graduates. In addition, on 1 April 2000 Japan started public long-term care insurance (LTCI) under the slogan "From Care by Family to Care by Society". The LTC scheme covers a wide range of community care and institutional care services, and is based on the concept of "socializing" care. "Socializing" care recognizes that

the care of the elderly should no longer be left solely to the family but should be supported by the entire society through an increase in services (Campbell & Ikegami, 2000). This marks a radical shift in Japanese policy, reflecting wide-ranging changes in Japanese society, including to family structure, and attitudes to caring for aged parents (Eto, 2001).

Since the national long-term care insurance scheme was proposed in 1990, senior care in Japan has become "a kind of social service" rather than "something borne by individual families". The country also strives to balance between "family" and "state". What is the association between intergenerational relations in families and social welfare schemes? Because of aging populations and declining fertility rates throughout East Asia, all four societies have dwelled on welfare and family policies over the last several years. From a mainstream economic perspective, the official welfare support provided by the state and the intergenerational support provided by families are inter-replaceable. In other words, when the Welfare State replaces families, family support will decrease and intergenerational solidarity will weaken (Cox & Jakubson, 1995). The "crowding out" thesis has widespread support among economists but has recently been challenged by family sociologists in Europe. They proposed the "mixed responsibility" hypothesis, which predicts a combination of family and formal help and support. They suggested it is possible for formal and informal support systems to be complementary and to take on specialized roles. In societies with well-developed service infrastructures, help from families and welfare state services act accumulatively (Motel-Klingebiel, Tesch-Roemer & von Kondratowitz, 2005). The complex relationship between the relative levels of support given to older people by the welfare state and by family is in need of further exploration. In times when demographic structures and family forms are changing rapidly in East Asia, a continuous effort in studying intergenerational relations and a further analysis of family policies aiming to reveal East-Asian-based experiences to the world should be major research objectives in the future.

The use of a single-item measure of life satisfaction as variable was a limitation in the present study. The findings and their interpretations should therefore be

regarded with some caution. Despite these limitations, the contribution of this study is that it has examined the effect of intergenerational relations on older people's life satisfaction in the context of multi-dimensional intergenerational solidarity (living arrangements, intergenerational support, and norms). The research design of this study should help paint a clearer picture of the intergenerational relations between older people and their adult children in East Asian societies. We suggest that future research utilize the findings of the study as a basis for delving into the minds of adult children, and discussing how the relations between the two generations influence adult children's psychological well-being.

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Green Care in Agriculture

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Abstract

Society is facing a number of ecological, socio-demographic and medical-sociological challenges. People are getting older and older, and widespread diseases, such as obesity, as well as an ever-increasing number of psychosocial disorders, such as burnout, depression or anxiety, pose a heavy burden both on people concerned and the health-care system.

At the same time, agriculture has to fight various problems: the structural change in agriculture leads to a constant reduction in the number of farming enterprises, as well as a large decrease in the number of the agricultural population and persons who work in the agricultural sector. Changes in the socio-economic farming structure lead to an almost complete loss of non-family labour force. Large enterprises also work areas of agricultural land, which results in empty farms being left to decay if they cannot be used in a sensible way. Furthermore, there is also a lack of successors who might take over the agricultural businesses. It seems by no means a matter of course that the structure of agriculture can be maintained for future generations.

The question therefore is what new sources of income and innovative, economically sustainable projects are available in order to make agriculture more attractive. Green Care is such an advanced, unconventional project: it makes it possible also for small agricultural businesses to have an additional source of income and, beyond that, makes an important contribution to education and health.

Keywords:

Green Care,
agricultural enterprise,
mental health,
quality of life



Green Care comprises activities in the field of diversification, already tourism and direct marketing have established themselves as a second mainstay for agricultural businesses. The challenge now is to integrate the social level into the agricultural sector. The agricultural world of living and work is perfectly suited to this, thanks to the not very complex and easily manageable structures of rural life. The diversity of work processes, home economics, the handling of animals and plants, the character of work which is still alienated to a relatively small extent, open up opportunities for miscellaneous social projects. The broad range of services offered comprise the areas of pedagogics, care & nursing, therapy

and social work. This creates a win-win situation for all parties involved, that is, farmers, users, as well as social institutions.

Although not many international studies are available yet, some do in any case prove the consequences of Green Care. The positive effects are quantifiable through the measurements of body reactions. Spending as little as one or two minutes in a green environment makes one's good mood improve, the brain-flows to run more synchronously, increase the concentration and association abilities, reduces stress hormones and the muscles relax. The blood pressure drops by ten percent, the pulse becomes quieter, and the metabolism gets stimulated. A lot of green can therefore help to heal mental and physical wounds.

This leads to a demonstrable reduction of the administration of medicine, which can contribute to decreasing health care costs. At the same time – and this is where the added value of Green Care activities comes into play again – new jobs and apprenticeship positions are created, thereby supporting the re-socialisation and reintegration of disadvantaged people.

Green Care in Agriculture

“Green Care” stands for the use of agricultural enterprises – animals, plants, gardens, the forest and landscape – as a basis for promoting mental and physical health, as well as the quality of life for different groups of clients (Braadstedt et al., 2007:13, translation: Schneiter-Ulman, 2010: 25).

Green Care in agriculture includes agricultural enterprises, which integrate people with physical, mental or emotional impairments. The projects offer a perspective for socially disadvantaged persons, juvenile offenders or those with learning difficulties, addicts, long-term unemployed persons, active senior citizens, children, etc. Aspects and objectives are provisions, inclusion, rehabilitation, education and, eventually, simply an improvement of the quality of life. However, it is not only the abovementioned target groups that profit from the project. Agricultural enterprises thereby also develop a second mainstay and, beyond that, profit through training and further education in the social sphere if there is any interest.

Beside social agriculture, there is a range of further Green Care activities, such as care and nursing, animal-supported therapy and pedagogics, garden therapy etc. All these activities can also be carried out on a farm. The agricultural family business can be involved in the provision of services in many different ways.

Necessity

Society is facing a number of ecological, socio-demographic and medical-sociological challenges. People are getting older and older, and widespread diseases, such as obesity and diabetes, as well as an ever-increasing number of psychosocial disorders, such as burnout, depression or anxiety, pose a heavy burden both on people concerned and the health-care system.

At the same time, agriculture has to fight various problems in many places: the structural change in agriculture leads to a constant reduction in the number of farming enterprises, as well as a strong decrease in the number of the agricultural population and persons working in the agricultural sector. Changes in the socio-economic farming structure lead to an almost complete loss of non-family labour force. Large enterprises also work areas of agricultural land, which results in empty farms being left to decay if they cannot be used in a sensible way. Furthermore, there is also a lack of successors who might take over the agricultural businesses. It seems by no means a matter of course that the structure of agriculture can be maintained for future generations as well.

Agriculture

Farmers provide a broad range of services to society: they set our table with high-quality foods, tend the cultivated landscape, are responsible for the preservation of species and varieties and produce renewable energy. This must remain the case in the future as well, since a dynamic rural area guarantees the quality of life for all of us. Given the difficult situation of farmers, it is necessary to look for additional income opportunities in order for them to be able to maintain their business. It raises the question regarding new sources of income as well as innovative and economically sustainable projects so as to make agriculture more attractive. Green Care is such an

advanced unconventional project, as it makes it possible also for small agricultural businesses to have a significant additional source of income and, beyond that, makes an important contribution to education and health.

Green Care comprises activities in the field of diversification, already tourism and direct marketing have established themselves as a second mainstay for agricultural businesses. The challenge now lies in integrating the social level into the agricultural sector. The agricultural world of living and work is perfectly suitable thanks to the not very complex and easily manageable structures of rural life. The diversity of work processes, the handling of animals and plants and the still relatively little alienated character of work, open up opportunities for miscellaneous social projects. The broad spectrum of services offered include the areas of pedagogics, care & nursing, therapy and social work. This creates a win-win situation for all parties involved: farmers, users and social agencies. There is a variety of opportunities with a different scope for social services in agriculture: “Kindergarten on the Farm” (“Kindergarten am Hof”), “Animal-Supported Therapy and Pedagogy” (“Tiergestützte Therapie und Pädagogik”), as well as health promotion and prevention in the event of burnout, for example. The “work integration” of people with disabilities or long-term unemployed persons is also covered by the offer. Moreover, the projects “Assisted Living” (“Betreutes Wohnen”) or “Day Centers at the Farm” (“Tageszentren am Hof”) offer elderly persons or people with disabilities the opportunity to make use of the agricultural infrastructure and its offers.

The requirements for farmers are manifold: in the simplest case, only the infrastructure is provided in the form of renting out vacant premises at the cultivated farm. However, also active commitment is welcome. If any of the persons living on the farm has got any qualifications in the field of pedagogics or therapy and can imagine working at his or her own business instead of commuting to another location, adequate jobs can be created at his or her own farm thanks to the collaboration with social agencies and institutions. For this, for example, pedagogues, care workers or therapists are needed. This gives family members who live at the farm the opportunity to attend targeted training courses as a second-chance education

and to contribute the skills they have acquired at a later stage. In this process, a close collaboration with social agencies and the institutions in charge is necessary to guarantee quality and a high content-related demand.

Green Care is not a patent remedy for diversification for every farm, however. On the other hand, if a desired Green Care concept can be brought into harmony with the family’s life circumstances and if there are suitable framework conditions, there is nothing standing in the way of a start. In many cases, it is architectural or design-related adaptations which are necessary, for example for creating barrier-free accesses or to making other appropriate arrangements. For this purpose, there are investment subsidies across Austria within the framework of the new LE 14-20 program.

In any case, it is always important that farmers wholeheartedly support the project and the approach of social work. The main consideration therefore is to make something possible that is already inside the people, since nobody needs to be martyred for the cause!

Target groups and offers

The offer of Green Care activities is highly diversified, ranging from offers regarding child care and day-care centers to animal-supported therapy and pedagogics-related offers to social work and in-patient nursing facilities. All measures serve the purpose of improving and promoting people’s well-being, both mental and the physical.

The target group of clients is made up of people of all ages and origins. Managers come here to recover from a burnout, elderly persons receive care and people with disabilities find meaningful work with and in nature, and take on responsibility by caring for animals. As a working, living and experience environment, farming enterprises offer the framework structure for health-oriented life in and with nature.

Some areas of Green-Care activities are now listed and described. An important instrument is ANIMAL-SUPPORTED THERAPY. For this purpose, the wonderful talent of farm animals has been discovered: cattle, sheep, pigs and goats also have other talents than just providing

us with milk, meat and wool; they also comfort our souls, support us in the process of social learning and give back to us our lost self-confidence. The social perception of animals is one of the most important properties that Animal-Supported Therapy takes advantage of. Other important aspects are the emotional attention and recognition beyond our usual systems of human relationships. Animals display a high degree of empathy, because they can sense it if their counterpart is not feeling well. They accept all people, irrespective of their looks and social status. Thanks to these properties, they meet all requirements a good therapist must have – that is, empathy, appreciation and tolerance. Animal-Supported Therapy is about promoting physical, mental and psychic health and improving our well-being. This form of therapy is also applied in the field of education and training.

GARDEN THERAPY includes the targeted use of nature for improving the mental and physical well-being of humans. The positive effect that dealing with plants and nature has on humans and their mental and physical state is scientifically proven. This knowledge is used in the field of therapy and also in the work with people who are confronted with special life situations. As such, Garden Therapy is suitable for all age groups and for the treatment of many disease patterns: children with development deficits, psychiatric disorders, the treatment of addicts, rehabilitation, and integration, and particularly, geriatrics are those for whom this form of therapy achieves verifiably positive results.

CARE FARMING is defined as the use of agricultural enterprises in order to promote the physical and mental health of people. The users are motivated to go about their daily activities in the enterprise in question in accordance with their capabilities, objectives and wishes. Not only agricultural enterprises with animals, but also those with plant production, or a combination of both can be used. Beside the use for promoting the physical and mental health of a person, Care Farms can also serve as a venue for promoting measures in the social and pedagogic field. The definition of the target groups relates to persons who are in need of social or medical support. It varies from country to country in Europe how strictly or freely this definition is interpreted. Generally, this offer is intended

for children and youths with learning difficulties, patients from mental hospitals, former drug and alcohol addicts, elderly people with or without dementia, long-term unemployed persons, as well as patients suffering from burnout.

Depending on the target group and the individual objectives and wishes, Care Farming can be used to pursue different goals. This includes the structuring of a meaningful daily routine, work trainings, social (re)integration, pedagogics, as well as rehabilitation. Care Farming makes it possible to take part in family, work and housing. The social capital of the family providing care can be used for further steps towards social participation, the point being that jobs and housing opportunities are often brokered by the care-providing family.

The target groups of FARM PEDAGOGICS are children and youths. On a daily basis, we have to deal with agricultural products. Everything from breakfast milk to butter, cheese and eggs comes from the farm. The intention is to make, particularly urban children, aware of this fact who, in many cases, only know foods from supermarket shelves. Moreover, agriculture does not only supply the world with foods, but also with adventures that take us back to nature and to our roots. The farm is an ideal place to strengthen children and to make knowledge & responsibility, as an experience, a possibility.

Social agencies

Diversification is becoming more and more important for social agencies as well. In order to remain competitive, they also need to constantly extend their offers. Phenomena of current times, such as over ageing, invalidity pensions, youth unemployment, psychosomatic disorders, employment therapy for people with disabilities, etc. pose a great challenge for society.

The expenditures that arise from them on an annual basis are huge and include direct costs for treatment and therapy, but also indirect costs resulting from sick-leave, early retirement or productivity losses.

Green Care offers an opportunity to master these challenges through sustainable, innovative projects and also to offer solution approaches.

The intention is, of course, not to replace conventional health and social services, but rather to make possible new and high-quality perspectives with supplementary, specific offers that are not in competition with each other. Through the extension to the field of agriculture, lots of opportunities arise for social agencies to distinguish themselves in society.

Green Care is about far more than just stroking animals. Even lay people acknowledge that nature, a familial environment, structured daily routines with meaningful activities, security and social involvement promote our health and well-being.

Although there are not many international studies yet available, some do prove the consequences of Green Care. The positive effects are quantifiable through the measurements of body reactions. Spending as little as one or two minutes in a green environment makes one's good mood improve, the brain-flows to run more synchronously, increases the concentration and association abilities, reduces stress hormones and the muscles relax. The blood pressure drops by ten percent, the pulse becomes quieter, and the metabolism gets stimulated. A lot of green can therefore help heal mental and physical wounds.

This leads to a demonstrable reduction of the administration of medicine, which can contribute to decreasing health care costs. At the same time – and this is where the added value of Green Care activities come into play again – new jobs and apprenticeship positions are created, thereby supporting the re-socialisation and reintegration of disadvantaged people.

Home economics can be an integrative part of these different nature related activities. Growing vegetables and raising farm animals lead to the fields of cooking, nutrition and food preservation. Artisanal handicraft, as a traditional main sector of craft, applies to a wide range of creative and design activities that are related to making things with one's hands and skill, including work with natural materials, such as plant fiber, and is practiced in rural areas. The vocational and social fields of studies of home economics play an essential role in different Green Care activities.

Green Care in Austria

What has been common practice in other countries already for several years is still being worked on as a new field in Austria. In the Netherlands, Green Care can meanwhile look back on a history of more than 20 years, there being already as many as around 1,000 Green Care businesses. Norway is also considered an exemplary country, and in many other countries, the great opportunity that Green Care can offer has meanwhile been recognised. What was often derided at the very beginning has progressively gained a reputation in Austria as well: a few Green Care pioneers with their unique, social services have gained acceptance on the market. The demand for the products offered, as well as the results of their work, have convinced everyone.

Now the objective is to entrench Green Care products and services in the new agricultural policy, the objective being to achieve a targeted support on the part of public bodies, as well as an integrated use of the EU Structural Funds.

A first step has already been taken with the Project "Green Care – Wo Menschen aufblühen" ("Green Care – Where people blossom out") initiated by the Chamber of Agriculture of Vienna with the support by the Federal State, the Federal Province and the European Union (LE 2007-13).

Since November, everyone interested in the field of Green Care has the opportunity to acquire a Master of Science degree. The College for Agrarian Teacher and Consultant Training in Vienna offers this extra occupational degree course, which is unique across Europe, for a duration of six semesters.

The College for Agrarian Teacher and Consultant Training in Vienna is the pedagogical center for the training of teachers and consultants in the occupational fields of agriculture and forestry, as well as in environmental pedagogics. Both the rural and the urban Austrian economic area will in future be more and more influenced by a structural, ecological and societal change. Well-trained people, coupled with the opportunity of the further training of many others, are central elements of a sustainable development. Particularly in the booming

marketplace of Green Care, it offers a clear and explicit description of an occupational image with an appropriate qualification as being required. This is why the Vienna-based College has developed the extra-occupational study program called “Green Care – Pädagogische, beraterische und therapeutische Interventionen mit Tieren und Pflanzen” (“Green Care – Pedagogical, Advisory and Therapeutic Interventions with Animals and Plants”).

The masters’ study course is intended for everyone who is working in the field of pedagogics, consulting, therapy or the “green” area and who is interested in the field of Green Care – either for purposes of professional development or for acquiring additional qualifications. The objective of this master’s study course is to train experts for the field of Green Care. Under the name Green Care, all activities that have to do with physical, mental, pedagogical or social preservation or promotion measures are summarised, and content-wise includes the use of nature, animals or plants. Well-known examples are animal-supported therapy (with small animals, farm animals or riding animals), care farming (the use of agricultural businesses) and garden therapy.

In November 2012, the Green Care master course started for the first time with 16 participants from Austria and Germany, the latter mainly coming from the areas of social work and pedagogics, but also from fields like coaching, ergotherapy, medicine, sociology, as well as agriculture and horticulture.

The strengths of the master course include the close connection of scientific works with the practical implementation in the fields of pedagogics, consulting, as well as the therapy with animals and plants.

Green Care establishes a link to the areas of health, social matters, agriculture and education. In this field, the aim is to achieve a joint financing scheme, however with a clear separation of responsibilities. The intention is to provide support to agricultural businesses through promotions for investment and infrastructure from the European Agricultural Fund for Rural Development (EAFRD). There are also subsidies in the field of training and further education to make sure that Green Care projects can establish themselves in Austria and that their sustainability is guaranteed.

Widowhood, Malnutrition and Poverty: Intergenerational Reconnection for Improved Nutritional Status

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intergenerational

Abstract

The need for intergenerational programs to support the widow universally has never been greater for elder women than now considering life expectancy has increased in numerous cultures and women traditionally outlive their husbands. There is evidence to support that widowhood contributes to decline in overall health. Widowhood can take on another form known as quasi-widowhood when caregivers of a spouse abruptly must transition to placing their spouse in an institution. Awareness, knowledge and skills by home economists and health care workers to reconnect the intergenerational family to the grieving widow are necessary when determining the course of action particularly if the health of the widow continues to deteriorate. Prolonged isolation of widows whether by abrupt loss of a spouse or by quasi-widowhood can accelerate the initiation and progression of chronic disease and if living in poverty can lead to malnutrition. Creating community systems or programs to reconnect the widow to the family or neighborhood is necessary to promote healthy aging. Strategies to reconnect the widow to their family in order to improve nutritional status using various interventions is the basis for this paper.



Introduction

It is predicted that by 2030, one in every eight persons in the world will be over the age of 65 (Li, et al., 2007). The family is still the bedrock cornerstone of society and defines cultures, values, and norms in communities. The family has been defined in many ways in various regions of the world yet in 1948, the United Nations declared: “the family is the natural and fundamental group unit of society and is entitled to protection by society and the State” (United Nations, 1948). In the 1980s and 1990s, the U.S. Bureau of Census defined a family as two or more individuals related by blood, marriage or adoption who resides in the same household (Cherlin, 1981). This definition is still appropriate for the discussion of this paper and combines household and kinship or extended family members in a family unit in America today. Despite

all the definitions of family, the unit consists of “people related through affection, obligation, dependence or cooperation” (Rothausen, 1999).

Evidence supports that in some developing countries, entire generations are being wiped out by illness and in particular by AIDS/HIV (Larsen et al., 2006). Even though the incidence of HIV has fallen by 25 % in the last decade, those dying of AIDS is the same (UNAIDS, 2010). The overweight and obesity rates in developed countries are now at the rates of an epidemic of cholera (Nonas, Foster, & Farley, 2009).

The poverty, obesity and malnutrition paradox has recognized that malnutrition is often associated with poverty and food insecurity and malnourished is defined as poorly or wrongly fed and having a poor or inadequate diet (Tanumihardjo, et al., 2007). This form of obesity and malnutrition can be in all age groups including widows. Widows worldwide at which widowhood occurs by age, widows living in poverty and widow assets inherited by their children before the widow is deceased are revealed in Figures 1-5 in this paper. See figures below.

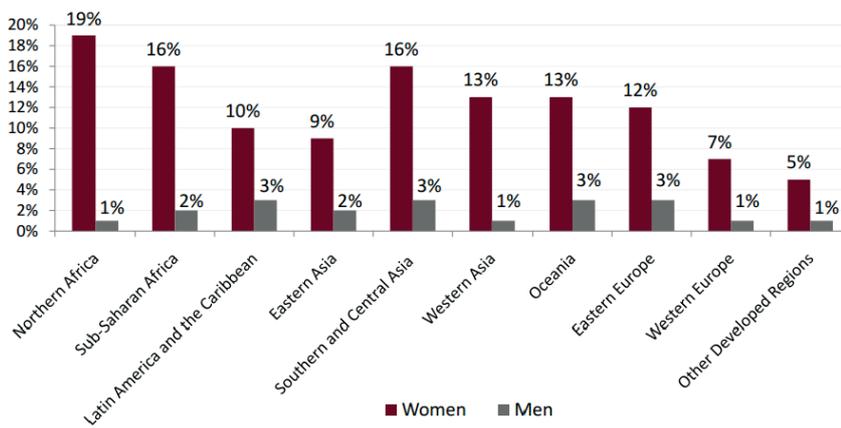


Figure 1: Percentage of those Aged 45-59 who are Widowed, 1985-1997

Source: United Nations . 2001. The World's Women 2000: Trends and Statistics. Division for the Advancement of Women, Department of Economic and Social Affairs.

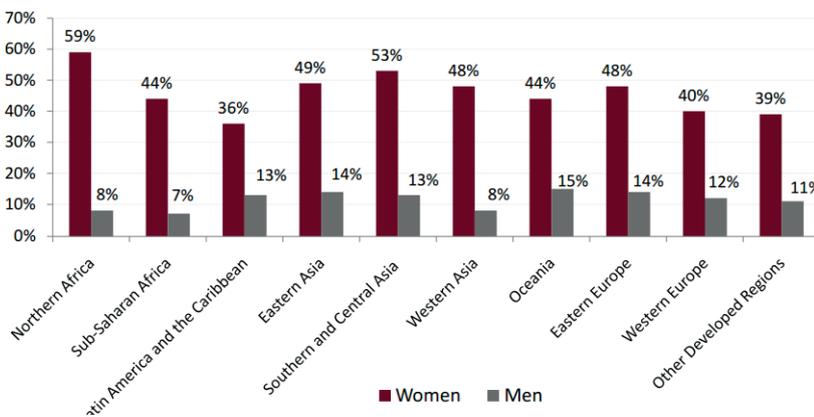


Figure 2: Percentage of those Aged 60 + who are Widowed, 1985-1997

Source: United Nations. 2001. The World's Women 2000: Trends and Statistics. Division for the Advancement of Women, Department of Economic and Social Affairs.

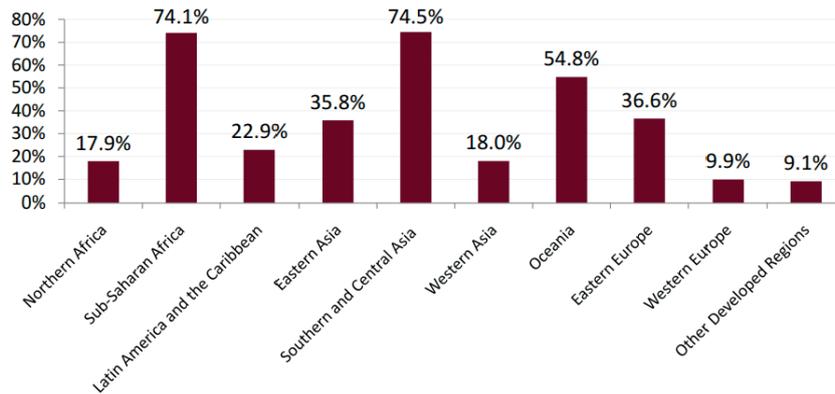


Figure 3: Percentage of Widows Living in Poverty, 2010

Source: Dutt, Vijay. Invisible Forgotten Sufferers: The Plight of Widows Around the World. Table 2.1.

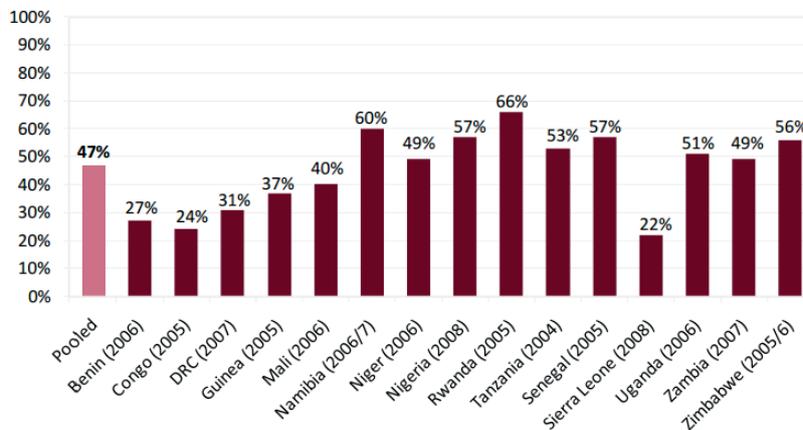


Figure 4: Widows Reporting Inheriting Any Assets in 15 African Countries

Note: Mean values are weighted using nationally-representative weights among widows ages 15-49

Source: Cross country DHS in: Amber Peterman (2010) Widowhood and Asset Inheritance in Sub-Saharan Africa: Empirical Evidence from 15 Countries.

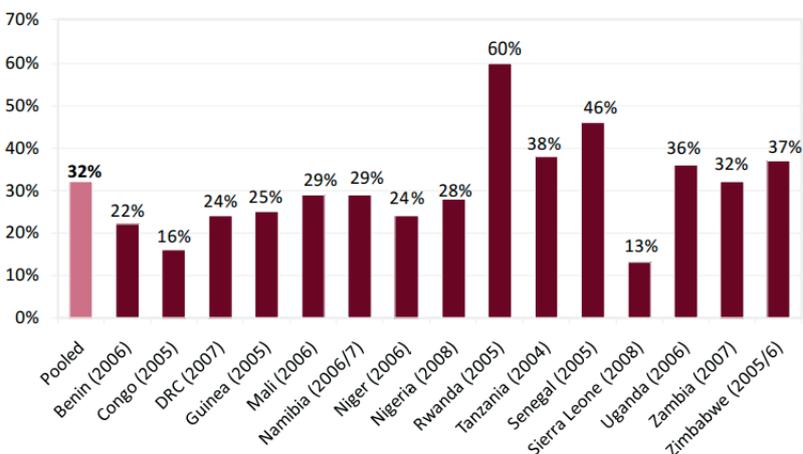


Figure 5: Widows/Widow's Children Inheriting the Majority of Assets

Note: In most cases, the majority of the assets go to the husband's family, other wife, or other persons, or the husband had no property. Mean values are weighted using nationally-representative weights among widows ages 15-49.

Source: Cross country DHS in: Amber Peterman (2010) Widowhood and Asset Inheritance in Sub-Saharan Africa: Empirical Evidence from 15 Countries .

These figures should create a picture of the plight of widows in many countries and regions and is why the issue should be addressed as to the need for intergenerational program development to prevent potential devastating concerns. Children are often the equalizers in families that have been restructured by a death, divorce or migration due to need for steady work or economic conditions (Hagestad & Uhlenberg, 2005, 2006). Many younger adults are dying prematurely or developing chronic diseases, once only seen in Elders, which plague the industrialized and accelerated societies (Nonas & Foster, 2009 and NIH, 2013). The numbers of potential caretakers for the Elder and the changing family unit of Dad, Mom, children and extended families are at risk (AARP, 2013). Whether infectious, acute or chronic illness such as obesity and Type II diabetes are acquired as a result of an environment built for disease (Haan, et al., 1987), these epidemics are changing the look of the structure and definition of the traditional family available for intergenerational caregiving.

Currently in America, there are seven caregivers for every person who is 80 years old or older. With the changing definition of family and lack of kinship close to many family members as well as a lower fertility rate, the baby boom generation and Generation X will have fewer family caregivers when they reach 80 (AARP, 2013). When migration due to employment demands has imposed the lack of intergeneration or kinship close to all family members, a life altering event such as death of a spouse will impose a hardship on the widow who is distanced from a potential caregiver in the family. When illness or disability imposes itself on any family, income and resources begin to become scarce and may lead to reduced food security, clothing and shelter acquisition which lead to an enhanced vulnerability. Intergenerational or kinship networks are then necessary for survival. The widow or the quasi-widow is then left to regroup and possibly change the living arrangements which are familiar and define her well-being. A quasi – widow is defined as “a spouse who abruptly gives up caring for her spouse and must transition to placing their spouse in an institution when care at home is no longer possible due to numerous

variables linked to the prognosis of the medical condition” (Lynn & Harrold, 1999). This category of widows has been sadly overlooked in the literature to date (Wells, & Kendig, 1997).

Bereavement and Intergenerational Needs for Healthy Aging

According to the social readjustment rating scale (SRRS) of life altering events, the death of a spouse ranks as the life altering event requiring the most intense readjustment (Stroebe, et al., 2007). Bereavement is defined as the situation of having recently lost a significant person through death. It is typically a period of intense suffering for most individuals (Stroebe, et al., 2007) and often places the widow with a potential of increased risk for physical and mental problems. The adjustment period for this life altering event can take months and even years and is different between individuals and cultures in America and across the globe (Stroebe, et al., 2007 & Rodgers, 2004).

While the 50-plus segment of the population in the United States is the third largest economy in the world, the baby boomers of the United States have 80% of the U.S. net worth and are paying \$420 billion in federal taxes (AARP, 2013). Looking at the financial stability of this appears strong to cover the needs during widowhood but this does not cover the widows who are without financial means for extended periods of time. Unfortunately widowhood contributes to varying declines in physical health with longer periods of time devoted to psychological healing and overall well-being.

According to Professor E. Grundy, (1999), most families want to see their parents and extended family live long lives and will provide care if called upon. The megatrends of a capitalistic society have created however, fewer siblings to share the responsibilities, greater female participation in the paid labor markets and economic steadiness sometimes leading to migration away from the extended family. Of course, all of these variables vary depending on the definition of the traditional family such as exists in the Mediterranean as well as America and other countries (Reher, 1998).

Well-Being among Widows Lacking Evidence

In the USA, almost one million individuals lose their partners annually, representing about 3% of women and 1.6% of men. Half of all widows are over 65 years of age. Widows commonly report depressive symptoms, low morale, low life satisfaction and overwhelming feelings of grief, sadness, anger, survivor guilt and meaninglessness (Boyratz, Horne, & Sayger, T.V., 2010). In some societies, being a widow is a very low social status in society and many can face severe social and economic as well as cultural deprivations which lead to social isolation or exclusion and lack of intergenerational program access (Ranjan, 2001). Well-being is viewed differently between the medical, psychological and other social science disciplines. Typically, the psychological or the rehabilitative aspects of widowhood are studied. The phenomenon of widowhood is under-researched in the social sciences according to Dr. Ranjan, 2001. Several theories have been proposed to account for the psychological and physical functioning of the bereaved. Some theories propose that the bereaved suffer due to unresolved conflicts associated with the stages of bereavement. Other theories propose that widows suffer because the grieving process is a major life stressor and it typically is linked to a loss of social support. Dr. Kato and Dr. Mann, (1999), point out that “both of these ideas must take into consideration that the bereavement experience is different between cultures, men and women and bereavement is influenced by the uniqueness of the death”. Exploration of these unique features have been researched and written about by Dr. Osterweis, Dr. Solomon and Dr. Green (1984) as to whether the death was unexpected or expected. An unexpected death is often associated with more prolonged grief and is more intense than an expected death. The theories most often explored in research include: psychoanalytic theories, stage theories, stress theories, and social support theories (Kato and Mann, 1999). More longitudinal studies are needed of the female widow, the male, widower and the quasi-widow so that proper intervention and intergenerational programs can be compared and developed within local regions of all countries. Even though the research is

limited within all categories, all of these theories offer some hope, assist with understanding the bereaved and grief-stricken widow and can allow for some intervention at this point.

The psychoanalytic theory is one of the earliest theories of grief reaction and was coined by Dr. Freud in 1917. The reaction of the bereaved is often of blaming themselves for the death. Individuals who have been diagnosed using this theory are at highest risk for pathological grief according to the researchers who use this model. Intervention has focused on helping the widow resolve self-blame for the loss and reinvest their focus on a new love object (Kato & Mann, 1999).

The second theory is the stage theory which proposes that these widows go through phases of denial, anger, bargaining, depression and finally acceptance of the death of their spouse. Much criticism has been expressed for this theory due to the fact that the theory is not a linear model and that widows can go back and forth between stages yet it is one of the most accepted. The stage theories do not fully account for some of the poor physical outcomes associated with grieving but have shown that the bereaved has found some relief from the depression and grieving process through the working through or process of grief management (Kato & Mann, 1999).

The third theory of grief management of the widow has been the stress theory. Many researchers believe that this model is linked to some physiological responses to the bereavement such as release of serotonin which is associated with adverse mental health outcomes linked to depression and anxiety (Reynolds, 1994). Suppressed immune and endocrinology changes making a widow more susceptible to diseases such as cancer and coronary heart disease has been explored. Responses to the stress of the death have been observed among various groups of the bereaved and may account for various adverse health outcomes (Stroebe & Stroebe, 1993). Using the stress theory models typically requires that the bereaved must adjust and even change their eating patterns, together with their exercise and sleep patterns. In order to experience relief from the grieving process reactions which may be detrimental to their health, could lead to progressive malnutrition.

The last theories which can assist in the planning of intergenerational strategies for the grieving widow or quasi-widow include the social support theories. According to these theories, the loss of a spouse is often conceptualized in that the loss means loss of emotional, financial and social support as a whole and not just the spouse. The effect model proposes that widows gain health benefits directly through social support regardless of their stress status. According to these theories, the unexpected loss disrupts social networks more than an expected loss. Perhaps in highly prone accident professions, programs for widows which reconnect them to their intergenerational families are critical, such as is necessary in mining communities, since often these locations are as a result of migration from the original homesteads. However, if the resources do not allow this return to the family of origin, perhaps programs need to be developed to assist with the social support necessary for grieving widows and their families and if not available through churches or community programs or even the mine itself then seeking to do so through non-profit foundations could be considered.

Dr. Kato and Dr. Mann's, 1999 review shows that the social support system theory is the buffering model. Their review showed that support for this model revealed that women experience more supportive relationships than do men.

Dietary Intake and Nutritional Status in Widows

In 1967, a research team led by Dr. Maddison and Dr. Walker noted a 20% incidence of major adverse health outcomes in the first year of widowhood and this has held true for many observers in the last four decades (Shahar, et al., 2001). The loss of the spouse has been linked to higher mortality. Longitudinal studies put the excess mortality of widowhood compared with married counterparts among the elderly between 30-90% in the first three months, and around 15% in the months thereafter (Elwert, & Christakis, 2008). This premature death unless contributed to by a disease, is known as the "widowhood effect". The "widowhood effect" has been noted in men and women throughout the world (Elwert, & Christakis, 2008). The longitudinal study of 373, 189 elderly American couples studied by Dr. Elwert and

Dr. Christakis, 2008 showed that the effect of widowhood on mortality varied substantially by the causes of death of both spouses. The hope in their study was to identify some intervention methods which might prevent premature deaths of these widows.

Some researchers believe there is an immunological mechanism linked to reduced physical health after the death of a spouse (Shahar, et al., 2001) while others do not believe the mechanisms underlying the effects of grief of the widow are fully understood (Shahar, et al., 2001). Various researchers believe the daily routine disruption is irreversibly changed for self-care and therefore affects the practical task of food procurement, preparation and provision of meals for sustenance (Holm, & Severinsson, 2012). Possibly, several mechanisms exist as to why the dietary intake goes down which eventually affects the nutritional status. The task of food provision is possibly temporary being in shock of the loss however the mechanism of profound grief and its impact on overall self-care, self-feeding and appetite is compromised (Utz, R. L. et al., 2001). In 1993, Dr. Rosenbloom and Dr. Whittington, (Shahar, et al., 2001) showed that widowhood was surrounded with feelings of loneliness, diminished interest in the activities surrounding eating such as meal planning, shopping, meal preparation which led to limited nutrient intake, weight loss and changes in nutritional status. Eating behaviors and nutrient selection were affected by the ongoing bereavement. Dr. Rosenbloom and Dr. Whittington's study is criticized for the use of self-reported information. The results still mimic many other studies today (Shahar, et al., 2001).

According to some cultures, food habits change drastically according to access, availability, and in some cultures, religious beliefs (Ranjan, A., 2001). If food preparation was more of a social event during the marriage, nutritional health is then a result of a series of cultural and social activities considering preparing and eating food are social events for most people (MacIntosh, et al., 1989). Severe depression accompanies loss of appetite which can influence food selection and thereby the nutrients selected (Kazes, 1993). The will to eat is affected by the following variables and these are exacerbated during the bereavement period: mood, personal preferences

and values, wholesomeness, food meets expectations of the widow or Elder, the enhancement of the eating environment especially when certain colors, patterns, designs and limitation of clutter is apparent along with the expectations of meal fellowship (Wikby, & Fagerskiold, 2004). If proper intervention for the bereaved individual does not sustain the reaction of the loss of the spouse, food habits can drastically change. Poor food habits in widows often lead to progressive anorexia of aging (Hays, and Roberts, 2006). If financial resources are limited due to the state of widowhood, food insecurity will contribute to a malnourished state. Widow and Elder food selection is critical to understand and possibly could reduce the urgency of institutionalizing Elder Widows. Often, food selection and preparation begins to become too big a chore for the once married person who now lives as a single. Food choice is a cultural, sociological and psychological event for all widows (Lewin, 1943; & Falk, et al., 1996) as well as all families.

Exploration of Programs reconnecting the Widow to the Intergenerational Family

To say that the use of the *MyPlate*® for older adults or the Elder Widow or the healthy aging widow is sufficient to resolve the eating habits is a start but is not going to resolve the bereavement process nor the lack of intergenerational programs or the understanding of the reactions the widow has to the loss of her spouse. According to Dr. Kowalski and Dr. Bondmass, 2008, widowhood and quasi-widowhood have a significant negative impact on physical health. In the Women's Health Initiative (WHI) study which studied the postmenopausal woman over three years, the mental and physical health of widows was more impaired than their married cohorts (Kowalski & Bondmass, 2008). The increased need for health care services by widows is also another indicator of changing health status. The most obvious or dramatic example of the health deterioration in a surviving spouse is the risk of death or the bereavement or widow effect. Dr. Wilcox and colleagues (2003) found that bereavement related symptoms such as depression, social isolation, body pains and poor eating habits often subside over three years, but this varies with each case and each widow.

The United States spends more per person on health care than any other country. For three decades, Americans have been dying at younger ages than people in almost all other high-income countries and have shown patterns of poorer health that are consistent over the entire life cycle from birth to old age. The National Academies of Science and Institute of Medicine, 2013 identified several factors that contributed to the reasons why Americans are so unhealthy. These include: health systems that are either unaffordable or inaccessible or both not to mention quality and safety issues; health behaviors that include higher drug abuse and higher caloric intake as well as more traffic accidents and more use of firearms in acts of violence; social and economic conditions leading to more child poverty, income inequality and lower rates of social mobility; and finally, physical environments which are designed around automobiles limiting physical activity and contributing to obesity. Public health must be improved in the United States for the entire life cycle. Perhaps the lack of intergenerational programs for the displaced widow and quasi-widow is due to the mortality and morbidity of the younger generations.

It has been clearly shown in behavioral studies that eating with friends or relatives enhances food intake by 40-60% and therefore prevents the risk of malnutrition in isolated widows (de Castro, 1994; Heinrich, & Prieto, 2008). While the religion assists in the bereavement process of many widows, the United States is not a culture that allows or provides a great deal of support to the grieving person.

Research indicates that children, parents and grandparents are living in the same home, dependent on each other for finances and caregiving (Generations United, 2011). In a recent Generations United poll (2010), the respondents overwhelmingly agreed that politicians sometimes pit one generation against another in order to limit public support for child care, health care, Social Security and other government funded programs (Generations United, 2010). The 2011 Generations United principles that were determined to assist in forming more intergenerational programs and support for the family unit were: make lifetime well-being for all the highest priority; consider the impact of every action on each generation; unite rather than divide the generations for greater social

and financial impact; and recognize and support every generation's ability to contribute to the well-being of their families and communities (Generations United, 2011). "Grandfamilie's" is the new word for intergenerational family units and programs. By keeping children out of the government funded foster care system, tax payers save more than 6.5 billion dollars a year (Generations United, 2011). The National Family Caregiver Support Program (NFCSP) and the Lifespan Respite Act were voted into law in order to provide caregiving to assist throughout the life cycle. The Lifespan Respite Act provides funding to state governments to implement respite programs for caregivers of people of any age. The quasi-widow and the widow can be assisted in the United States even if megatrends such as migration due to need for steady employment displaces a widow from her family of origin. The stress of relocation needs to be explored particularly in the Elder widow. More tax relief should be available for grandfamilies. Intergenerational activities in our churches, communities, foundations and schools need to be encouraged as well as culturally embracing families' heritage of origin before developing food, nutrition and family services programs (Butts, 2010; Thang, & Kalyani, 2012).

Paid family leave to be extended in order to balance work and family life throughout the life cycle must be re-evaluated in America. A pool of flexible and trainable employees can be made available to all companies who value their employees as their number one resource for successful productivity and increased profit margins, especially considering the current unemployment rate (Fox News, 2013). Employees are happier and more productive when they know they can care for their extended family and intergenerational family's needs, which includes the widow.

Summary

Trends which include immigration, migration, and urbanization have created problems in modern society particularly between the very young and old; they can cause competition for resources and limit the story-telling that enriches the lives of multiple generations around the topics of food, meal planning and preparation; as well as curtailing the family bonding which enhances the

nutritional status of the entire family through proper teaching on nutrition for all (McGregor, 2012). In order to reconnect the widow or quasi-widow to the family of origin or the intergenerational structure of her remaining family, programs focusing on localization are the hope for her survival in order to prevent potential malnutrition or poverty and improve her overall nutritional status for healthy aging. Strides to enhance the Family Relations classes on eliminating social exclusion of the widow and teaching students to include the widow in intergenerational programs would make excellent topics and assignments for our teacher educators, family services and dietetic students.

Discharge planning in hospital facilities need to include the home economics organizations so that proper intervention is discussed, documented and included in the continuum of care if the widow has recently been seen by the clinical hospital facilities for depression or numerous age-related or nutrition specific acute or chronic diseases. Current food related courses are consistently looking for community engagement projects to reach out from the classroom theory to the community in order to possibly connect intergenerational programming as an extension of the skill sets taught in the didactic classroom. This would be an excellent way to reconnect the widow, while at the same time, promoting nutrition and food security assessment issues and interviewing skills between the elders and the youth; it would also promote undergraduate research opportunities and meet the nutritional needs of the isolated widow who may be displaced from her family of origin. Many universities who have student run restaurants could begin program planning to assist with meal generation for the isolated widow while working in harmony with existing programs, of course, taking into account food handlers license and state regulations for producing, distributing and serving wholesome foods.

A summit or workshops need to be designed to bring the school systems, local governments and health care system representatives to develop and support intergenerational planning for communities in order to promote a haven for widows and quasi-widows that can be sustained for healthier families and societies in America.

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SECTION

Family Resources, Poverty and Nutrition

Empowering The Care of Family Members to Improve Child Nutritional Status

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Abstract

United Nations Children Fund (UNICEF) acknowledges the aspect of care to be one determinant factor of children's nutritional status. Realizing that there is a limited knowledge and skills among families in Indonesia about care resources and practices, it is very urgent to make efforts in improving care practices and analyze their effect on children nutritional status. This was an experimental study which involved 132 sample units from two levels of care intervention (with and without treatment) and two groups of family (poor and non-poor). The test of distinction for the change in the child's nutritional status before and after the intervention in both groups indicated that unlike the control group where there was a decrease in the Z score for body weight/age (Z-W/A), the treatment group in fact had an increased Z-W/A though the difference between groups was not a statistically significant. The result of analysis showed that care resources and behavior have an effect on the increased Z-W/A. This research presents scientific evidence that care empowerment for mothers, cadres, and pre-married women that targets problems and needs and is conducted with an appropriate method and approach can improve the care of the target.

Keywords:

families,
care,
improving child,
nutritional status



Introduction

Better nutrition is a prime entry point to ending poverty and a major tool to achieving better quality of life. That's why, freedom from hunger and malnutrition is a basic human right and their alleviation is a fundamental prerequisite for human and national development. Nutrition is an input to and foundation for health and development. Interaction of infection and malnutrition is well-documented. Better nutrition means stronger immune systems, less illness and better health. Healthy children learn better. Healthy people are stronger, more productive and more able to create opportunities to gradually break the cycles of both poverty and hunger in a sustainable way (Sunarti, 2009).

The inadequacy of nutrient ingestion and the presence of infectious disease can cause malnutrition. The underlying

causes operating at the family and community level are three, namely, the availability of food; the availability of health facilities and sanitation; the maternal and child caring practices. Each of these three causes is an essential but alone insufficient cause of malnutrition. Early under-nutrition impairs immunity such that infections are of more serious consequence (Shrimpton, 2006). Evidence has accumulated from diverse sources that physical growth is affected by the interplay between various psychosocial interventions (that respond to social and psychological need by strengthening and enriching a child's environment and caregiver-child interaction) and nutritional interventions (Myers, 1992; Sunarti, 2009). UNICEF (2013) point out that "child undernutrition is caused not just by the lack of adequate nutritious food, but by frequent illness, poor care practices and lack of access to health and other social services" (UNICEF, 2013, p.1).

Zeitlin et al. (1995) referred to the research conducted by Zeitlin, Ghassemi and Mansour (1991); which revealed the major findings concluded that good overall development of the child living in poverty is a product of high quality child care, taking place mainly at the level of the well-functioning family. Research conducted by Zeitlin et al. (1995) also indicated that affectionate mothers determine child growth (nutritional status of the child) significantly. Positive caregiver-child interaction is associated with adequate growth and development.

Anderson, Pelletier, & Alderman (1995) highlight the limited availability of organized alternatives child care, thus emphasizing the importance of improving the availability of adequate child care. In general, the importance of established caring practices is supported by a landmark study by Zeitlin et al. (1991) on positive deviance in child nutrition; thus, in considering the determinants of child nutritional status, UNICEF decides the aspect of care to be one key determinant factor. The construct of care factor is then developed by Engle, Menon, and Haddad (1997) into two main components, namely care resources and care behaviors. Meanwhile, Caldwell and Bradley (1984) implement care practices through an upbringing process which stimulates child growth and development. Based on that background, this study aimed: (1) to assess care environment,

care resources and behaviors of mothers, and (2) to evaluate care empowerment intervention on growth and development of children under three years.

Research Method

This experimental study that was facilitated by the Nestle Foundation involved 132 sample units (children aged less than three years and their mothers), divided into two experimental groups and four sub-groups; each experimental unit consisted of two groups (poor and non-poor family). The population of this research was the mother and her child under three years old who had been categorized as underweight and lived in Bogor district, Indonesia. Sample recruited from families who meet the sample frame, specifically in the treatment group, the sample was recruited from those who were willing to follow the full intervention (i.e. following the 12 intervention sessions). The research was conducted in two sub-districts, namely Pamijahan and Ciampea. The samples in the sub-district of Pamijahan were determined as the treatment group (TG), whereas those in the sub-district of Ciampea as the control group (CG). The samples in Pamijahan were in the greater need for intervention because of limiting factors: (1) low social status (length of mother and father's education) and family economy, (2) mental health, childcare environment, and score of care resources and behavior, and (3) difficult access to obtain information, and public services because of its longer distance from the town. The collection of baseline and end-line data was either to the treatment group and the control group. However, intervention was only done to the treatment group, so that the evaluation (pre-test and post-test) to intervention was only performed on the treatment groups (Table 1).

Table 1: Data Collection in Treatment and Control Group

Data Collection	Treatment	Control
Baseline data	Yes	Yes
Intervention	Yes	No
- Pre test	Yes	No
- Post Test	Yes	No
End-line data	Yes	Yes

Care intervention to the TG was conducted over 12 sessions based on the 12 topics of care resources and behavior required by the targeted mothers. Researcher develop the topics and intervention tools of care resources and behavior; conduct training to the team intervention, and perform evaluation. Sessions on Care behavior consisted of: 1) Preparing healthy menus and proper feeding practices, 2) Proper child health care, 3) Food safety, sanitation and hygiene, 4) physical Stimulation for child growth and motor development, 5) Psychosocial & cognitive stimulation of the child, 6) Creating a child friendly environmental at home. Sessions on Care resources consisted of: 1) Understanding malnutrition and function and sources of main nutrients, 2) Relationship between nutrients and intellectual development, 3) Family developmental task, 4) Child developmental task, 5) Building self confidenceself-confidence of the mother and maintenance of social support, 6) Family resources (financial & time) management. Childcare environment was measured with the instrument called HOME (Home Observation for Measurement of the Environment) for children aged 0 – 3 years (Caldwell & Bradley, 1984), involving six components, namely emotional and verbal response, acceptance of child behaviors, environmental management, supply of toys, mother’s involvement, and parenting variations.

The collected data included characteristic of mothers and childrenchildrenfamily socio economic status, care resources and care behavior, mental health (physical and psychological dimensions), time allocation of mother (household chores, parenting, personal routines, social activities, leisure, productive) social support, child health care, home sanitation and hygiene, child value, child care environment, and data related to child’s nutritional status (age and body weight). The data were gathered by interviewing based on a structured questionnaire-type guide which developed by researcher. Child growth was measured in terms of anthropometric aspects (WAZ-score = Z score of body weight/age), and it was classified into two categories, namely normal nutritional status ($-2 \leq Z \text{ score} \leq 2$) and abnormal nutritional status ($Z \text{ score} < -2$ or $Z \text{ score} > 2$). The variable used generally had a good reliability (Table 2).

Table 2: Reliability of Research Instruments

No	Variables	Item of question	Cronbach
1	Care	61	0.951
2	Child Values	14	0.622
3	HOME	45	0,770
4	Children Development		
	0-12 month	33	0,877
	13-24 month	42	0,904
	25-36 month	45	0,833
5	Hygiene	11	0,696
6	Mental Health	15	0,829

To answer the research objectives, data were analyzed by using SPSS of Version 13, and applying tests of correlation between variables of the research; test of distinction to compare 1) performance of child growth and development, 2) child care environment, 3) care resources and behavior of the mother, before and after intervention; and test of the effect of care empowerment on the improvement of children growth and development.

Research Result And Discussion

Characteristics of Mothers and Children

As per eligibility requirements, the age of all children was less than three years; with the largebiggest percentage of children (60 percent) aged between 13-24 months, and the ratio between males (50,8%) and female (49,2%) was almost equal. Most mothers were 31-40 years old; whereas husbands between 31-50 years old. The highest percentage (66%) of samples in both groups had the medium-size families of 5-6 members.

The majority of mothers (94 % in the CG and 97 % in the TG) had not completed compulsory education or only finished elementary school or its equivalent, while the husbands’ education varied. Most husbands in the TG did not finish the compulsory education, but in the CG some had completed senior high schools (51.5 %) and even finished tertiary education (18.2 %). Most mothers were housewives, whereas all husbands had various occupations such as laborers, merchants, government civil servants, private employees, or drivers of motorcycles to carry passengers.

The average monthly income per capita in the CG group was higher than in the TG. Based on the poverty standard of the World Bank at 1 dollar/capita/day (one indicator of the MDG poverty reduction in Indonesia), only the samples in non-poor families in the CG were not in the category of poor families; and if the poverty standard of 2 dollar/capita/day is used, all samples were in the category of poor families. The research found an inconsistency in the categories of poor families and the target of the aid program for the poor on the field. Almost half of the samples from poor families (54,5 % in the TG and 51,5 % in the CG) did get the aid programs (rice, health insurance, and direct cash), but some non-poor families (20 % in the TG and 30 % in the CG) received such aids.

Although only few mothers worked, they contributed around 36 % to the family income because such jobs as merchants and opening small shops could offer higher income than that of husbands who worked as laborers. The property or asset owned by a family was a house (45 % in the CG and 70 % in the TG), although only three out of ten sample units had adequate housing density ($\geq 8\text{m}^2/\text{capita}$).

Time Allocation and Access to Information

Because most mothers (79 % in the CG and 83 % in the TG) did not work, the allocated time for them to take care of children was equal to the time for managing the household. The main sources of information about nutrition, health, childcare, and family resources were Posyandu (integrated service centre held by the cadres) and TVs. There were still 15 % of mothers in the CG and 24 % in the TG who did not participate in the activities of Posyandu.

Mental Health, Social Support, and Control of Autonomy

A number of physical and mental health problems were faced by mothers. The outstanding problems suffered by most mothers were exhaustion (65 % in the TG and 75 % in the CG), headaches (79 % in the TG and 74 % in the CG), and anxiety and worries (83 % in the TG and 80 % in the CG). The social support mostly received by the mothers in both groups was in the forms of aids in childcare, loan (money), and advice for the families in conflict. Seven of

eight mothers (87,5 %) in treatment group and three quarters (75 %) of the mothers in the control group admitted receiving the support in terms of childcare.

The mothers were dominantly involved in managing money for buying daily needs and did not find any constraints in time management because they generally did not work. Most sample units (86 % in the TG and 97 % in the CG) admitted always having discussion with husbands in making decisions and felt satisfied with the discussion process and no intervention of others in the decision making.

Child Value

Most mothers in both groups viewed a child as the trust from the Almighty God, the parent's investment at the old age, and that a child could improve the social status of the family and bring happiness. The child value was measured according to five dimensions: economic, social, psychological, religious and gender (Sunarti, 2008). In general there was an increased percentage of the mothers agreeing on four items of the child value based on gender at the end-line, with the increase varying from 3 % (a girl would be more considerate toward parents in the future than a boy) to 37 % (parents would depend more on a boy). The analysis found no specific pattern in the distribution of the four items in the child value based on gender in both types of families (poor and non-poor) as well as at the baseline and end-line. If classified into two types: low scores (less than two thirds of the maximum value) and high scores (more two thirds of the maximum value), then the majority of the samples in both treatment (98,6 %) and control groups (89 %) and in both poor (95 %) and non-poor (92,5 %) families gave high values of a child.

Home Sanitation, Hygiene, and Child's Health Status

The condition of sanitation and hygiene practices among the mothers was indicated by many mothers (22 % in the TG and 35 % in CG) still had the water source with the distance of < ten m from the septic tanks, no bathrooms and water closets of their own, and their bathrooms and water closets were dirty. Most mothers (80 % in the CG and 98 % in the TG) were used to throwing away wastes

in the home yards or any openings or rivers. Some sample units (mothers and children) were not accustomed to washing hands before eating, covering food, washing eating utensils with soap, cutting finger nails once a week, bathing with soap and using shampoo when washing hair, brushing teeth at least twice a day with toothpaste, and changing clothes after a child played.

The poor condition of sanitation and hygiene practices had caused a high number of children to suffer from diarrhea and upper respiratory tract infections in a short period. One third (36 %) of children in the CG and more than half (55,6 %) of those in the TG had experienced diarrhea within the last two weeks. Additionally, nine of ten children (90 %) in both groups suffered from upper respiratory tract infection in the same period of time.

Care Empowerment Implementation

Care empowerment was conducted over 12 sessions based on the topics of care resources and behavior required by the targeted persons. The targeted mothers as extension participants were enthusiastic to attend the sessions, which was indicated by the high level of participation of 88 %. The resulted evaluation showed there was an increase in score obtained by the participants (TG) in the post test compared to that of the pre-test. The instrument developed for care resources had a high reliability and a good validity of content and construct, which was indicated by a close and significant correlation between care components and variables of childcare environment. The care empowerment in the TG significantly improved care resources and behavior in the group. This caused a significant change in the TG, from a lower score of care resources and behavior to a higher score after the intervention (Table 3).

Table 3: Distribution of Changes in the Score of Care and Significance Level of Distinction Test

	Care Topics	CG	TG	sig
1	Healthy menu and appropriate feeding	16.36	39.05	0.000
2	Proper Health Care of Children	11.82	21.59	0.008
3	Food Safety, Sanitation and Hygiene	7.39	32.34	0.000
4	Stimulation of Child Growth and Development	11.69	40.59	0.000
5	Psycho-social & Cognitive Stimulation	0.00	40.28	0.000
6	Creating a Friendly Home Environment	15.91	62.30	0.000
7	Malnutrition and Functions of Major Nutrients	3.03	47.84	0.000
8	Relation between Nutrition and Intelligence	7.57	33.86	0.000
9	Family Developmental Task	14.13	52.91	0.000
10	Children Developmental Task	7.07	33.32	0.000
11	Mother's Self-Confidence and Social Support	2.53	6.88	0.235
12	Family Resource Management	9.70	68.89	0.000
	Care Behaviour	9.33	38.29	0.000
	Care Resources	14.45	51.59	0.000
	Care Total	11.36	43.54	0.000

Notes: CG: Control Group, TG: Treatment Group

The analysis of childcare environment found that some mothers had negative behaviors toward their children such as shouting, showing disappointment, beating and scolding children. Mothers had limited capacity of organizing child environment and providing children toys. There was a significant improvement in the childcare environment in both groups, but the increased score was higher in the TG (Table 4), and thus after the intervention the childcare environment became equal in both groups – the score was previously better in the CG before the intervention in the TG.

Table 4: Distribution of Changes (delta) in the Childcare Environment Scores and Significance Level of Distinction Test

Childcare Environment	Control	Treatment	Sig
Emotional and Verbal Response	0.00	11.68	0.024
Acceptance of child behavior	0.38	8.33	0.074
How to organize a child environment	10.86	5.55	0.171
Supply of toys for children	24.25	29.81	0.293
The mother's involvement with children	1.51	19.58	0.000
Parenting Variation	18.48	30.79	0.022
Average Delta Score	8.62	17.08	0.001

Nutritional Status and Child Development

There were 36.4 % of the sample units at the time of sampling categorized in the status of malnutrition (based on the index of body weight for age), but they were in the normal nutritional status in the baseline data. The average WAZ-score among the samples in both groups and both types of socio-economic statuses was in the category of underweight ($-2 > Z$ -Score). The test of distinction for the change in the child's nutritional status before and after the intervention in both groups indicated that unlike the control group where there was a decrease in the WAZ-score, the TG in fact had an increased WAZ-score although this was not statistically significant (Table 5).

Table 5: Changes (Delta) Z score and Results of Distinction Test

	Treatment	Control	sig
Delta WAZ	.1098	-.0418	.145
Delta HAZ	-.2089	-.1262	.767
Delta WHZ	.0186	-.0288	.733

Nearly all children attained their developmental tasks and experienced improvement in seven components of development (hard motor skills, soft motor skills, active communication, passive communication, intelligence, helping oneself, and social behaviors). Developmental improvement occurred in both groups, though the average number of improved developmental items in the TG was higher than that of in the CG in spite of no significant statistical difference (Table 6).

Table 6: Distribution of the Average Increase in the number of Developmental Items

Development Components	Mean ± SD		Sig
	Control	Treatment	
Hard motoric skills	2.09 ± 2.19	2.38 ± 2.50	.485
Soft motoric skills	2.74 ± 2.64	3.52 ± 2.88	.111
Passive communication	2.09 ± 2.04	2.51 ± 2.13	.259
Active communication	2.332 ± 2.63	2.86 ± 2.42	.229
Intelligence	4.29 ± 4.52	4.92 ± 4.46	.425
Helping oneself	2.67 ± 2.63	3.09 ± 2.46	.342
Social behavior	2.88 ± 2.99	3.22 ± 2.95	.513
Total	2.72 ± 2.61	3.21 ± 2.61	.289

The Effect of Care Empowerment on Child Growth And Development

Development

The test of correlation between the research variables found a pattern of close and meaningful relationship between the improved care resources and behavior with the improved childcare environment, and between the improved childcare environment and the change in the WAZ-score and in child development. There was not a direct correlation of the improved care resources and behavior with the increased WAZ-score, but a close and meaningful relationship with the change in child development. The correlation between the indices of nutritional status at the baseline and end-line, as well as the changes in the Z scores showed a pattern in which the samples experienced a chronic long malnutrition, and some of the samples also suffered from an acute malnutrition. Therefore, the WAZ-score was used as the response variable to determine the effect of some research variables.

There was a significant improvement in the child care environment in both groups (treatment and control), but the increased score was higher in the TG. The care intervention in the TG significantly improved care resources and behavior in the group. There were still some practices of childcare, house sanitation and that needed improvement, and this was also true for the management of family resources to meet the needs of child growth and development.

The analysis results showed that the change in the Z scores for WA was influenced by the improvement in childcare environment. However, when analyzed with the model of regression that elaborated the effect of the components in childcare environment and in care resources and behavior, the increased Z score for WA was influenced by the improvement in the supply of children toys (the component of childcare environment variable), and the improvement in the knowledge of food safety, sanitation and hygiene (components of care resources and behavior variables) ($p=0.000$; $R^2=0.116$).

The analysis of the effects of research variables on the improved child development indicated that the improvement of children developmental tasks was influenced by the improvement of care resources among mothers. An analysis of the model regression by involving sub-variables found that the improvement of child developmental tasks was affected by the improved knowledge of mothers about the psycho-social and cognitive stimulation of children (care component) and the improved accepted by mothers toward a child's behaviors (component of childcare environment).

Care empowerment for cadres and youth also improved their care resources and behavior. Further, the cadres and youth's participation in care empowerment has increased their motivation and self confidence in implementing their functions, roles and tasks in the activities of Posyandu (Integrated Services Centre). Cadres are implementing various programs of growth and development of children who are dealing directly with children and families who become targets of the program. Cadre is spearheading the critical success of the program to improve nutrition, health, and child development. Cadres are the spearhead of the effort in monitoring and improving the nutritional and health status of children aged below five years. Thus, care empowerment can be viewed as a part of capacity building in nutritional and health program in the community.

There was an increased z-score in the nutritional status among the group of sample units that got care empowerment although statistically it was not significantly different. This suggests that a greater intensity and

more time is required to see a significant effect of care empowerment on the increased nutritional status of a child, particularly for the children with a long chronic malnutrition as presented by some of the samples in this research.

Care empowerment encourages the targeted participants to apply the adopted value of a child in adequate childcare practices. An example is in creating a friendly home environment for a child as the implementation of family developmental tasks to allow a child to meet its developmental tasks. This is also the case with the knowledge of family resources and how to manage them, and the building of mother's self confidence for social support.

The lesson learned from these activities is that care empowerment is a must for the families having various limited resources. It is not realistic to expect them to overcome such limitations by themselves because it will not only take a long time but also be less effective. Empowering families in Indonesia is very important considering the large number of families in Indonesia, which has limited resources to meet the child's right to grow and develop properly. An adequate and appropriate care empowerment will enable parents to acquire knowledge and skills of childcare so that children will not lose their golden age, can reach a high rate of growth and development (a window of opportunity), and can be freed from growth failure.

The output of care empowerment is the improvement in the internalized knowledge and skills that are translated into habits, thus forming better childcare practices. Therefore, from this point of view, care empowerment is an effort in creating social and cultural changes in the population.

Conclusion

This research offers scientific evidence that care empowerment for mothers, cadres, and pre-married women that is designed to the related problem and needs and conducted with an appropriate method and approach can significantly improve care resources and behavior, and

also care environment of the target group, whilewhile the components of the care environment affect significantly in improving child WA Z-score. The improvement in care resources and behaviors of the mothers in the poor families is higher than that of non-poor families, thus minimizing the difference as indicated at the beginning of the research. This indicates that care empowerment is able to elaborate or expand the potential and capacity of mothers in the poor families of a limited education and economic condition to acquire childcare or parenting capacity equal to that of the mothers in the non-poor families.

Recommendation

Based on the research results, it is recommended that the local government, particularly the health services and BKKBN (National Coordinating Board of Population and Family Planning) improve the care resources and behavior in the families so that it can increase the nutritional status of children. Care empowerment can be carried out through the existing institutions such as Posyandu (Integrated Services Centre), or an expansion and/or addition of new channels such as religious meetings, social meeting, and the meetings of PKK (Program of Family Welfare) at the sub-districts or districts.

It is suggested that the local government particularly those sections working in the field maintain and continue the empowerment program already implemented to the target so that there is a significant impact on the improvement of children's nutritional status. It is also expected that the program of capacity building is continued for the cadres who have strategic functions, roles and tasks in monitoring the child's nutritional status.

The research results suggest a further study on care empowerment and its impact on the nutritional status and development of children. Such a study in the future will need to consider the frequency and length of care empowerment so that it can show its effect on the increased nutritional status of children.

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Management of severe malnutrition in children of families in emergency situations: A home economist community-based trial in Darfur, Sudan

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Abstract

Malnutrition remains a common cause of morbidity and mortality among children throughout the world. The Darfur, Sudan crisis was one of the worst recent humanitarian crises where an estimated half million families perhaps were affected by armed conflict and violence against civilians (WHO, 2004). This study tested the hypothesis that the efficacy of community-based therapeutic feeding as an intervention for management of Severe Acute Malnutrition (SAM) would reduce the sick-child care burden away from home during an emergency. A cross sectional, comparative, intervention study was conducted among 150 severely malnourished under-five-year-old children. Anthropometric measurements were assessed on admission and every week throughout the study duration. Daily check-ups for infectious diseases were performed at the community inpatient clinics. Food amounts were calculated for admitted children per kilogram body weight per day. More malnourished females than males (60/40%) were found as well as a significant relationship between age and admission to the centre ($P=0.001$). Consumption of plump nut (Plumpy'Nut[®]) resulted in significant weight gain among the intervention group ($P=0.01$). Community-based management of SAM could prevent deaths of thousands children in emergency situations if combined with the facility-based approach on a large scale. The study recommended creation of a close link between community nutritionists/home economists and health facilities for follow up and management of SAM.

Keywords:

families in emergency,
severe acute malnutrition
(SAM),
community-based,
Darfur



Introduction

Malnutrition remains one of the most common causes of morbidity and mortality among children throughout the world. Approximately 9% of children below five years of age suffer from wasting: weight for height below -2 Standard deviations ($<-2SD$ of the National Centre for Health Statistics). Severe Acute Malnutrition (SAM) is defined by a very low weight for height (below -3 z scores' of the median World Health Organisation (WHO) growth standards (Ciliberto et al., 2005), by visible severe

wasting, or by the presence of nutritional oedema. In children aged 6–59 months, an arm circumference less than 110 mm is also indicative of SAM (WHO, 1999). Globally, it was estimated that there are nearly 20 million children who suffer from SAM and most of them live in south Asia and in sub-Saharan Africa. Current estimates suggest that about 1 million children die every year from SAM (Collins et al., 2006).

Even in high prevalence areas, most countries do not have specific national policies aimed at addressing SAM comprehensively and few countries have community-based management approaches added to the existing facility-based approach to address this important cause of child mortality. It is important to detect SAM early and treat it before the onset of life-threatening complications. A ready-to-use therapeutic food (RUTF) was used in many poor countries. The need for a therapeutic food that can be used safely and stored in the homes of severely malnourished people has complicated home-based treatment. Researchers have developed RUTF such as plump nut, which was designed to be nutritionally equivalent to Formula 100, 5, 11, that can be used easily and stored safely for several months in a simple, opaque, airtight container. RUTF is sold as a paste that patients can eat directly from the packet, and does not require mixing or cooking. Preliminary trial results suggest that RUTF is popular with malnourished children and resistant to bacterial contamination (Collin, 2002).

An appropriate therapeutic diet using locally available nutrient-dense foods with added micronutrient supplements can be used if available. However, it requires very careful monitoring in order to achieve nutrient adequacy. As infection is common in SAM, children need to receive a short course of basic oral medication. Also, follow-up should be done weekly or every two weeks and requires a skilled health worker in a nearby clinic or in the community (Prudhon et al., 2006).

To date, all guidelines for emergency interventions recommended inpatient treatment in Therapeutic Feeding Centres (TFCs) as the sole mode of intervention with which to treat SAM individuals. TFCs often provide high quality patient care for those admitted. Inpatients receive highly

appropriate therapeutic milks (High Energy Milk or F100) in quantities tailored to the individual metabolic needs complemented with systematic medical support. This highly energetic and intensive care is essential for the initial phase of treatment of patients who have complicated malnutrition associated with anorexia, septicaemia, hypothermia, hypoglycaemia or severe dehydration (WHO, 1999).

However, TFCs have huge requirements for resources, such as skilled staff and imported therapeutic resources. This makes them very expensive, and usually precludes TFC programs from being large enough to admit sufficient numbers of the severely malnourished to attain a high coverage of the needy populations, and therefore limits their impact. There are many other serious problems with TFC based care: the centralized approach to care and high staff requirements tend to undermine local health infrastructure and promote the congregation of people. Congregation of SAM patients inside the centres promotes centre-acquired infection, a major problem in many TFCs. The congregation of communities around TFCs promotes environmental public health problems, which is an important cause of morbidity and mortality during emergency situations. Admission of a patient into a TFC requires the caretaker, usually the mother to leave the family for approximately 30 days, decreasing the families' productive capacity and the maternal care for the other siblings. This tends to promote poverty and malnutrition, the basic problems that TFCs are trying to address (Collin & Sadler, 2002).

Severe malnutrition in children is commonly found in conjunction with gastroenteritis, pneumonia and other infections. To preserve essential processes, SAM children undergo physiological and metabolic changes, which include reductions in the functional capacity of organs and slowing of cellular activities. Coexisting infections add to the difficulty of maintaining metabolic control. These profound changes put SAM children at particular risk of death from hypoglycaemia, hypothermia, electrolyte imbalance, heart failure and untreated infection. The WHO guidelines for the management of SAM pay particular attention to preventing deaths from these causes (WHO, 2000).

In 2004, nearly one million people had fled their villages in Darfur and gathered in more than 100 temporary settlements or camps that lacked basic needs that made people dependent on outside sources for food, water, shelter materials and security. As a result of overcrowding and limited access to health care, there was a serious risk of disease outbreaks, specifically diarrhoea, cholera, dysentery, malaria, poliomyelitis, measles and meningitis. The quality of the health services suffered from lack of water, electricity, basic supplies, hygiene and skilled personnel (UNICEF & WFP, 2005).

The problem of malnutrition in Darfur State was really alarming, in which the Global Acute Malnutrition has reached more than 25 % while SAM remains as chronic among children and represents more than 9 % of the children (SMOH, 2005). The Darfur region is highly endemic for iodine deficiency disorders as well as other micronutrients. Prompt interventions and collaborative effort was urgently needed to help affected people, especially children and women who were more vulnerable and fragile to face such problems (WHO, 2000).

Food aid assistance, which includes the nutritional support to the malnourished group, can only address and will continue to address one part or symptom of these systemic problems. The changes that need to take place include a process of land and livestock restitution, compensation, and opening up of markets for both livestock and goods (Rainer and Webb, 2006).

Community-based management of SAM was introduced in emergency situations as a result of a dramatic increase of programme coverage and the number of children who were treated successfully. With a high prevalence of SAM, preventing hundreds of thousands of child deaths is highly important (WHO & UNICEF, 2003).

The Hearth method of nutritional intervention has been very successful in rehabilitating children with chronic malnutrition in several less-developed countries. The technique uses so-called community mothers who are selected on the basis of their ability to raise wellnourished children even in the face of poverty. These mothers educate other mothers and treat malnourished children in their own villages. At all sites, the technique has

produced sustainable improvements in nutritional status cheaply and with little external input. Community-based therapeutic care combines these two techniques and adds the use of new ready-to-use therapeutic food specially designed to treat malnutrition in the community (Collin, 2001).

However, with SAM still prevalent among children under five in Darfur, the nutrition programme will continue to remain an important intervention in reducing malnutrition and death rates, which are manifestations of the underlying causes. In addition, the introduction of the Community-based Therapeutic Care (CTC) approach will serve the children suffering from severe acute malnutrition at the home level. Nevertheless, this will increase the coverage that could allow malnourished children access to treatment.

This study was designed to explore the effectiveness of CTC in compacting SAM during an emergency, and to find out what benefits that CTC adds and what further action and proper intervention could be taken to make use of this new intervention. The study tested the hypothesis that the efficacy of community-based therapeutic feeding as an intervention for management of SAM among under-five-year-old children in emergency situations would reduce the sick-child care burden away from home. The study objectives were to determine the effectiveness of community-based therapeutic feeding compared to facility-based therapeutic feeding for severely malnourished < 5 years old children in North Darfur State during 2006 in terms of average length of stay (recovery duration); average weight gain in gm/kg body weight/day and incidence of infectious diseases, to determine the compliance of care-takers to community-based therapeutic feeding compared to facility-based therapeutic feeding for severely malnourished < 5 years old children in North Darfur State during 2006 in terms of discharge (recovery) rate; defaulter rate; death rate and program coverage.

This study provided data on the efficacy of community-based therapeutic feeding as an intervention for management of Severe Acute Malnutrition SAM among under-five-year-old children in emergency situations.

This was an important step in making public health recommendations for treatment of SAM using community based interventions. Moreover, these recommendations to improve the nutritional status of under-five children are vital for the future of Darfur's children.

Methods and Materials

Subjects

This descriptive, cross-sectional and comparative study was conducted in North Darfur State at ELfasher hospital in ELfasher locality and in Tawila administrative units in which Save the Children United Kingdom is running the Outpatient Therapeutic-feeding Programme (OTP).

The study population was the most vulnerable group of 6–59 month-old children in the community who were affected by the conflict in North Darfur State that led them to become more exposed to diseases, water and sanitation problems in addition to SAM. The study subjects were selected in the two locations as all those who were admitted with SAM and their mothers consented to be included. The inclusion criteria for the study were age of six months to less than five years, weight for height less than 70% and/or having bilateral pitting oedema. A total of 150 children were included from both locations, males were 51.3% and females were 48.7%.

The study protocol was approved by the Ministry of Health, North Darfur State, Save the Children, UK and the Graduate Committee at Ahfad University for Women.

Nutrition and health assessment

Nutrition assessment was done using an interview form. The interview was conducted by a trained nutrition educator/dietician. Demographic, anthropometric and dietary data were collected using a validated questionnaire. Secondary data and a focus group discussion were other methods used to obtain data. The same questionnaire was used to follow the child's treatment during the different phases including weight, height and the feeding therapy the child had, in the inpatient (ELfasher) and the outpatient OTP (Tawila) as well. In addition, it also shows the amount of F75, F100

or plump nut given and the amount utilized by the admitted children. Diarrhoea, malaria, measles, vomiting and Acute Respiratory Infections (ARI) were also assessed and recorded. The questionnaire also includes the number of meals given, amount of kcal, Vitamin A folic acid and ferrous sulphate doses given and finally the result of the management of the severe malnourished children as to whether they had been cured (discharged), defaulters, had died, or had been referred to another health facility considering date, weight and height. Diagnosis of SAM was made by physical measurements and brief examination for bilateral pitting oedema in the feet. At admission, the clinic nurse and nutrition educator/dietician assessed the degree of pitting oedema, dehydration, dysentery, diarrhoea, anaemia, and signs of chest infection. At each follow-up visit, a nurse and/or nutrition educator/dietician recorded weight, extent of pitting oedema, presence of disease, and drugs prescribed on patients' treatment cards. Outcome (death, discharge alive, default, or transfer) was recorded on individual patient's cards and in the program's registration book.

Management Protocols

Initial Phase Management

Medical treatment was focused on the main causes of death and on correcting metabolic imbalances and vitamin deficiencies and other medical complications. Also management was established for the treatment of dehydration, infection, hypothermia, hypoglycaemia, cardiac failure and severe anaemia (WHO, 1999).

Inpatient Therapeutic Feeding Care (TFC)

In the inpatient therapeutic feeding programme, high energy milk (F75) a ready formula prepared mainly for management of SAM children in Phase 1, F75 (130 ml = 100kcal) was given for over 6-month-old infant patients without oedema. The only change that was made to the treatment on moving from Phase 1 to the transition phase was a change in the diet that was given from F75 to F100 (100 ml=100kcal). The malnourished child was managed entirely by weight changes, clinical signs of improvement and clinical signs of over-hydration (Colorado et al., 2005).

Community Based Therapeutic Care (CTC)

Here in this trial a ready-made dry therapeutic food (plump nut) was provided to all SAM children at weekly intervals with a health check and anthropometric measurements. It was given as a take-home trial. It was started in Phase 2 after the medical complication being treated, or immediately, if the child had a good appetite and was free from complicated infections. Plump nut was given according to the child's weight; one sachet weighs 92 g and provides 500 Kcal. Usually, the severely malnourished children catch up with energy intake ranges between 150-200 Kcal/Kg body weight/day (Ashowrth, 2006).

Data collection, analysis and interpretation:

Data was collected using various methods. All interviews were conducted in Arabic or the local dialects. Time spent in collecting data through questionnaire was nine months at the two sites. The data was collected by the researcher with help of four nutrition educators/dieticians working at the two sites, two per each site, in addition to the help of two medical doctors.

Two groups of women with malnourished children (15 women in each group) participated in two separate focus group discussion sessions to identify the gaps of defaulters, food sharing at the household level by other children, other food received by other children and pattern of plump nut consumptions by their children. Also, caregivers were asked about the signs and symptoms of malnutrition and when they would seek medical advice. Data collected was analysed using the *EPI Info version 6.04d* software package. All variables were checked for normality and residues. Continuous variables were described by the frequency distribution. Discontinuous (categorical {nominal/ordinal}) variables were described by the documented frequency and percentage of each modality. Chi-square testing was used to determine the interrelationships among variables. Child anthropometric measurements were converted into Z-Scores using the EPI nutrition program. The t-test was performed as appropriate to compare the SAM children at the two sites. The data were tested at a significance level of .05.

Limitations of the Study:

Rigid security measures made it difficult to visit local communities outside the clinic areas. Thus assessments, screening, follow up visits and community sensitization could not always take place as planned. In addition, two staff of SC-UK were killed, which made SC-UK take a decision of phasing out from Darfur totally. This decision has led to having a limited number of children studied in the Tawila area.

Results

Little over half of the study population was male (51.3%) and over half were aged 6-17 months (53.3%) while around one third were aged 18-29 months (34%). Only a few SAM children were older (12.7%). Admittance to hospital was significantly higher among age group ($P=0.001$) as well as pitting oedema which was significantly higher among children in ELfasher than in Tawila ($P=0.007$). The Sudan Health and Nutrition Household Survey (SHHS) conducted in 2006 showed that breastfeeding was prevalent among half of SAM children in Darfur (FMOH, 2006). Similarly, our study showed that on admission, 53.8% of children in ELfasher were breastfed while 48.6% were breastfed in Tawila.

Figure 1 illustrates the presence of nine different diseases among SAM children when admitted in the two centres where the study took place in ELfashir and Tawila. Hypothermia and diarrhoea were highest among the children in the two centres while Measles, anaemia, dehydration and upper respiratory infection were also prevalent (Sandige, 2004).

Figure 1: Presence of disease at admission in the two centres (n=150)

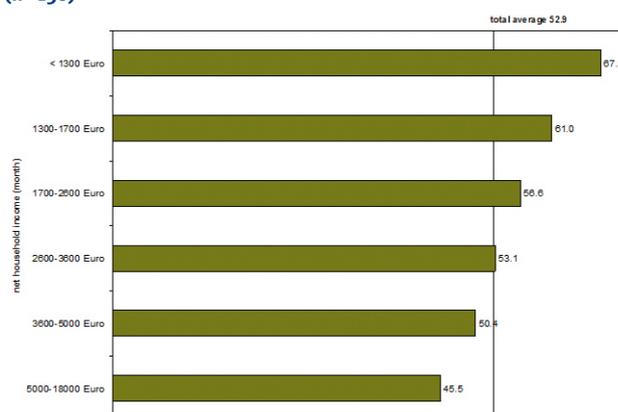


Table 1 presents the weight gain among those who recovered when treated from SAM associated diseases and were classified as SAM children without complications vs those who still suffered from some diseases and were classified as SAM children with complications.

Table 1: Weight Gain (n=150)

Weight gain	SAM children without complications		SAM children with complications	
	Frequency	%	Frequency	%
<4 g	15	18.9	27	38.0
4-8 g	30	38.0	34	47.9
>8 g	34	43.1	10	14.1
Total	79	100	71	100

The standard of weight gain for SAM children is 8 gram per kg per day (WHO, 1999). This was usually reflecting the improvement of their nutritional status. In our study, the percentage of the healthy children who gained standard weight (8 g/kg/day) was (43.1%) while the percentage of those who gained standard weight and were still suffering from diseases was only (14.1%). Those who gained weight that was less than the standard were expected to have a longer stay duration than those who gained the standard weight. The study showed that diseases among SAM children have had direct impact on weight gain.

A significant weight gain difference was noticed when comparing children in the two centres (TFC/CTC) ($t=2.1$, $P=0.03$). More children in ELfasher hospital (30.3%) reached standard weight gain per day than those in Tawila centre (15.2%) as shown in Table 2 below.

Table 2: Average weight gain among children in TFC/CTC (n=148)

Weight Gain	ELfasher		Tawila	
	Frequency	%	Frequency	%
<4 g	18	23.7	25	34.7
4-8 g	35	46.0	36	50.0
>8 g	23	30.3	11	15.3
Total	76	100	72	100

This might be attributed to the direct and close monitoring by health staff at the hospital level. The proper management and follow-up of the children by health personnel in the hospital is more comprehensive, unlike the management and care given to children at the home level, and monitored frequently by the Nutrition Community Workers (NCW) volunteer (Sandige et al., 2004).

The length of stay for SAM children was also related to the type of care provided in the two locations of the study. More children left ELfasher hospital in the first three weeks (77.4%) in comparison to 40.3% in Tawila as seen in Table 3. In the OTP in Tawila, children who were sent back home might be at risk of health status deterioration due to many factors such as unhygienic meals and less food provided to the child (Diop et al., 2003). In addition to that, mothers may not give full care and time to their sick children due to their obligations to other family members, especially if there are other children at the household level (Collins, 2001).

Table 3: Average length of stay of children in TFC/CTC (n=148)

Duration	ELfasher (TFC)		Tawila (CTC)	
	Frequency	%	Frequency	%
First 3 weeks	59	77.7	29	40.3
Second 3 weeks	9	11.8	20	27.8
Last 3 weeks	8	10.5	23	31.9
Total	76	100	72	100

Amount of F100/Plump-nuts consumed by SAM children

Table 4 shows that nearly half of the children (48.7%) consumed an amount of F100 less than 2000 ml. Those who consumed an amount between 2001-4000 ml were (39.5%) of the children. Children in TFC were given calculated quantities of F100 according to their weight and length of stay in TFC of ELfasher hospital. When they were cured from medical complications during the first days of Phase 2, their utilization of the calculated meals improved and became normal. This was due to good and proper management that finally led to good appetite and improved their consumption of the calculated quantities, in addition to the regular close monitoring and proper care by health and nutrition personnel at the hospital level (WHO, 1999).

Table 4: Amount of F100 consumed in ELfasher TFC (n=76)

F100 amount in ml	No of children	
	Frequency	%
<2000	37	48.7
2001-4000	30	39.5
4001-6000	7	9.2
>6000	2	2.6
Total	76	100

On the other hand, children of OTP in CTC in Tawila were given calculated plump nut sachets as a source of energy for the high nutrients needed for SAM children (Table 5).

Table 5: Amount of plump-nut sachets consumed by children in Tawila CTC (n=72)

Plump-nut sachets/week	No. Of children	
	Frequent	%
<50	33	45.8
51-100	26	36.1
101-150	9	12.5
>150	4	5.6

A similar pattern of consumption was seen in Tawila CTC as well. Nearly half of the children consumed less than 50 sachets (45.8%), and a little over one third (36.1%) consumed 51-100 sachets during their duration of stay in the program.

Duration spent by SAM children vs their consumption of F100/Plump-nut sachets

Table 6 shows the amount of F100 SAM children consumed during their stay in TFC, ELFasher hospital. A statistically significant positive relationship was found between the amount of F100 consumed and the duration the child spent in ELFasher hospital ($X^2 = 16.52$; $df = 6$; $P = 0.011$).

Table 6: Duration spent in TFC and F100 consumed (n=76)

Amount consumed	Duration spent					
	1-3 weeks		4-6 weeks		7-9 weeks	
	Frequency	%	Frequency	%	Frequency	%
2000 ml	20	36.4	6	25.0	2	40
2001-4000 ml	31	56.4	12	50.0	0	00.0
4001-6000 ml	3	5.4	6	25.0	2	40.0
>6000 ml	1	1.8	0	00.0	1	20.0
Total	55	100	16	100	5	100

On the other hand, SAM children consumption of plump nut sachets at Tawila CTC was correlated with their average stay in the program. A significant positive relationship was also found between the duration the child spent and the amount of plump nut consumed. With a longer stay, more plump nut sachets consumed ($X^2 = 38.49$ $df = 21$, $P = 0.01$) (Table 7).

Table 7: Duration vs plump nut sachets consumption (n=72)

Amount used in Sachets	Duration					
	1-3 weeks (n=49)		4-6 weeks (n=8)		7-9 weeks (n=15)	
	Frequency	%	Frequency	%	Frequency	%
<50	28	57.1	2	25.0	3	20.0
51-100	13	26.5	4	50.0	10	66.7
101-150	6	12.3	0	00.0	2	13.3
>150	2	4.1	2	25.0	0	00.0
Total	49	100	8	100	15	100

3.3 Weight gain vs consumption of F100 or plump-nut sachets

Amounts of F100 given to each child were calculated according to his or her weight and condition on admission (Colorado, 2005). In our study, more than half of the children admitted in TFC, ELfashir (56.5%) were able to gain the standard weight per day with an intake of 2000 ml of F100 milk a day and over one third (39.1%) did the same with an intake of 2001-4000 ml as seen in Table 8.

Table 8: Amount of F100 consumed and weight gain in TFC (n=76)

Amount used	Weight Gained					
	<4 g		4-8 g		>8 g	
	Frequency	%	Frequency	%	Frequency	%
2000 ml	8	44.4	16	45.7	13	56.5
2001-4000ml	8	44.4	12	34.3	9	39.1
4001-6000 ml	1	5.6	6	17.1	1	4.4
6000 ml	1	5.6	1	2.9	0	00.0
Total	18	100	35	100	23	100

On the other hand, similar findings were observed among SAM children in CTC, Tawila where about (53.3%) were able to gain the standard weight per day upon consumption of less than 50 sachets of plump nut and over a quarter (26.7%) gained standard weight per day upon consumption of between 50-100 sachets (Table 9).

Table 9: Amount of plump nut sachets consumed and weight gain in Tawila (n=72)

Amount consumed In Sachets	Weight Gain					
	<4 g		4-8 g		>8 g	
	Frequency	%	Frequency	%	Frequency	%
<50	11	45.8	15	45.4	8	53.3
50-100	8	33.3	15	45.4	4	26.7
101-150	3	12.5	3	9.2	2	13.3
>150	2	8.3	0	00.0	1	6.7
Total	24	100	33	100	15	100

Table 10 summarizes the outcomes of this study. It was clear that the defaulter rate (22.4%) at the TFC ELfasher hospital is more than at the OTP of the home-based approach in Tawila (7.4%). According to the *Sphere Standard* (Ashworth, 2006), the discharge rate in ELfasher hospital TFC was (75%) and it was more than in Tawila SC-UK Stabilization Centre in which (61.1%) were discharged. When different categories of children exited ELfasher hospital, compared with those of Tawila, a statistically significant difference was found on the defaulter rate in ELfasher which was almost three times of Tawila ($t=2.1$, $P=0.0018$). This was mainly attributed to the fact that Tawila centre is based in the community where mothers can take care of the other family members while mothers in ELfasher hospital might come a long way from their homes and in most cases there is no one else to look after the family.

Table 10: Final result of children admitted (n=148)

Results	ELfasher		Tawila	
	Frequency	%	Frequency	%
Defaulter	17	22.4%	5	6.90
Discharge	57	75.0%	44	61.1
Deaths	2	2.6%	0	0.00
Transfer	0	00.0%	23	32.0
Total	76	100%	72	100

Discussion

Poverty and illiteracy, usually attributed to rural and poor settlements, are not the only drivers for malnutrition and infant mortality. War and displacement is a leading factor among many other factors that are responsible for the low nutritional status of children observed in Greater Darfur. Such factors must be addressed, if we want under-nutrition to be eradicated in emergency situations.

Childhood malnutrition is a problem of enormous magnitude, with 165 million children (1 in 4) under age five stunted because of chronic malnutrition (UNICEF, 2013). It is also responsible for almost half of all deaths of children under the age of five (Black et al., 2013).

Economically, childhood malnutrition translates in a loss of as much as 8% of a country's GDP (Black et al., 2013).

The problem of malnutrition in Greater Darfur state is really alarming, in which Global Acute Malnutrition has reached more than 25% while Severe Acute Malnutrition remains chronic among children and it represents more than 9% of what has been recognized by recent surveys done by the SMOH and INGOs working there. Prompt interventions and collaborative effort as the one carried in this study, were urgently needed to help the affected people, especially children and women who are most vulnerable and fragile to face such immense problems (SMOH, 2005).

Health and nutrition are closely linked; diseases contribute to malnutrition and malnutrition makes an individual more susceptible to disease. Severe malnutrition increases the incidence, duration and severity of infectious diseases (World Bank, 2004). The most common type of diseases suffered by young children in both stable and emergency situations are diarrhoea, acute respiratory infections, measles and malaria (WHO & UNICEF, 2003). All of these conditions may contribute to malnutrition through loss of appetite, mal-absorption of nutrients, loss of nutrients through diarrhoea, vomiting or through altered metabolism which increases the body's need for nutrients. (UNICEF conceptual framework, 1990). In our study, nine diseases were identified among SAM children with hypothermia and diarrhoea being the highest, and affected over 90% and 45% of the children respectively in both centres.

Protein-Energy Malnutrition is considered one of the major public health problems during emergency situations. During such situations, nutritional interventions to include general food rations distribution to the whole of an afflicted population, supplementary feeding to identified risk groups such as pregnant and lactating mothers, dry supplementary feeding centres for moderately malnourished and therapeutic feeding centres for the severely malnourished, constitute important and necessary measures (WHO, 2000). All children included in this study were suffering from SAM including protein-energy malnutrition.

A successful strategy to treat malnutrition is almost never based solely on food security interventions. If food-based approaches are linked to interventions aimed at health and care-related factors, then the overall effectiveness of the combined actions is likely to be significantly enhanced (WHO & UNICEF, 2003). In this study, over half of the sample (52.7%) were cured from all SAM associated diseases, 29.3% gained the standard of over 8 gm/kg of body weight per day and 42.7% gained 4 – 8 gm per kg of body weight per day. A significant weight gain occurred among children in TFC in ELfasher hospital where more medical care was available in comparison to children in the CTC centre in Tawila ($P=0.03$).

Previously, the ideal care for malnourished children is the inpatient treatment in Therapeutic Feeding Centres (TFCs) as the sole mode of intervention with which to treat SAM children. TFCs often provide high quality patient care for those admitted. Inpatients receive highly appropriate therapeutic milks (High Energy Milk) in quantities tailored to the individual metabolic needs complemented with systematic medical and supportive efforts. This highly energetic and intensive care is essential for the initial phase of treatment of patients who have complicated malnutrition associated with anorexia, septicaemia, hypothermia, hypoglycaemia or severe dehydration (Colorado, 2005).

To date, all guidelines for emergency interventions recommended that the majority of children who have SAM should be treated using an approach with a strong community component. The introduction of the Community Based Therapeutic Care approach will serve the children suffering from severe acute malnutrition at the home level. Moreover, this will increase the coverage that could give more malnourished children access to treatment (Manary et al., 2004).

Such an approach will provide them with the appropriate care and they do not need to be brought to health facilities. Evidence shows that about 80% of children with SAM who have been identified through active case-finding, or through sensitization and mobilization of communities to access decentralized services themselves, were treated at home (Prudhon et al., 2006). In our study,

72 children were identified with SAM and brought to Tawila CTC, 61.1% of them were treated and discharged while no statistically significant difference was found in the discharged rate between the two centres. On the other hand, our study showed a statistically significant difference in defaulter rates between the two centres where more defaulters were seen in the TFC in ELfasher than in the CTC in Tawila ($t= 2.1$, $P=0.0018$).

In conclusion, this study highlighted that community-based management of severe malnutrition is an effective intervention to treat a large number of children suffering from SAM. No deaths occurred among the sample in the TCT and nearly two thirds (61.1%) were treated and discharged. A low case fatality rate can be achieved if strategies were developed to ensure provision of adequate dietary and medical treatment, and if close follow-up and early detection is implemented at the community level. In order for these programs to be successful, efforts must be made to reduce barriers to access such as the capacity of the hospital that cannot absorb all cases admitted and long period of staying usually rejected by the caretakers because of other obligations left behind.

The study recommended more research in order to prove the effectiveness of the integration of such programs as part of the routine health system, in terms of having a major public health impact and contributing to the achievements of the Millennium Development Goals. This can only be accomplished by mainstreaming the management of severe malnutrition into international, national and local health and development agendas. In addition, strengthening community participation and mobilization will help to empower the families in emergency and non-emergency situations. This role can be played by the home economists who are working as community nutrition volunteers, nutrition educators, dieticians and extensionists in the area. More important is the assurance of peace, and settlement of Darfur people who are still suffering the consequences of displacement for over a decade.

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Home Economists in Action: Implementing a Community Course on Sustainable Living

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Abstract

During 2011 to 2013 the professional association “Home Economists in Action” was commissioned by Caritas (Malta) to design, deliver and evaluate a community development course focusing on sustainable lifestyles. The primary target audience was vulnerable, financially insecure individuals and families, and the secondary audience parish community and social workers. The main aim of the course was to help participants assess and improve their quality of life through effective resource management. Topics covered included family decision-making and influences on consumption, budgeting, wise shopping, energy and water conservation, sustainable snacks and meals, sustainable personal care and grooming, eco-friendly home care, and free and low-cost leisure time activities. An active learning approach was adopted promoting values recognition, prioritisation, critical thinking and goal-setting. The course comprised eight group and 1 one-to-one sessions and was facilitated by two home economists. Over 200 individuals were reached in 10 localities. Two types of evaluation were conducted – process evaluation and short-term impact assessment. The former helped to refine the course as it was ongoing, based on participants’ feedback and facilitators’ self-evaluation. Follow-up phone interviews helped identify strategies participants had adopted to improve the sustainability of their lifestyles. Several instances of positive attitude and behaviour change were reported.



Home Economists in Action: Implementing a Community Course on Sustainable Living

Community Course

Background

Over the period September 2011 to June 2013, Caritas – Malta commissioned the professional association “Home Economists in Action” (HEIA) to design, implement and evaluate a sustainable living community development course. This course was a reaction to the outcomes of the Sustainable Lifestyles Project (SLP) scoping report (Caritas [Malta], 2010) which had studied decision-making

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in Maltese families and identified major sustainability-related concerns, such as consumption expenditure, savings and health maintenance among others. The authors concluded that the well-being of individuals within families and the community depended to a significant degree on choices made during one's lifetime. Additionally, insufficient information and preparation for decision-making, inadequate foresight, and susceptibility to various influences were among the difficulties which individuals faced when making such decisions. Individuals and families with a lower socio-economic status seemed to be particularly vulnerable to certain systematic decision errors.

With this in mind, the goal of the HEiA Caritas-commissioned course was to nurture appropriate decision-making skills in individuals and families to help them enhance the sustainability of their lifestyles.

Home Economics and Sustainable Living

The United Nations Environmental Programme (UNEP) (2011) has stated that:

“Creating sustainable lifestyles means rethinking our ways of living, how we buy and what we consume but not only that. It also means rethinking how we organize our everyday life and altering the way we socialize, exchange, share, educate and build identities. It is about transforming our societies and living in balance with our natural environment” (p.15).

UNEP specifically acknowledges that as citizens, at home and at work, many of our choices related to energy use, food, waste, transport, communication, as well as our cultural dialogue and solidarity, together can lead towards building sustainable lifestyles.

For home economics (HE) practitioners, educators and researchers the inextricable and historical link between our discipline and sustainable living is taken for granted, particularly through the emphasis on family and household resource management (Dewhurst & Pendergast, 2011; Nickols, 2008; von Schweitzer, 2006). Unfortunately,

this perception is not the case for the larger professional, research or policy-making community in most countries, where HE does not feature automatically in the discourse on sustainable living (Muster, 2013).

The 2008 International Federation for Home Economics (IFHE) Position Statement clearly stated that HE comprises “a field of study and a profession, situated in the human sciences that draws from a range of disciplines, to achieve optimal and sustainable living for individuals, families and communities” (p.1). So much so, in recent years there have been several attempts to increase visibility with respect to what HE has to offer in relation to education for responsible citizenship and sustainable living, through home economists' publications and presentations, and their participation in community, national and international projects related to Education for Sustainable Development (Muster 2013, Butler et al., 2012; Butler et al., 2011; Jepson et al., 2009; Piscopo, 2008). Muster (2013, p. 21-23) has even specified a list of strengths of HE for promoting responsible living, namely:

- Focus on a Responsible Use of Resources
- Focus on Productive Household Functions
- Focus on an Alternative Economic Paradigm
- Focus on Practical Knowledge.

Recently, community extension work was highlighted as a prime vehicle for home economists to offer education for sustainable living as part of a multi-disciplinary team (Elliott et al., 2008). In reality, projects with such a focus are continually developed by HE extension workers around the world, as can be seen from the IFHE HE Project Survey (IFHE, 2012) which lists a number of projects with a sustainability angle. One example of a community outreach project is the “Basic Skills for Living” initiative by the Manitoba Association of Home Economists (2008) which aimed to improve functional literacy among adults through education on healthy eating and money management. Another example is the “Green Living” workshops on healthy homes, energy efficiency and sustainable living organised by Cornell University Cooperative Extension for residents of affordable

housing complexes in New York City (Rosen, 2012). Similar foci and motivation were at the forefront of the development of the Caritas-commissioned HEiA course.

Course Development and Design

The HEiA course was called “With a little thought... Smart choices for a better lifestyle” and it was developed by a team of HE educators who had experience doing adult education, or organising community courses as part of research projects or in NGO-related work.

Course participants were recruited by parish Archpriests and Outreach workers, with the primary target audience being vulnerable, financially insecure individuals and families and the secondary target audience parish community workers and social workers. The aim of the course was to help participants assess and improve their quality of life through effective resource management.

The course topics emerged from the SLP Scoping Report (Caritas [Malta], 2010), as well as from The Minimum Budget for a Decent Living Caritas report which had the goal of informing policy to alleviate poverty in Malta (McKay, Sammut, Farrugia & Piscopo, 2012). They included family decision-making and influences on consumption choices, budgeting, wise shopping, conservation of energy and water, sustainable snacks and meals, sustainable personal care and grooming, eco-friendly home care, and free and low-cost leisure time activities. Specific skills were woven throughout the course, such as values recognition and evaluation, prioritisation and goal-setting.

The development team also consulted international reports, projects and documents which described and promoted sustainable lifestyles and responsible citizenship (Schreurs, Martens & Kok, 2013; UNEP, 2011; PERL [online]; SPREAD [online]). The team particularly considered descriptions of consumers’ downshifting lifestyle transformation and the teaching and learning approaches adopted for motivating change in perceptions, attitudes and choices. Consequently, the course was designed around a problem-solving, active learning andragogy, and kept in mind that education for bringing about behavior change in sustainable living needs to

engage, enable and encourage the learners, as well as showcase and share examples of good practice (UNEP, 2011) (Figure 1).

Figure 1
Programme components for behavioural change in sustainable living (adapted from UNEP, 2011)



Most sessions were built around a PowerPoint presentation and different active learning methodologies. The latter included pair- and group-discussions, ranking tasks, case studies, investigations, self-assessments, goal setting and sowing of herbs. Flexibility was built into the course so that activities and resources used in a session were suited to the participants. For example, case studies were chosen based on the profile of the participants (e.g. young low-income families, single parents, elderly couples, widows); or level of detail or practice time for budgeting tasks were based on the group’s needs which had emerged from prior sessions.

Course Implementation

Participants:

At the time of writing, the course had been implemented in ten localities, reaching 217 individuals. Group size ranged from 11 to 38 participants, though a group of around 20 individuals was normally sought for richness of learning experience, logistics and cost effectiveness.

Considering total participants, 73% were females and 27% were males. Retention rate was high at 88%. Sometimes the participants were husband and wife couples, or mother-daughter couples; but predominantly

they were females (wife, mother or adult daughter) managing a household, or widows or widowers. At one venue there were also two participants with special needs who lived independently in sheltered housing.

Each group typically also comprised at least two parish volunteer community workers who knew some of the participants and had encouraged them to attend. Their role was to attend the course, unobtrusively get to know any vulnerable participants and their needs better, and also follow-up as necessary and feasible once the course was over. It was envisaged that these liaisons could continue disseminating the learnt knowledge and skills in their voluntary work, adding an element of sustainability to the course.

Two home economists facilitated each session, whilst a HEiA Project Manager and a Caritas Liaison jointly shared organisational and administrative duties.

Sessions:

Each course was spread over 9 weekly sessions – 8 group sessions and 1 one-to-one session – and normally lasted around three months. The group sessions had a regular timeslot, whereas the one-to-one sessions were voluntary, by appointment, and generally took place around the 5th week of the course. At this point the facilitators would be quite familiar with the participants' personality and publicly displayed/expressed needs and they would have also established a good rapport with the group. Thus, the one-to-one session allowed for more individualised assessment of current behaviours (e. g. individual/family budget and expenditure) and targeted guidance and goal-setting for quality of life enhancement (e. g. achievable strategies for more sustainable living).

All except one group sessions lasted two hours, with a 15-minute “pedagogic” refreshment break. The food and drink items provided met, as far as possible, the following criteria: local, seasonal, healthful and low-cost ingredients. The goal was to offer ideas for easy-to-prepare healthful snacks, whilst being innovative with familiar ingredients or introducing less familiar yet accessible ingredients. Participants sampled one savoury and one sweet item per session and recipes, including a third bonus recipe, were handed out. The nutritional value of each recipe was

highlighted, as were tips for reducing costs or being more environment-friendly. Participants were encouraged to try the recipes at home with their families and report back on outcome or with suggestions for improvement.

One group session focused solely on Sustainable Eating. This session involved a demonstration of different food items, once again following the criteria of the “pedagogic” refreshment break. A selection of four or five items were either prepared completely or partially in front of the participants who later got to sample each one. Typically, a mix of savoury and sweet items were demonstrated, which could be served together to form a three- or four-course meal, or served separately as snacks or lighter meals. Apart from nutritional, health, economic and environmental value, other tips were shared such as practical preparation, cooking or storage short-cuts and ideas for presentation, garnishing and decoration to render the items suitable for a special occasion.

The venue for some of these Sustainable Eating sessions was the regular venue, with food being prepared and demonstrated by one of the regular home economists or a guest home economist. For some of the courses, the HEiA Project Coordinator managed to partner with HE graduates who owned their own restaurant and were willing to host the session at their establishment. In these cases, menus were discussed beforehand and the home economics restaurateurs themselves led the demonstration, with the regular home economics facilitators adding on to enrich or bridge with previous course sessions.

The final session aimed to elicit from participants key knowledge and skills learnt from the course, good practice they had become familiar with as described by peers, and their intention to make changes in their personal or family lifestyle for improved sustainability. Participants were also invited to bring along their favourite sustainable recipe to share with the group and some voluntarily even brought along the prepared item for tasting. All participants who had regularly attended the course were given a Certificate of Participation signed by the Director of Caritas – Malta.

Take-home resources:

Apart from the refreshment break and Sustainable Eating session recipes, at the end of each session the facilitators

distributed a handout which summarised the main points of the day. During some sessions they also gave out additional material, such as a leaflet with Useful contact numbers (e.g. Family welfare services, Consumer assistance, Housing and alternative energy financial aid schemes), a budgeting diary to record income and expenses, a booklet on food preservation, and a sheet on seasonality of vegetables, fruit and fish. All of these were produced by home economists. Some leaflets from the Department of Consumer Affairs were also distributed.

Course Evaluation

Two types of evaluation were conducted – process evaluation and a short-term impact assessment. The goals were to obtain feedback and reflect on technical aspects of the course content and delivery and to gauge impact regarding behavioural change. This evaluation not only fed into ongoing course development and refinement, but was also required by the sponsors of the course (i.e. the Malta Community Chest Fund).

After Session 1 and at intervals during the course, the facilitators asked participants for feedback on the teaching style, the resources given, and on whether the course was meeting their expectations. At the end of the first session, participants were also asked if there were any particular topics they would like to be covered. These wishes were accommodated where feasible, or alternative sources of information or assistance suggested in the subsequent sessions. In the final session, the facilitators asked participants similar questions and also invited them to suggest possible improvements to the course. Feedback from this process evaluation was obtained either anonymously, in written format (with the home economists acting as scribes if there were literacy problems), or verbally through a structured open-group discussion with one of the home economists noting down the responses.

The facilitating home economists also carried out their own self evaluations at the end of each session in an informal discussion. However, a lengthier evaluation session was held at the end of each course involving them, the HEiA Project Coordinator and the Caritas Liaison. This evaluation sometimes led to changes in the course content

sequencing, in session content emphasis or delivery mode, and in modification or enrichment of the course resources.

Approximately 8 to 12 weeks after the end of each course the course facilitators conducted a qualitative short-term impact assessment. Participants were contacted by phone and invited to take part in an evaluative phone interview, either on the spot, or at a future date. The specific objectives for this interview were to:

- Uncover strategies which had been adopted by course participants (based on application of course messages) to improve quality of life
- Discuss participants' budgeting practices
- Explore the perceived usefulness and actual usage of take-home course resources by participants
- Seek suggestions for improving impact of future courses.

The interviews lasted from 10–20 minutes with the interviewers, generally using a speaker phone, so that the gist of the responses could be taken down simultaneously.

Main outcomes and insights from the process evaluation:

In general, all course participants reported that they found the topics interesting and useful. Most of the participants mentioned being particularly motivated by the sessions on budgeting, wise shopping, natural cleaning agents, saving water and electricity and sustainable eating. All participants thoroughly enjoyed the refreshment breaks and sampled sustainable snacks. Certain topics were included in latter courses based on the participants' requests, such as procedures for making a consumer complaint, suggestions for reusing of items, and services and schemes available for investing in alternative energy, or to assist elderly people living independently or families with members who have special needs. Early on, one or two participants commented that sometimes there was repetition, but as much as possible this was eliminated in latter courses.

During final evaluations participants suggested that it would have been beneficial if the course had also covered a number of other practical topics, such as time

management, basic first aid, basic home maintenance, craft-making, meal planning for food intolerances and special dietary conditions, stress management, dealing with elderly loneliness, and how to search for and obtain information on courses and on free leisure time activities. They acknowledged that it would be difficult to fit all of this in 9 sessions. In fact, many participants asked if there would be a follow-up course as they would be willing to attend. The majority particularly requested another course focused on healthy eating on a budget and with minimal use of time for preparation.

Participants also commented positively on the method of delivery of the course. Several expressed how they found the small group discussions stimulating – not only because they learnt from others, but also because they appreciated having the opportunity to express their concerns and opinion and they felt comfortable doing this in a small group. Most also perceived the more mobile activities, such as choosing a side of the room for ranking, as innovative; but some more senior participants saw having to stand up and move around as a hindrance.

The resources were also received positively. At different stages, the facilitators made a few minor modifications based on the participants' observations, such as changing some pictures and slides to create a better gender balance, and adding the number of servings and basic nutritional value on the recipes handed out.

Some activities were amended due to illiteracy problems. For example, two versions of a task related to budgeting were eventually developed so that participants could either complete a worksheet, or use “fake” money to manually plan a budget according to different family scenarios.

The group solidarity was something which many participants commented on during the evaluations: they enjoyed coming to the sessions, not only as a means of socialisation, but also because they felt that they were not alone in their problems, they could express themselves in their own way, and the fact that they were being listened to made them feel better after each session.

Only one group seemed unwilling to participate in the one-to-one session. This was a group which mainly comprised

older widows or widowers. Those who did not volunteer to attend generally felt that they were set in their ways; they had found a comfortable pattern of living and did not feel the necessity to get advice on how to change. Other groups readily welcomed the one-to-one sessions. Participants expressed appreciation for the practical advice given by the home economists which was targeted to their specific needs and they were grateful for the encouragement to take a more positive attitude towards life. The home economists also noticed that after the one-to-one session participants engaged more actively and willingly in the following sessions.

On a few occasions, the home economists felt disheartened after the participants showed a strong reluctance to accept any of the advice given during the one-to-one sessions, preferring to rely on parish and state aid than trying to improve their situation by seeking to further their education or gain employment. In such instances, the parish priest was briefed by the Caritas Liaison and the idea of engaging a Social Worker to find more long-term solutions discussed.

Main results from the short-term impact assessment:

Overall, the phone interviews revealed that the course had a positive short-term impact on the majority of the participants, and sometimes on their family as well. The majority of the participants felt that the course had stimulated them to reflect upon their daily practices to assess what they could change to make best use of their resources. Many reported that through the course they had acquired some skills to manage their lifestyle better; in fact they had adopted behaviours which they did not follow before coming to the course. A summary of main reported changes are listed in Table 2.

Several participants stated that budgeting had become a priority in their family. The diary of expenses distributed during the course helped some of them to balance their income better and to start saving regularly, even if a small amount. Some merely kept track of their expenses, whilst others did a “mental” budgeting exercise. Many acknowledged that saving money was possible, even on a low income, and perhaps in the past they were just wasting a lot.

“I do not keep a written budget, but I do allocate. I am trying to get by with less money than usual and put aside the rest. What I save, I then use for family treats e. g. going out to eat. If you think and allocate well you see the difference and this gives you courage to continue.”

“Before I used to have a wage so I always had peace of mind that money was available. Something that amazes me is that now that I have no wage I am still getting by

and I am still buying all that I need. I am really amazed and coming to realise that before I used to waste a lot and it was not a matter of not having enough money.

A few lamented that the need to budget was not readily shared by all members of the family; but also added that they were working hard to instill the importance of budgeting in the rest of the family.”

Table 1: Reported impact on lifestyle behaviors at 8-12 week follow-up

Behaviour	Specific Action
Budgeting	<ul style="list-style-type: none"> • Checking how they were spending their money • Allocating an amount of money weekly to categories of living expenses • Saving regularly
Wise shopping	<ul style="list-style-type: none"> • Going shopping less frequently • Checking what they have in their cupboards/ wardrobe first before going shopping • Creating and sticking to a prioritised shopping list • Evaluating advertisements and discount offers carefully • Taking advantage of sales • Taking advantage of wholesalers • Avoiding places where they tended to over-spend • Checking out products on the top and bottom shelves • Avoiding use of credit cards
Food and eating	<ul style="list-style-type: none"> • Buying fresh and local products • Storing new foods at back of shelf • Checking expiry dates when shopping and at home • Cooking the right amount for the family • Avoiding cooking multiple dishes • Planning meals based on a variety of healthy ingredients as much as possible
Energy- and water-saving	<ul style="list-style-type: none"> • Collecting cold solar water heater water until hot water is supplied through the tap • Taking shorter showers • Turning off shower tap whilst lathering • Collecting shower water in a tub to use for flushing toilet • Keeping a bottle in the cistern to save on water when flushing • Not leaving appliances on standby • Switching off sockets • Turning off lights when leaving the room • Switching on the water heater only an hour before use • Bulk cooking when switching on the oven • Steaming food over food being boiled • Using water used for boiling vegetables for soups, gravies etc.
Home care	<ul style="list-style-type: none"> • Using a suitable amount of detergents and cleaning liquids • Using natural products such as lemon and vinegar for cleaning
Leisure time	<ul style="list-style-type: none"> • Seeking courses and other leisure activities available for free or a minimal charge • Eliminating or drastically reducing lotto expenses

This sense of self-confidence and assertiveness also emerged when talking about shopping, home and personal care and leisure expenses. Participants explained how they had adopted a number of the strategies mentioned during the course and sometimes family members had also joined forces.

“I even waited for the sales and I no longer feel embarrassed to say I bought something from the sale... after all, the most important thing is that I like it and that it is of good quality.”

“To cut down on expenses, remember I had told you I had a body massage every month? Now my daughter and I have done a course and we learnt to do our own body massage...we do it for each other rather than pay for it. I feel much better.”

One of the strongest impacts was on food shopping and healthier eating. The effort to cook more healthily was commonly reported, with a majority of the participants stating that they frequently prepared the recipes discussed and tasted during the course. Some had even shared the printed recipes with family members and friends.

“The recipes you gave us and the restaurant session helped me a lot in cooking, which is my main role and a daily challenge, also to cook something wholesome but which the kids will like. From this course I got a lot of ideas on how to cook a variety of dishes at a lower cost, whilst pleasing the kids. For example, I started using green bell peppers, blanching them first, and I rinse the aubergines in some salted water to remove the bitterness, because that’s why the kids didn’t like them.”

A few participants had also enrolled in a cookery course, as they had been inspired to learn more about how to make “usual” food more appealing, healthy and with moderate expense.

Several participants also proudly described how they had reduced consumption of energy and water; however, the challenge of having the whole family on board emerged frequently.

“Regarding bills, I’m being more careful. For example, if it’s not that cold I’m not switching on the heater and

I tell the kids too... I keep reminding the kids since you know they waste the most and they are the most difficult to convince.”

“Well, immediately after we finished the course we were trying some of the things we discussed, but now we’re no longer that strict... My daughter has to learn that nobody will be there to help if we’re stuck; but it’s so difficult to change!”

One participant recommended that when marketing the course the importance of having two members of the household attending should be highlighted so as to facilitate sustained behaviour change.

“I think I would emphasise that they are a couple – for their own sakes, as there will be more than one person to disseminate the message in the family and also to remind you to change any of your own bad habits. As a couple you can support each other.”

It is clear that in the short-term the course helped to empower participants to different degrees and in different ways. In general, the course seemed to motivate the participants to actually take action towards a more sustainable lifestyle, rather than remain passive or wallow in self-pity. “Thinking before acting” was a new habit several mentioned in the interviews. Most participants stated they were keen to make good use of their money, to do things differently, and now they had the self-confidence to be firmer to persuade other family members to do likewise. A few of the participants admitted that due to illiteracy they previously had a very low self-esteem and a negative opinion about their abilities. However, the course seemed to enhance their self-efficacy as described by the Home Economists in one of their evaluation reports.

“What struck us most was that a couple of participants also highlighted that for them the course was successful in making them feel important and find again their long lost sense of usefulness and importance to live again. This is because this course gave them a sense of routine, a sense of self-discipline ...”

One of the participants described a similar sentiment.

“I am doing well. This course helped to boost my morale and to realise that I am not alone, because in the group

there were others with similar problems and I even made friends and have like a point of reference. It has made a big difference for my husband as well. He has started thinking more seriously about how to manage our needs. He has become more aware; he's really got into it and is not just leaving things up to me."

A handful of the participants gave negative feedback with respect to the course impact. They felt that their financial status and life circumstances precluded them from really making any changes to improve their quality of life and they were still resorting to social assistance from their parish priest. A few of these participants were facing health problems which they reported as draining their energy and motivation to try to take control of their life and expenses. Others were unwilling to take steps to find employment feeling the effort was not economically worth it or did not result in employment commiserate with their qualifications, so was demeaning.

Course participants who were seniors, pensioners or grandparents reported that the course had taught them some new things, but for many it had mainly served to confirm that they were on the right track when it came to sustainable lifestyle choices. As two of the home economists explained, "Overall, we think that this course worked more on awareness and reviving of previously carried-out practices which were utterly forgotten, rather than making drastic changes in their life."

This was confirmed by one of the older participants who stated:

"Yes. You reminded me about many things from my youth. I feel much better doing the things you taught us. You gave us the courage to practice what we used to do in the past, because you showed us that it still makes sense."

These more senior participants also recommended that the course be offered to young adults who had either just started working or were currently planning to start a family to learn how to sustainably manage their own resources. In fact, some of these participants stated that they had read through the course Handouts with their married offspring, or had given the Handout pack to their sons or daughters as they thought that they would make better use of them. Others had made photocopies and shared with neighbours

and friends who had not attended the course. This sharing of resources shows that in some communities the course had a broader reach than anticipated.

Discussion

Faith-based responses to pressing social needs of communities are hardly new (U.S. President's Emergency Plan for AIDS Relief, 2012) and their effectiveness, particularly as a means for prevention of problems in at-risk population, has been recorded in various projects (Bopp & Fallon, 2013; DeHaven, Hunter, Wilder, Walton & Berry, 2004). Moreover, faith-based and secular providers of services have been seen as each having a focused yet complementary role (Graddy & Ye, 2006).

This was the case with the Caritas – HEiA collaboration. A strong project management team and supportive parish priests and community workers helped to ensure the organisational success of the course. A strong educational team ensured success when it came to planning and delivering the course itself. Different evaluation strategies helped to adapt the course to the particular course group and to refine the course in general as it moved from one locality to the next.

Limitations were not lacking. Due to the somewhat heterogeneous group in most of the localities, the content could not be targeted to meet the needs of all participants. On the other hand, the heterogeneity seemed to help create a sense of community, with those who were vulnerable feeling they were not alone, whilst others who had more stable life circumstances becoming more sensitised to social needs and understanding better how they could perhaps volunteer to ameliorate the circumstances of members of their community.

Time was also an issue. One could not increase the course sessions as Caritas wanted to reach as many communities as possible with the budget available. Additionally, practical considerations regarding availability of facilities also had to be kept in mind. It is noteworthy that the participants themselves requested follow-up courses. It is unfortunate, however, that there was not enough funding so training-of-trainers courses could have been organised parallel to the main course with this follow-up in mind.

Conclusions

This community-based sustainable living course was an innovative venture for Maltese Home Economists who to date have mainly been working as educators in school settings. The course took advantage of the knowledge and skills of home economists to help improve the quality of life of those who were in vulnerable life situations or who wished to adopt more sustainable lifestyles. The collaboration of HEiA with Caritas was mutually fruitful. It added a new dimension to the services offered locally by Caritas and also helped to raise the public profile of local home economists through the association with a highly respected NGO. Mass media coverage was also sought with this in mind (“Sustainable Budgeting,” 2013).

Through this project HEiA has contributed to the reorientation of local social thinking so that living in a sustainable manner is seen as consuming less and consuming differently; so that individuals act on the imperative to stop “wants” from morphing into “needs”. Results are congruent with the achievements of home economists in other countries (IFHE, 2012; Rosen, 2008). To echo Elliott et al. (2008), “Ensuring family prosperity through future generations is the real meaning of sustainable living” (para.5).

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Reduced Household Income – Coping Strategies for Daily Food

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Abstract

The aim of this study is to analyse impacts of a decreased income on food purchasing and nutrition behaviour. Mixed-methods were used including data of the second German National Nutrition Survey (n=7490) and of qualitative interviews (n=14) with persons of single and multigenerational households who had a decrease of income. Results show that respondents try to economize their purchases by increased planning and abandonments. They spend less and buy cheaper foods. More studies in home economics are required to get a deeper insight on socio-economical and behavioural patterns and to distinguish types of coping-strategies for tailored education programs.



Introduction

In recent years the risk of poverty and low income has become an issue of widespread attention – even in advanced European welfare states. Although the standard of living has risen continuously for most, changes in labour force participation, and an increased number of recipients of social benefits have widened the gap between rich and poor.

During the last years, the rising awareness of this socio-economic development appears on European level as well as on the national one, which is exactly where e.g. the German Federal Government wants to fight inequality, as it is shown in the fourth report on poverty and wealth (Bundesministerium für Arbeit und Soziales, 2013a).

One of the key objectives of the European Commission strategy – Europe 2020 strategy – is to reduce poverty and low income conditions within the European Union and to provide a growth strategy for the coming decade. It aims at lifting at least 20 million people out of the risk of poverty and social exclusion, strengthening employment and social cohesion (European Union, 2013, p. 169).

Poverty concepts in the EU and in Germany

Poverty analysis in European countries is mostly based on relative monetary concepts. Relative poverty is defined in relation to a generally accepted standard of living in a specific society at a specific point of time (Dobson, 1997). Mostly all households are covered, whose income is below a threshold, usually 50 % or 60 % of the national average household income. Statistical fact is that in 2008 the average percentage of people at risk of poverty is 16.6 % for the EU-27 as a whole. That means that one in every six EU citizens is at risk of poverty. The rate for the 12 “new” Member States was 17.3 %, not much higher than for EU-15 with a rate of 16.4 % (Atkinson & Marlier, 2010, p. 106). The underlying calculation of these data is very complex: “the EU headline indicator of (income) poverty/inequality is the proportion of the population living “at-risk-of-poverty” defined as those living in households whose total equivalised income is below 60 % of the median national equivalised household income” (Atkinson & Marlier, 2010, p. 104).

Following the above-mentioned calculated “relative concept”, results from the European Union Statistics on Income and Living Conditions (EU-SILC) 2012 show that in 2011 16.1 % of the population in Germany were at risk of poverty (Federal Statistical Office, 2013). The population groups that have the highest risk of being poor are women rather than men, unemployed persons, households with a large number of children, single-parent households as well as women and men living alone (Destatis & WZB, 2013, pp. 160-163).

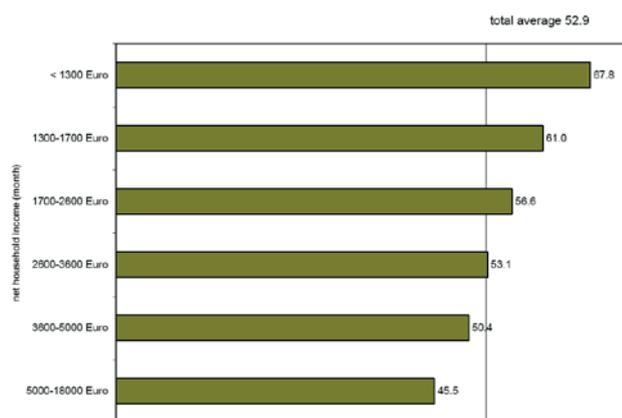
German residents who are no longer able to provide for themselves can claim welfare benefits (the so-called “social assistance”). This level of governmental social assistance is supposed to guarantee a basic living standard and it is understood as a last public resort for people in serious economic or social difficulties. Social assistance can be considered as a political poverty measurement. The payment of public transfer income reduces the at-risk-of-poverty rate of the population: in Germany as a whole, the at-risk-of-poverty rate before social transfers (except pension payments) amounted to 24.3 % in 2011 (Federal Statistical Office, 2013).

This includes firstly an “unemployment benefit” for those persons who lost their job within the last twelve months and secondly an “unemployment benefit II” which is addressed to job-seekers as a basic security benefit (Bundesministerium für Arbeit und Soziales, 2013b).

But taking into account the multidimensional character of poverty, a merely monetary definition does not meet the complexity of this subject. Therefore a broader, lifestyle-orientated poverty definition, based on Peter Townsend’s concept of relative deprivation (Townsend, 1979), covering a multitude of dimensions like employment status, education, health or the family situation is more adequate to meet individual situations; in addition non-monetary measures need to be included in order to have a better understanding of the phenomenon (Koehler, Lehmkuehler, Leonhäuser, 2004). In recent years, official statistical data provides additional information for this approach. Quantitative data on “material deprivation” (e.g. “not being able to afford one week’s annual holiday away from home”, “not being able to afford a meal with meat, chicken, fish or vegetarian equivalent”) and on “low work intensity” are available for the EU-27 in 2011 (European Union 2013, p. 186). However, they do not inform about the circumstances, motives and coping strategies of the vulnerable people, households and families.

In addition to the income related poverty data, German household budget data provide information on consumption patterns. They are stronger in low-income groups than in high-income groups: Considering the categories of net household income, Figure 1 illustrates the relationship between income and the percentage spent for basic needs (rent, food and clothes). On average, German households spend 52.9 % of their monthly net income. However, Figure 1 documents that the expenditures for basic needs are higher in low-income-groups than in the others.

Figure 1
Expenditures (amount of total expenditures in %) of private households in Germany for basic needs, 2011



Source: Destatis & WZB, 2013, p. 149

Household budget data also indicate that households of jobless and unemployed persons spend less for goods and services. That means that in total, jobless persons spend 1066 EUR and unemployed persons spend 1889 EUR, while employed persons spend more than 2600 EUR. But the percentage spent for food, rent and clothes is higher in households with jobless (71.1%) or unemployed persons (55.7%) than in households of employed persons (50.7%) (Destatis & WZB, 2013, p. 147).

Empirical data confirm the Engel's law, which states that the lower the household income the greater the percentage spent for food. Although, there is rising awareness of the poverty problem in its consequences on livelihood, there is only limited information on the nutritional situation of people living in low-income households. Poverty apparently influences nutrition and health of the people concerned, but representative studies consider the relationship between poverty and health respectively, however nutrition only to a marginal extent.

Nutritional situation of low income groups: the state of the art at a glance

In 1995 research on poverty and food in welfare societies was initiated by a European interdisciplinary research group (Köhler, Feichtinger, Barlösius, & Dowler, 1997).

In this context studies examining national and international survey samples focussing on poverty and food have been carried out in Europe. It became clear that these studies are based on different survey samples of different living conditions and using different methods. These quantitative and qualitative empirical studies have shown the relationship between income and nutrition and its impacts on health. Low income diets are determined by an unhealthier food choice: they are higher in energy (fat, sugar) and include less healthy items (fruits, vegetables) (Darmon & Drewnowski, 2007; Dowler, 2001; Irala-Estévez, De Groth, Johansson, et al., 2001; Köhler, Feichtinger, Barlösius, & Dowler, 1997; Koehler, Lehmkuehler, & Leonhaeuser, 2004; Leonhaeuser, & Lehmkuehler, 2003; Konttinen et al., 2012; Turrell, Hewitt, Patterson, & Oldenburg, 2003).

Representative data describing the nutritional situation of poor persons in Germany has not been collected yet. Some data sets of representative surveys like the household budget data and the second German National Nutrition Survey (NVS II) can be evaluated comparing different levels of income, but the target group of low-income persons is often underrepresented in these investigations. Results of NVS II indicate that persons belonging to lower status households have an unhealthier food intake than persons from higher status households. Status has been classified into five groups measuring highest educational level, professional classification of main earner and household net income. Persons living in a lower-status household eat less vegetables/mushrooms/pulses, fruits and fish, but more meat and meat products especially meat products and sausages; they drink less water and more soft drinks; the tendency for alcoholic beverages differs between males and females; while men with lower status drink more beer and spirituous beverages, women and men with higher status consume more wine (Max Rubner-Institut, 2008).

Leibtag and Kaufman (2003) stated that poor households in the United States have to economize their purchases. They buy random-weight products on sale or choose more private-labels for fixed-weight products and they purchase less expensive meat, poultry, vegetables, and fresh fruits:

for example, they buy more bananas but less berries than high-income households (Leibtag & Kaufman, 2003, pp. 6-7). Additionally, other studies indicate a linkage between costs and energy- and nutrient-density of food or foodways: low-cost diets feature higher energy density and fewer nutrient contents (Maillot, Darmon, Vieux, & Drewnowski, 2007; Schröder, Marrugat, & Covas, 2006).

Therefore, also in welfare states, economic disadvantage is associated with various aspects of food insecurity (Sarlio-Lähteenkorva & Lahelma, 2001). For a qualitative study in Australia 22 persons with low income (weekly income < \$A500), who faced nutrition insecurity over the last year, and which is defined as “having run out of food and not having money to buy more food at least once in the last year”, had been interviewed (Burns, Cook, & Mavo, 2013, p. 213). The authors showed that food purchasing decisions are made by “value negotiations, a weighing up of attributes and values related to specific foods and food price in relation to available money”. Their participants stated “the satiation of hunger to be the most common “value’ relative to price” (Burns, Cook, & Mavo, 2013, p. 213). These results can be described as different forms of food deprivation. Food deprivation can be differentiated in material and social food deprivation. While material food deprivation covers quantity and material quality of food, social food deprivation deals with psychological and socio-cultural quality. Described by Feichtinger (1997): “Social food deprivation entails food and foodways which are not congruent with socially and culturally approved foodways of a society and which therefore exclude from participation in social life as far as roles, relationships, customs, functions, rights or responsibilities are expressed by food and foodways. Social food deprivation also includes a lack of food entitlements, caused by societal rules” (p. 50).

Being satisfied with enough energy, (buying) food turns from a basic need to an instrument to create social distinction in welfare societies. To conclude with Marshall (1995): “Food is both substance and symbol, material and aesthetic and certainly worthy of further investigation”(p.3)

Considering that poverty does not occur suddenly, nutrition should be measured at different stages by a

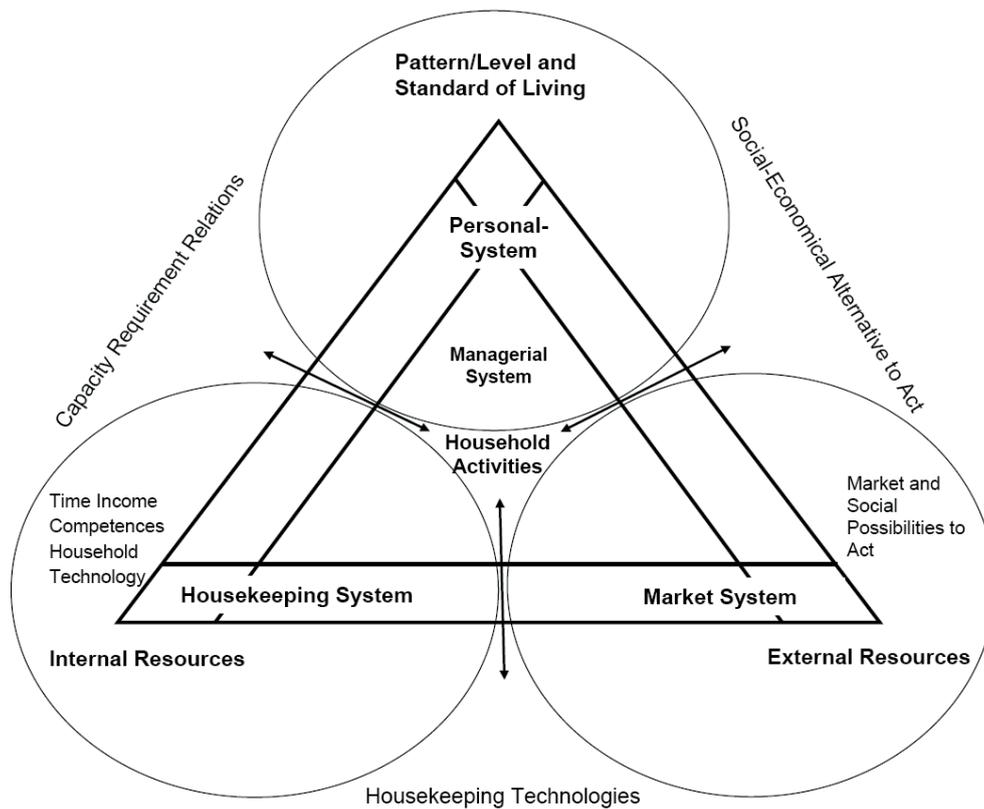
dynamic view. A qualitative study from Germany observed differences between participants of the “old poor” and the “new poor”. The authors that it was harder for the “new poor” to abandon certain foods: “The speciality of the nutrition behaviour of the new poor was that they had to make compromises because of their financial situation, but they tried to maintain the eating style they have practised before as good as possible” (Koehler, Lehmkuehler, & Leonhäuser, 2004, p. 125). According to the different dimensions of nutrition poverty, Feichtinger (1997) concluded that: “(.) also in less straitened circumstances, when people are still able to secure sufficient food and nutrition simply by buying cheaper food, they are conscious of the reduced social quality of their food. Freedom of choice is restricted, and, high status food has to be replaced by low status food (...)” (p. 54). Australian researchers conducted an experimental study. They found out that women with higher income are unable to adopt their purchasing behaviour to a decreased budget in comparison to those women with lower income (Inglis, Ball, & Crawford, 2009).

In conclusion, the comparison between rich and poor living conditions leads to unequal nutrition and health security. With regard to the German research situation statistical data identify vulnerable households (e. g. unemployed or retired) but these do not contribute to a deep understanding of individual impacts of recent financial restrictions on food consumption as well as on coping strategies. Research concerning underlying attitudes and motives is needed.

Theoretical Framework, Objectives, and Study Design

Our study is based on a system-theoretical model according to von Schweitzer’s Household Triad (von Schweitzer, 2006, p. 164). As shown in Figure 2, this model includes different sub-systems (“personal system”, “housekeeping system” and “market system”) that influence each other directly and determine the household’s activities which are influenced by factors on the meso- and macro-environment, e. g. the financial crisis and unemployment situation on the macro-level.

Figure 2
Household Triad



Source: von Schweitzer, 2006, p. 164

With regard to the study presented here, it can be expected that households with decreased income reduce their food expenditures and that they have to vary their food purchases, the food quality, and consequently, the nutrition behaviour in the context of material and social food deprivation. It remains unclear how persons perceive their socio-economic situation when budget is restricted and how they manage and cope everyday-life.

Therefore, the objectives are focussed on...

- consequences of a restricted budget (market system) on food purchasing and daily food and nutrition supply (personal and housekeeping system)

- consumers' motives, attitudes and fears (personal and market system)
- management and coping strategies (housekeeping and personal system).

A mixed-methods approach using a sequential explanatory design is applied (Creswell, Plano Clark, Gutmann, & Hanson, 2003, pp. 223-224). The combination of comprehensive empirical data, the quantitative secondary analysis and the qualitative in-depth interviews, will strengthen the interpretation. Methods and results will be described following the steps of the study design shown in Figure 3.

Figure 3
Study design



Source: own figure based on the explanatory design by Creswell et al. (2003)

Quantitative Part

First, a quantitative secondary analysis of available data by NVS II was conducted (n=7490). NVS II is a cross sectional study with participants aged 14-80 years done by the Max Rubner-Institute, commissioned by The Federal Ministry for Food, Agriculture and Consumer Protection (Max Rubner-Institut, 2009a). It provides representative information on the nutrient and energy intake, current food consumption, lifestyle, and nutrition behaviour of the German population. Participants were surveyed using various survey instruments, e. g. Computer Assisted Personal Interview and a self-completion questionnaire (for further information on applied survey methods, see Max Rubner-Institut, 2009b). Data were collected between November 2005 and November 2006 (Max Rubner-Institut, 2009a).

Variables on socio-demographics (number of persons living in the household, net household income, amount for food purchases for eating at home and out of home, status and family status) and food purchasing behaviour were used for the secondary analysis. Three of those questions were asked hypothetically concerning a decrease in household budget (see Table 1). For the secondary analysis participants of NVS II were included according to the following criteria: age > 18 years, being responsible for food purchasing in the household (separately or together with others), as well as valid answers regarding income and spending for food. Data were analysed using descriptive statistics and cluster analysis (Ward method). Comparisons between clusters were done by mean comparison test.

Table 1
Questions of NVS II on budget restriction

Variable	Question	Options
	“Assuming you had considerably less money for food purchasing ...	
Changes	... what would you change in food purchasing behaviour?”	<ul style="list-style-type: none"> • “Buy more cheap products (e. g. retail brands)” • “Do more bargain shopping” • “Buy more frequently in discount stores instead of grocery stores” • “Buy more food with different process-level (e. g. canned vegetables instead of fresh products)” • “nothing would be changed” • “don’t know”
Abandonment	...which foods would you miss out or consume less?” Items: delicacies (e. g. caviar), spirituous beverages, cakes/tortes (e. g. from bakery), venison, wine/ champagne, seafood, candies/chocolates, tropical fruits (e. g. pineapple), soft drinks, fish (fresh), butter, coffee, mineral water	<ul style="list-style-type: none"> • “would abstain from” • “would consume less” • “would not abstain from” • “not consumed”
Choice of cheaper alternatives	...how often would you buy cheaper alternatives (e. g. bargains, retail brands)?” Items: eggs, pork/beef, fish, venison, poultry, sausages/other meat products, oil, bread, vegetables, fruits, alcoholic drinks, cheese, milk, dairy products, juices, cereals, sweets, pasta/ rice, soft drinks	<ul style="list-style-type: none"> • “always” • “frequently” • “less frequently” • “never” • “not consumed”

Source: own compilation based on the NVS II questionnaire (Max Rubner-Institut, 2013)

Study Results

The secondary analysis includes 7490 participants of NVS II (see Table 2). 66.5 % are women and 33.5 % are men, aged 49.2 years on average (SD ± 15.0 years), mainly 35-50 years old (36.8%). Nearly 42 % live in two-person households, 22.2 % in single households; there are smaller proportions for bigger households. The majority is married, living together with a partner (61.1%).

Almost everyone has a school degree: lower secondary school (31.5 %), secondary school (34.6%) and high school (31.7%). The median of monthly net household income is “2000-2500 EUR” (see Tab. 3).

Table 2
Socio-demographic characteristics

Socio-demographic characteristics	n	%	Socio-demographic characteristics	n	%
Sex			Living together with partner		
female	4979	66,5	yes	5385	71,9
male	2511	33,5	no	2078	27,7
Age (groups)			not stated	27	0,4
18-24 years	317	4,2	Educational level		
25-34 years	1041	13,9	without	66	0,9
35-50 years	2760	36,8	low	2361	31,5
51-64 years	1850	24,7	middle	2595	34,6
65-80 years	1522	20,3	high	2375	31,7
Household			different level	37	0,5
1-person-household	1660	22,2	not finished school	48	0,6
2- persons-household	3092	41,3	not stated*	8	0,1
3- persons-household	1176	15,7	Occupation		
4- persons-household	1117	14,9	yes	4268	57,0
> 4 persons-household	445	5,9	no	3221	43,0
Marital status			not stated	1	0,0
married, living together	4574	61,1			
married, living apart	145	1,9			
single	1598	21,3			
divorced	628	8,4			
widowed	524	7,0			
not stated	21	0,3			

Source: own calculations

Table 3
Monthly net household income

Income (categories)	n	%
< 400 Euro	87	1,2
400 - 750 Euro	305	4,1
750 - 1500 Euro	1620	21,6
1500 - 2000 Euro	1351	18,0
2000 - 2500 Euro	1313	17,5
2500 - 3000 Euro	943	12,6
3000 - 4000 Euro	1155	15,4
4000 - 5000 Euro	395	5,3
5000 Euro or more	321	4,3

Source: own calculations

The amount spent for food for eating at home and eating out of home varies between “under 50 EUR” and “750 EUR or more”. The median of the amount for eating at home is higher than the median for eating out of home. Most frequented retail stores are supermarkets (90.0%), discount stores (77.7%) or grocery shops (e. g. butcher’s shop, bakery) (75.8%).

Low price is “very important” to 15.8% of the participants (n=7387) and 40.5 % stated that it is “important” as criterion for food purchasing. In contrast, it is “less important” for 38.0 % and “unimportant” for 5.8%.

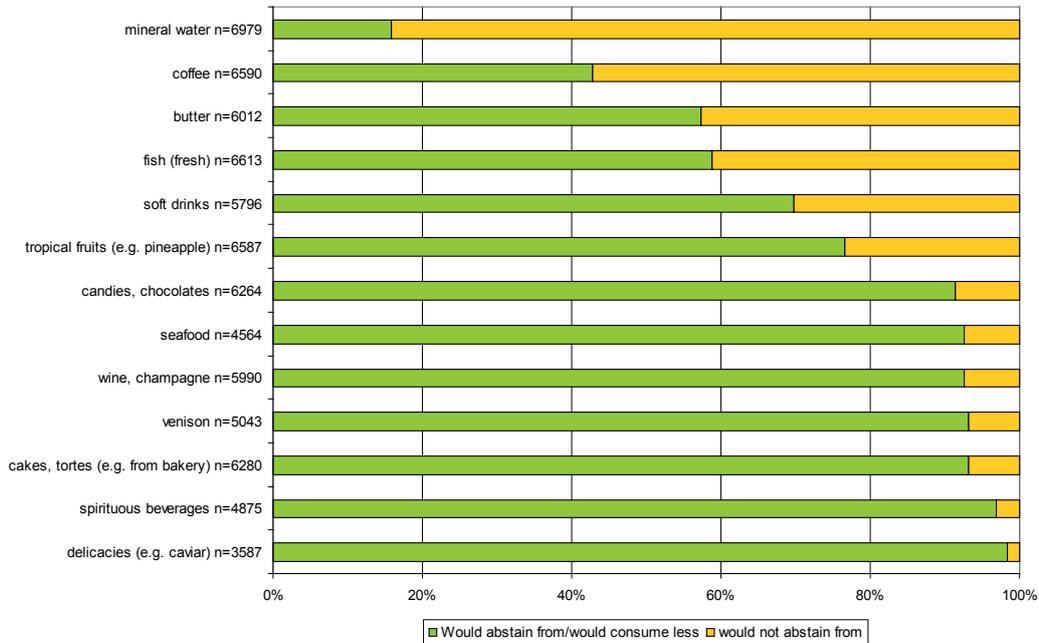
Assuming they had considerably less money for food purchasing most of the participants would do “more bargain shopping” (70.5 %), would “buy more frequently in discount stores instead of grocery stores” (66.1%) and “buy more cheap products (e. g. retail brands)” (64.4 %). The optional answers “buy more food with different process-level” (14.6 %) or “nothing would be changed” (14.3 %) were given less frequently; 3.8 % stated “don’t know”.

Abandonment of certain foods in times of restricted budget was asked via several items and options.

Participants would abstain from or consume less of foods which do not belong to their daily dishes (delicacies, spirituous beverages, cakes/tortes, venison, wine/ champagne, seafood, candies/chocolates), while daily consumed beverages (coffee and mineral water) would not be missed out by many of the respondents (see Figure 4).

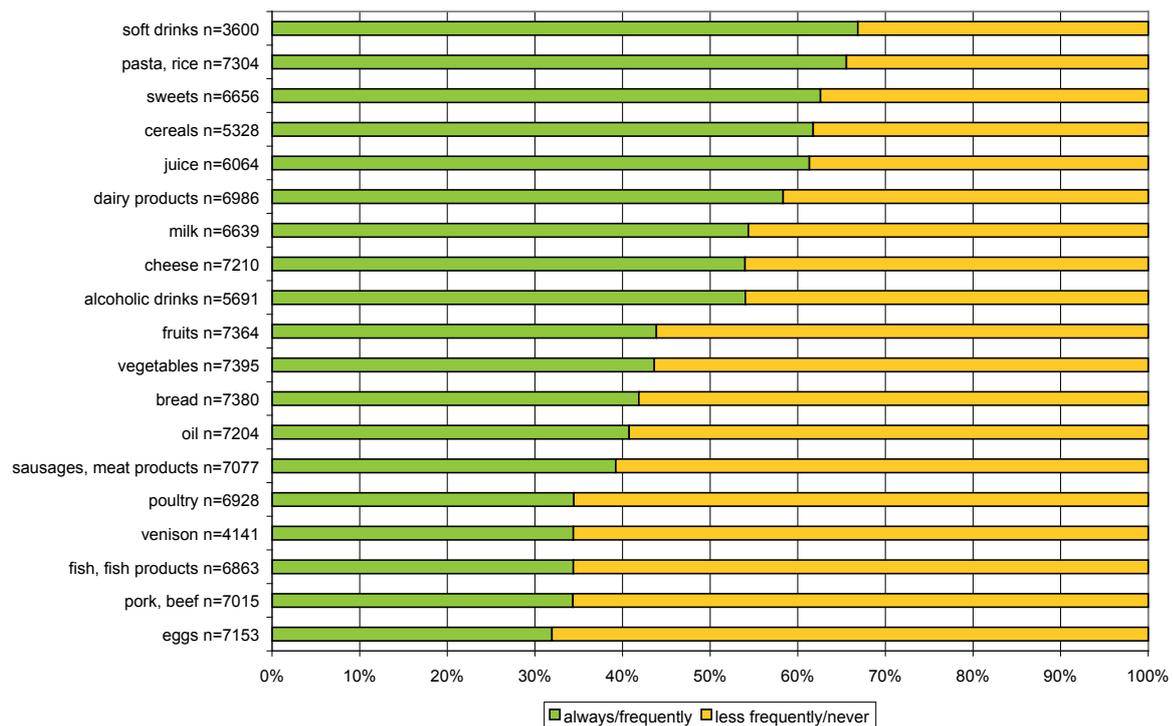
Choosing cheaper alternatives is another way of spending less money. During times of restricted household-budget, the participants answered they would choose cheaper alternatives for beverages (soft drinks, juice), pasta/ rice, cereals, sweets and juices (>60.0 %). Nearly 54.0 % would buy cheaper products for dairy products, milk and cheese and alcoholic drinks, while other foods from animal sources like eggs and several kinds of meat are substituted by cheaper alternatives less frequently as well as fruits, vegetables, bread, and oil (see Figure 5).

Figure 4
 Abandonment of certain foods in times of restricted household-budget (without “not consumed”)



Source: own calculations

Figure 5
 Choice of cheaper alternatives in times of restricted household-budget (without “not consumed”)



Source: own calculations

To create a comprehensive overview of different household types and their food expenditures, households have been subsumed into homogenous groups by means of cluster analysis. A hierarchical cluster analysis was conducted using ward's method as criterion. Different household types were classified by income, household size and

expenditures for food as independent variables. Six clusters were identified. Professional classification of main earner and marital status were outlined for further description. The characteristics of each cluster are shown in Table 4, sorted by income in ascending order.

Table 4
Clusters and their characteristics

Cluster	n	number of persons living in the household			household net income (EUR/month)	expenditures for food and beverages (at home) (EUR/month)	expenditures for food and beverages (out-of-home) (EUR/month)	professional classification of main earner*	marital status*
		x (SD)	min	max	median	median	median		
Persons living alone	1986	1,39 (0,6)	1	4	1250-1500	150-200	< 50	employee, retiree, unemployed	unmarried, married, divorced, widowed**
2-person-households with low income	1617	1,88 (0,4)	1	3	1750-2000	400-500	< 50	employee, retiree, unemployed	married, widowed, unmarried
Bigger family	1612	3,92 (1,0)	3	11	2250-2500	400-500	50-100	employee, labourer, self-employed	married, unmarried, divorced
2-person-households with high income	694	1,95 (0,3)	1	3	2750-3000	250-300	100-150	employee, civil servant, labourer	married, unmarried, divorced
Nuclear family	1307	3,14 (1,0)	1	6	3750-4000	500-600	100-150	employee, civil servant, self-employed	married, unmarried, divorced
Wealthy people	274	2,34 (1,2)	1	6	3750-4000	300-350	350-400	employee, self-employed, civil servant	married, unmarried, divorced
Total sample	7490	2,43 (1,2)	1	11	2000-2250	350-400	50-100	employee, labourer, retiree	married, unmarried, divorced

SD: Standard deviation, * three most mentioned categories are listed (descending order), ** four mentions because of differences < 0,1%

Source: own calculations

The cluster analysis offers to compare results on food purchasing behaviour in general (retail stores and role of low price), and during times of restricted budget (changes, abandonment and choice of cheaper alternatives).

So, while there is no difference between clusters with regard to the frequency of shopping in supermarkets, differences can be found for other stores; for example, persons living alone shop significantly less often in more expensive stores like supermarkets, grocery shops, whole-food shops and farmer's markets.

The price seems to be a very important criterion for food purchasing when money is tight: While low price is less important for clusters with higher income, it was evaluated as more important in clusters with lower income; but mean comparison test shows only a small effect ($\eta^2=0.074$).

Having less money, changes in food purchasing behaviour is true for more options to clusters with more than two persons living in the household ("bigger family" and "nuclear family", see Table 4); accordingly, they stated less often "nothing would be changed".

Abandonment of food differs between clusters and different food items. The mean comparison test showed significant differences between the clusters for all items except butter; but association is only small ($\eta^2<0.1$). Participants would abstain least from mineral water and coffee. While only small differences were found for "mineral water", the comparison between clusters shows differences of >10% for "coffee". Again it is the "bigger family" cluster which confirms more often than other clusters that they would abstain from or consume less of an item.

Clusters with higher income ("two-person households with high income", "nuclear family" and "wealthy people") and "two-person households with low income" state that they would buy "less frequently" or "never" cheaper products for many items.

In conclusion the results show that the impacts of a hypothetically restricted budget differ between the surveyed items (foods) and between the clusters. No distinct tendency can be seen. On the one hand clusters with low income would abstain more often from

certain foods than others and on the other hand there are deviations from the tendency that clusters with higher income are less inclined to abstain from certain foods or would choose cheaper alternatives (e. g. cheaper alternatives regarding milk products).

It remains unclear, if there are more foods than those included in the questionnaire that are changed, abstained from or substituted by cheaper alternatives. The secondary analysis leaves consumers' motives, attitudes, fears and response strategies unexplored, due to the limitation of the NVS II (hypothetical character of the questions on budget restriction and the selected food items).

Qualitative Part

According to the conclusions of the quantitative part, the next step was to conduct and analyse qualitative interviews. Based on the results so far, a guideline for face-to-face interviews was prepared considering all steps of the food provisioning process (buying/acquiring, preparing, cooking, eating and disposing) (Goody 1982 quoted from Marshall 1995, p. 3). Questions were open-ended to gain in-depth information on people's motives, attitudes, fears and response strategies. Socio-demographics were collected via self-completion questionnaire at the end of the interview. Only people with an actual decrease (restriction) of income (job losses/retirement) should be chosen for the qualitative interviews. For getting access to the target group, participants were recruited via gatekeepers. Gatekeepers were institutions that administer people who are jobless or face restrictions caused by illness or retirement. Interviews were done during August and September 2010 in the town of Giessen, Germany. The audio-recorded interviews were transcribed, coded and analysed according to Mayring's qualitative content analyses (Mayring 2000). Categories were developed in two ways: inductive and deductive. "Deductive category application works with prior formulated, theoretical derived aspects of analysis, bringing them in connection with the text". (Mayring, 2000, p. 4) According to the participants' heterogeneity case summaries (single case studies) were described. Secondly, their behaviour strategies and changes were identified.

The majority of participants were women (women: n=11 and men: n=3). The youngest participant was aged 29 years, and the oldest 66 years. All participants faced a reduction of income, the average amount of monthly income reduction varied between 250 EUR and 1000 EUR. Nine participants received public transfer income as a consequence of job loss, invalidity, reduced earning capacity or low pension. Household net income per month was measured in 19 groups. Half of the participants stated that their household net income was below 1000 EUR, including three persons in the lowest income group (“150-400 EUR”). Others reported incomes higher than 1000 EUR per month, with the highest income in the category “2250-2500 EUR” which was observed for a

person living on pension. Half of the participants live in single households, others in two- or three-person households, one participant lives in a six-person household.

Starting the interviews with an open-ended question on their personal circumstances it became obvious that participants are dominated by personal and family conflicts and by worrying about their economic situation. Regarding the dimensions of food deprivation the respondents face constraints in material, psychological and socio-cultural quality of food. Changes in purchasing activities due to financial restrictions can be described for planning of purchases, acquisition, and choice of food (see Table 5).

Table 5
Changes in purchasing activities according to a restricted budget

	increased	decreased
planning	<ul style="list-style-type: none"> • Writing a grocery food list • Calculating the amount (spending) • Gathering information on sales and prices 	<ul style="list-style-type: none"> • Going shopping (doing purchasing) • Impulse buying
acquisition	<ul style="list-style-type: none"> • Walking to stores nearby • Shopping at discount stores • Buying products on sale • Comparing products • Gaining more (food) donations • Producing own foods (gardening) 	<ul style="list-style-type: none"> • Shopping at supermarkets, grocery shops (e. g. bakeries, butcher’s shops) • Spending (total amount)
choice	<ul style="list-style-type: none"> • Buying cheaper foods (e. g. pasta) • Buying fixed-weight, long lasting products (e. g. frozen foods, canned foods) • Choosing private-label products 	<ul style="list-style-type: none"> • Buying expensive foods (e. g. meat, ham, sausages, (fresh) fish, some kinds of fruits and vegetables, alcoholic beverages) • Buying fresh foods, random-weight products • Choosing branded products

Source: own compilation

Due to a restricted budget, respondents plan their purchases. They gather information on products on sale. Buying bargains helps them to save money. Almost everybody writes a grocery food list which helps them to abide by their budget. Spontaneous purchases are reduced.

Respondents feel restricted in their choices regarding shopping facilities (supermarkets vs. discounters). Due to higher prices, especially buying in bakeries or butcher's shops which is associated by them with a higher nutritional quality and sustainability of food production is no longer affordable. Because going by car means additionally costs, those who have shopping facilities nearby go by feet or public transport. For bulk purchases, friends or family members help by picking them up with a car. Alternative ways to acquire food are producing their own foods (especially vegetables in the garden) or to gain donations from food banks.

While many consumers consider price as criterion for food choice, this decision is often implicit. Having less money participants state that looking at the price of products is getting an explicit activity. Freedom of choice is limited regarding the variety of food (see Table 5). Respondents feel forced to buy low status food which they considered to be healthier than other products. They state that they cannot afford vegetables and fruits or whole grain products. Consequently, food purchasing fails individual preferences and common recommendations. Healthy eating can no longer be realised for some of them due to their financial conditions. Those who express that it is hypothetically possible point out that severe discipline is needed.

Besides material dimensions of nutrition deprivation, psychological and socio-cultural aspects are pointed out. Besides invitations and celebrations, eating out is missed the most. Since eating in restaurants is no longer affordable to them, participants tend to cook more at home and also to use less ready to eat meals. Because eating out of home is associated with convivial gatherings it is replaced for example by cooking at home with friends.

Surprisingly, financial restriction leads to a more conscious handling of food. Participants state that there is less food wasted, more attention is paid to labels/information

on food packages, prices and package sizes. Some participants developed a critical attitude towards (over-) consumption.

Discussion

Considering both the quantitative and the qualitative approach of this study, the quantitative data showed that persons would change their purchasing behaviours due to financial restrictions, but results of the comparison of clusters disclose differences (presumably in terms of number of persons living in the household or household income). Price-sensitivity, especially, is higher for persons belonging to the cluster of households with lower income. These results are comparable to other studies which found associations between low-income and an healthier food choice. However, our findings from secondary analysis of NVS II data have limitations according to the standardized questionnaire and the hypothetically asked questions.

The overview presented here from qualitative in-depth interviews, gained an insight into persons' coping strategies and underlying attitudes. Respondents try to economize their purchases by increased planning and abandonments (they spend less and buy cheaper foods). Our findings emphasize Dowler's statement: "food is often the only flexible item of household expenditure" (Dowler, 2001, p. 706). The described changes in food purchasing behaviour (e. g. price matching, using food banks and storing foods) were confirmed by two qualitative studies in the United States for low-income families (Darko, Eggett, & Richards, 2013) and for women who had experienced financial constraints (Miller & Branscum, 2012). Miller and Branscum (2012) found seven strategies to save money on food among those women with children: shopping at multiple grocery stores, using coupons, spending more time planning supermarket trips, buying only sale items when buying at grocery stores, food waste was minimized, buying fewer foods (including "luxury food") and eating out of home less frequently (Miller & Branscum, 2012, pp. 102-103).

Furthermore it became evident that our participants interpret healthy eating differently. These findings are related to those of a review done by Bisogni, Jastran, Seligson, and Thompson (2012). Respondents declared

that healthy eating is desirable, but impossible or hard to realise. We suggest that healthy eating is unaffordable due to economic restrictions. It needs to be mentioned here that healthy eating is unimportant to some of the participants. For most of them healthy foods are vegetables, fruits or wholegrain products and are associated with higher prices. Several studies from the United States and Europe confirm that low-energy-dense foods are more cost-intensive than high-energy-dense foods or unhealthier food with a high content of salt, fat, or sugar. Studies from Germany show inverse results regarding the costs of a healthy diet. Kersting and Clausen (2007) found that: “The Optimized Mixed Diet is an example showing that a healthy diet cannot be realized for children over six years in families who are dependent of the current standard welfare rate, even if parents carefully compare food prices and choose lower-priced products” (Kersting & Clausen, 2007, p. 512). Mertens, Schneider, Claupein, Spiller, and Hoffmann (2008) calculated “food costs of a diet consistent with recommendations for the prevention of nutrition-related diseases compared to an average German mixed diet” and concluded that due to quantitative and qualitative variations in the food selection, costs are lower than for an average German mixed diet (Mertens, et al., 2008). In contrast, Wagner, Gedrich, and Karg concluded from their calculations that expenses for a wholesome diet are higher than those for a usual diet compared to a nation-wide average (in Germany) (Wagner, Gedrich, & Karg, 2008). Until now, no calculations exist on recent German household budget data in this context.

Aside from health-related issues, participants pointed out the socio-cultural quality of food and eating. Because dishes and foods eaten out of home usually have a lower nutritional quality than foods which are prepared at home, the results from our study can be evaluated as favourable. But as the respondents emphasized, it is the social isolation which can be seen as a negative impact of these changes. In Germany, unemployed persons are faced with social isolation (measured by “rare or no meeting” and “no friend”) (Lelkes, 2013, p. 10). It can be argued that having too little money for eating out of home can stress this “social isolation”.

Conclusion and Recommendations

The results of this research are twofold: On the one hand both the quantitative and the qualitative investigation give insight into the coping strategies of households facing financial restrictions. On the other hand, the qualitative interviews reveal another problem that touches the social dimension of everyday life. In order to contribute to an objective and subjective change for the affected households, it is important to target health aspects but at the same time also the social implications of a reduced household budget. Social exclusion can be expressed by food purchasing and foodways as well as socio-cultural ways of eating (e. g. restaurants). Confronting family poverty should start at two ends: first, the economic situation of those receiving public transfers should be improved. According to the findings of Frazao, Andrews, Smallwood, and Prell (2007), fruit and vegetable consumption won't increase just by increasing public transfers or giving additional income. It would be more effective to lower the price of healthier foods or to create vouchers which are only valid for healthy foods like fruits and vegetables (Frazao, et al., 2007, p. 6). Secondly, a healthy diet should be easier to realise. Therefore education programmes should be strengthened “to enable participants to acquire sufficient, acceptable, and nutritionally adequate food” (Miller & Branscum, 2012, p. 100). Rustad and Smith (2013) showed that education programmes can be very effective for low-income women regarding an increase in nutrition knowledge and favourable changes in nutrition behaviour. According to the Household Triad (von Schweitzer 2006), these programmes should implement the linkage between the subsystems, including financial literacy and nutrition competencies as human resources to avoid social exclusion of families with changing budgets. Intra-dynamic processes can contribute to the nutrition and financial literacy of the children: planning of food purchases, acquisition and choice of foods as well as preparation. Positive modifications like increased awareness of food purchasing should be strengthened. To prevent food deprivation education programmes for low income groups should include not only healthy eating but also consider

women's and men's readjustment to the new financial situation (mental, social well-being). It can be assumed that it is harder for low-income-groups (for example people living on standard welfare rate), to realise a healthy diet and to realise that it is important to make the healthier choice the easier one, – it may depend on more money or better education/training how to arrange healthy dishes. "Continuing to recommend costly diets to low-income families (...) can only generate frustration and culpability among the poor and less-well educated" (Drewnowski, 2004, p. 154).

In future, both quantitative and qualitative studies in home economics are required to get a deeper insight into socio-economic and behavioural patterns as well as into distinguishing the coping strategies of various types of households.

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Impact of Food Distribution Programs on Food Insecurity

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Abstract

The central research question for this study was: How do resources received from food distribution programs impact basic needs for individuals and families experiencing food insecurity? Data for this study were collected from undergraduate students taking a course requiring completion of a service learning experience at a community food distribution program. Participants reflected on whether there was a change in how resources were being used to meet needs and whether there was an impact on the level of food insecurity individuals and families were experiencing. Three major themes emerged from the data about the impact of food distributions programs on basic needs: assumptions about who is experiencing food insecurity, family priorities and utilization of resources management skills. Further analysis led to an understanding of how these themes impact the use of non-financial resources to meet needs identified on Maslow's theory of hierarchy of needs. Observations provided implications for future research on improving the quality of life for individuals and families by providing community resources to aid in managing financial resources and gaining an understanding that utilization of non-financial resources are necessary to meet needs.



Impact of Food Distribution Programs on Food Insecurity

Food security is having access at all times to enough food for an active healthy life (Coleman-Jensen, Nord, Andrews, & Carlson, 2012). Access and availability of food can be limited in rural areas of the United States that have a smaller population and fewer food retailers (Bonanno & Li, 2012). One way the issue of food insecurity for individuals and families is addressed in communities is through food distribution programs. These programs are usually sponsored by a non-profit organizations and rely on volunteers and food donations. Organizations are able to provide a service to a community and also reduce the waste of food that would otherwise be discarded. Food distribution programs are temporary, short term solutions to address the food needs, but are found to be beneficial in helping families meet an immediate need.

Keywords:

food insecurity,
needs,
resource management,
Maslow's theory of
hierarchy of needs

Maslow identifies a common hierarchy of needs that individuals achieve to have a satisfied life (Maslow, 1954; Maslow & Frager, 1987). Food is included in the first level as a physiological need, individuals are motivated to meet this need before fulfilling other needs. This study considered how other level of needs were being achieved through participation in a food distribution program, thus validating the importance of community programs to address food insecurity issues. A central research question for this study was: How do resources received from food distribution programs impact on basic needs for individuals and families experiencing food insecurity? More specifically, participants of the study were asked to identify through observation needs being met and the level of Maslow's theory of hierarchy of needs being achieved. Additionally, participants reflected on whether there was a change in how resources were being used to meet needs and whether there was an impact on the level of food insecurity individuals and families were experiencing.

Literature Review

In the United States, 14.9 percent (17.9 million) of households were food insecure throughout 2011 (Bonanno & Li, 2012; Coleman-Jensen et al., 2012). The United Nations (2013) reported 12.5 percent of the world's population experienced food insecurity. Food insecurity occurs when individuals and families have difficulty to provide enough food for all members because of insufficient money and other resources at some point in time. Data collected through the Economic Research Service Food Security Survey found one-third of all food insecure households in the United States experienced very low food insecurity, indicating food intake for some members was reduced and normal eating patterns were disrupted at times during the year.

Globally, food insecure households have common demographic characteristics. Income is strongly associated with food insecurity, 41.1 percent of households in the United States with incomes below the poverty line were food insecure (Coleman-Jensen et al., 2012).

Households with children, specifically children under the age of six, single parents, non-Hispanic black and Hispanic households had higher than average rates of food insecurity in the United States. A study conducted in Ontario, Canada with Aboriginal people found higher percentages (33%) of the population experiencing food insecurity (Skinner, Hanning, Desjardins, & Tsuji, 2013). Similar prevalence of food insecurity was found in a study conducted in Northern Jordan (Bawadi, Tayyem, Dwairy, & Al-Akour, 2012). Demographics that contributed to the high rate of food insecurity for both Canadians and Jordanians were high rates of poverty, multi-child households, low levels of education and employment, reliance on welfare and single female headed households. Additionally, availability and access to food was limited due to the remote location of the communities. Afghan immigrants in Iran were found to experience high rates of food insecurity, 77% of the study sample were suffering from mild-to-severe food insecurity (Omidvar, Ghazi-Tabatabaie, Sadeghi, Mohammadi, & Jalal Abbasi-Shavazi, 2013). Demographic characteristics prevalent in the Afghan sample were female headed households, large household size, low education and employment levels, belonging to the Sunni sect, resident status and lack of housing and financial assets. Guo (2011) found household assets are shown to provide resources to smooth food consumption.

Non-standard jobs are defined as multiple jobs, varied work hours or part-time. Coleman-Jensen (2011) found households with the head working non-standard jobs were more likely to be food insecure. Instability in income and varied work hours, resulting from temporary work conditions, were found to contribute to the incidence of food insecurity. When income is reduced, the amount of money allocated for food is reduced to meet other fixed household expenses. Families then relied on low cost food items, depleted their supply of food or reduced food intake. Additionally, Coleman-Jensen's study found when work schedules were inconsistent, meal planning was difficult to complete.

Swanson, Olson, Miller, and Lawrence (2008) categorized emergency food assistance programs, meal sharing and food assistance from family and friends as an informal,

social support. Emergency food assistance programs were food banks, food pantries, food shelves, church and soup kitchens. The informal, social support was found to provide tangible resources, practical help, information and emotional assistance. This type of support was also found to be important in helping individuals and families make ends meet on a day-to-day basis. Over half of the families in the Swanson et al. (2008) study identified using one or more of the three informal supports. Skinner et al. (2013) found through interviews with Aboriginal people that food sharing with family, friends and the community was a strategy used to cope with food insecurity.

Sano, Garasky, Greder, Cook, and Browder (2011) focused on Latino families living in rural communities. Participants of the study were grouped into three sub-groups: consistently food secure families, fragile families, and consistently food insecure families. Consistently food secure families demonstrated resource management strategies that helped to maintain their food security status. Strategies included watching for sales, clipping coupons and using food banks to meet food needs. Fragile families were characterized as experiencing periods of food insecurity due to an interruption in income. Consistently food insecure families demonstrated low basic literacy and few life skills, less knowledge of community resources and larger families/household. Results of the Sano et al. (2011) study concluded an effective way to ensure a family is consistently food secure is to strengthen their basic literacy and life skills, not increase their income level.

Method

Food insecurity studies have gathered quantitative data to assess the level of food insecurity, demographic variables and factors such as type of work and assets of food insecure households, or have used a qualitative approach to interview individuals to assess their level of food security (Bawadi et al., 2012; Bonanno & Li, 2012; Coleman-Jensen, 2011; Coleman-Jensen et al., 2012; Guo, 2011; Omidvar et al., 2013; Sano et al., 2011; Skinner et al., 2013; Swanson et al., 2008). A qualitative approach was used in this study by relying on the views of participants who were providing a service at a community food

distribution program (Creswell, 2008). Participants observed behaviors of individuals and families who received the distributed foods. This study assumes attendees of the food distribution program were individuals and families who struggled to provide enough food to meet their basic needs and would thus be identified as experiencing food insecurity.

Data were collected from undergraduate students who took a family resource management course with a required service learning component. 24 students, as participants in the study, were required to serve at a food distribution program four times throughout the semester. Each student was then required to write a reflection of the experience after each service, for a total of four reflections from each student. Topics for each reflection corresponded with the research questions for this study. Reflections were written following the format of the DEAL Model developed by Ash and Clayton (2009). The model is composed of three components: describe the experience, examine personal perspective and articulate what was learned about the course content in relation to the service experience.

The approach of using observations to make an assessment of the status of individual needs is unique. This method provides a different perspective of how food distribution programs are impacting food insecurity for individuals and families. Students were required to address predetermined themes in the written reflection. Analyses of data were conducted by reading the reflections and coding items that identified observed needs, changes in use of resources and impact on level of food insecurity. Additional themes of assumptions about who is experiencing food insecurity, family priorities and utilization of resource management skills were identified during sub coding.

Guided by Maslow's theory of hierarchy of needs, the researcher identified observations that correlated with each level of need. The hierarchy has five levels which are physiological needs (food and shelter), safety needs (being free from fear, danger or deprivation), belonging/social needs (ability to relate to others in a meaningful way), esteem needs (self-respect, status and recognition) and self-actualization (reaching full potential) (Maslow, 1954; Maslow & Frager, 1987).

The food distribution program where the study took place was in a mid-size Midwestern city in the United States. A religious organization managed the program, guests who utilized the program did not have to affiliate with the organization. A majority of the food resources were donated from a major grocery retailer in the community. Distributed food were items pulled from the shelves of the store because they were past their “sell by” date. All food was safe, properly stored and edible for consumption. Another source of food was The Emergency Food Assistance Program (TEFAP) funded by the United States Department of Agriculture (2013). This program is federally funded and provides commodity foods to local agencies that have been selected to distribute food directly to the public. Additionally, donations were received from individual community members and service groups.

Findings and Discussion

Maslow’s Hierarchy of Needs

Individuals and families who experience food insecurity are unable to meet the physiological need of adequate food for a healthy and active lifestyle. Food and water are tangible items that are consumed on a daily basis, when someone does not meet this need it become very apparent (Taormina & Gao, 2013). Items regularly distributed were canned and fresh fruits and vegetables, bread, baked goods and cereal. Occasionally, meat, milk and dairy products and other canned items were available. Toiletry items such as toilet paper, toothpaste, soap and shampoo were also distributed. All items were considered necessities. One student reflected that:

Having an adequate supply of food is a basic need which should be fulfilled for everyone. Receiving weekly groceries puts less strain on other resources. This experience has shown me how important it is to have these types of food programs within a community.

Students readily recognized the food distribution program was able to temporarily meet food needs. Many were surprised at the number of households coming to receive food based on the size of the community. Additionally, it was observed that many guests did not appear to be in need based on their dress and personal appearance, although there were guests who did fit the

assumption. A theme that emerged from reflections was the understanding of factors that created the need for food, such as individuals and families “did not have means to buy food for selves”, the food distribution program was “providing a needed benefit” or service by “having food, water and hygiene products available for anyone”. The program also provided recipes and samples prepared using food available for distribution to teach guests how to use the resources.

Initially, students did not consider the need for safety to be addressed through the food distribution program. Taormina and Gao (2013) identified examples of satisfied safety needs, a place where an individual feels safe from harm, having someone to rely on for help, an ethical legal system, trustworthy government and stability or structure in life. A number of observations were made to reflect on how the food distribution programs meet the need for safety. No one was turned away from the program, food was provided that was safe and contributed to overall health, volunteers were friendly and ready to help the guests with carrying food out to their vehicles and no one was treated with judgment for being in a situation where they needed assistance. Observations that indicated guests were not able to meet their safety need included inappropriate clothing for the weather, bedding and mattresses in a vehicle, and vehicles that looked in need of maintenance.

Swanson et al. (2008) found informal social supports were accessed through participation in food distribution programs. Observations for this study also identified a link between the guests’ ability to relate to others in a meaningful way, a sense of belonging and the resources available at the food distribution site. Reflections consistently recognized guests interacting with each other because of the experience of “fellowship and acceptance”, “spending time with friends”, appearing “happy despite their troubles” and the ability to “establish a connection with other guests” who were in a similar situation. Being able to not only receive food assistance but also to spend time with others who were in the same situation, being able to share knowledge and resources and to learn ways to utilize the food resources was observed as an ability to meet the social need.

Reflections also recognized whether guests were meeting the need of esteem for themselves and respect received from others, – the fourth level of Maslow’s Hierarchy. Students observed guests lacked self-esteem based on their non-verbal language (kept head down, did not smile, kept to self, did not talk to volunteers or guests, seemed embarrassed) but concluded that receiving the food give them confidence to address other resource problems they may have. Esteem was also interpreted as having the “confidence to say no and have respect for others who needed the food” and “swallowing their pride and asking for assistance when in a tough situation”.

Assumptions about who is Experiencing Food Insecurity

Assumptions about of who experiences food insecurity was challenged. In analyzing the reflections, guests of the food distribution program were referenced a majority of the time as “them” or “those people”. Rarely did students identify with the guests or make references about having been in a similar situation. Students assumed the individuals would have the appearance of someone in need, so would be wearing worn and dated clothes. This was observed to be true in many cases but not 100% of the time. Also, students were surprised to see guests driving “nice” vehicles. The positive energy of the guests also amazed the students, they were expecting a more sombre atmosphere. Another assumption that was challenged was the idea that guests who came to receive food did not really need the food and were just being greedy and students observed the same individuals attending the program each week. Swanson et al. (2008) found families who were food secure planned regular visits to the food distribution program to prepare for possible shortfalls in their budget where funds budgeted for food would need to be used for other expenses. Food insecure families utilized the food distribution programs on a regular basis as a part of their resource management practices. So, families who regularly attended the food distribution program were most likely utilizing their resource management skills to plan for any future financial crises. Students observed guests attending that had most like come from work because they were wearing their work clothes, i. e. wearing a uniform from a fast food restaurant. It was encouraging to read the following statement from a student reflection:

I had a picture in my mind that the people we would help were just like any otherperson I see on a daily basis or hang out with. They all come from differentsituations and needed our help to support themselves/their families. It was wonderfulto see a community atmosphere. People who partake in the food distribution programare no different from me or my friends and family, they just might be going throughsome hard times and need a little help from others (temporary poverty).

Family Priorities

Observations that related to family priorities and values were seeing parents deciding to choose foods their children would eat. Because the food provided was pulled from shelves at a major grocery, some weeks there were more “unhealthy” choices than “healthy”. Usually women came to get food, some brought their children. When a gentleman was picking up food he commented that it was difficult for him to admit he needed to get a handout. More elderly, retired individuals were observed receiving food that younger adults with families.

An incident that occurred during one of the distributions made an impact on a few of the students. One guest was sought out by the police to discuss an incident that occurred in another location unrelated to the food distribution site. When the police entered the room, everyone was noticeable uncomfortable. The guest did not want to talk to the police and was very concerned about losing her place in line and not getting her food. She was able to return and received the food but the incident reflected issues some families have to deal with in addition to the food issue. One student made the following observation:

I’ve noticed from observing this experience that if families are already dealing with food issues, how do these random occurrences impact them and their abilityto manage?

One more reflection recognized how hard it is for families to provide healthy food supply for their children or household:

You could always see how they were weighing the options and deciding whatcould be most beneficial so no food would go to waste in their home. This was a prime

decision-making skill that was utilized in almost every choice of food product.

Utilization of Resources Management Skills

Decision making and problem solving skills were predominately associated through reflections as resource management skills used by the guests. One student included in her reflection the following comment:

When having a positive outlook by the guests who utilize the food distribution program, I feel as though they are responsible and do have a job or people who need extra assistance due to a holdback they are experiencing. I know that these people have bills that need to be paid as well as families that need to be supported.

I feel as though these people make an executive decision as to where to allocate their funds so they can live well.

Guests were able to supplement their formal food program resources, in this case Supplemental Food Assistance Program (SNAP) benefits. A comment included in the reflection addressed this issue.

I had one lady tonight tell me that she was so grateful for the groceries we gave her because it lightens up her grocery bill when she runs out of her SNAP.

Many students recognized that receiving the food distribution most likely impacted an individual's ability to meet other financial needs by allocating funds to pay other expenses.

Another observation made in regard to utilization of decision-making and problem-solving skills was addressing the problem of lack of food for the family and figuring out how to solve the problem by attending the food distribution program. The amount of food distributed every week varied and was not usually enough to feed a family for a week, but would supplement or help the individuals get by for a few days. Another student felt that receiving the food helped too in deciding whether to buy food or pay other bills.

Through observation, students were not able to determine financial literacy level and skills. A comment that supports this statement is:

These families don't have a lot of income and are living in a very impoverished way. These families have to account for every penny spent, so when it comes to making decisions or solving a problem it is not an easy thing to do.

The assumption is being made that the family is very conscious of their financial situation and has the knowledge and skills to make good decisions. Research shows education level influences food security status, so not all low-income families may be conscientious of their spending. Students recognized that some families needed to make decisions about how to feed a large family or multiple individuals in their household.

Families with fewer resources must think about the future and the next time resources such as food, money, etc. will be available to them again. Their daily decisions are based upon how much they can use comfortably and still be able to get by.

This assumption is also not supported because not everyone may have the skills or practice strategies to plan for the future.

Students observed that guests would not take certain foods because they did not know how to prepare or cook the foods. Individuals who have not had a variety of foods available to them, may be unsure of how to use the food.

People were picking unhealthy foods because it was the easier thing to make or just snack on and they did not know how to use some of the healthier items (cooking skills).

Conclusions and Implications

Food insecurity may not be a persistent problem but individuals and families are vulnerable because of the chance of experiencing a job loss, financial crisis or another event that impacts financial resources. Data reflected that guests of the food distribution program were temporarily meeting the physiological need for food. Observations could not determine how long the food lasted from week to week. Reflections indicated students assumed families were continually in the situation of being food insecure, most likely supported by seeing the same guests from week to week receive food.

As Maslow's hierarchy of needs states, individuals who achieve one level of need are able to look ahead to the next level of need. Feeling safe and secure at the food distribution site and being able to rely on someone for help allowed guests to meet their safety need, but after leaving the site, it was unclear how receiving the food assisted in providing for adequate shelter for guests who may have been homeless or living in their vehicle.

For the hour guests were at the food distribution program, they appeared to be able to socialize, interact with friends and feel a sense of belonging. Based on observations, there was not conclusion as to whether the social interaction between guests continued outside the site. Knowing a place is available to be a part of a group does help to foster the need to belong and can begin to develop more long term relationships. Esteem is difficult to measure and may not have accurately been observed. If individuals who are experiencing food insecurity have a high level of self-esteem, ideally they would be working toward being more self-sufficient and moving away from the need for food assistance. Since this study did not track specific guests and their situation, it is difficult to determine the length of time the program was utilized.

Family resource management skills of decision making and problem solving in relation to meal planning, cooking foods with available ingredients, budgeting, and planning for future financial expanse were recognized as necessary and important. Development of these skills could impact on how families are able to manage when there is a fluctuation in income. Community education programs would be a source to partner with food distribution programs to provide the educational opportunities.

Policy makers and educators will need to continue to work with communities to identify ways to meet food needs for individuals and families. Developing community level initiatives was an identified theme in the study conducted by Skinner et al. (2013), suggestions included creating a food bank, developing a school snack program and providing the infrastructure for Farmer's Markets. Observations support the value of the food distribution program in meeting a temporary food security need and

for meeting other levels of needs. With an intentional effort, communities can work together to address the issue of food insecurity and the ability for individuals and families to meet their basic needs.

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Mother/Child Food Preparation, Race/Ethnicity and Weight in the United States

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Abstract

Time spent in at-home meal preparation has been declining steadily over the past 50 years and people perceive they have less time to cook. Yet, research suggests that spending more time in meal preparation is associated with lower probabilities of obesity or decreased body mass (BMI). This study uses a nationally representative sample of time use in the United States to examine the number of meal preparation activities and time spent preparing food in two adult households with children. Race/ethnicity is a variable of interest. Results suggest that in White, Black, and Asian/Pacific Islander households there is a relationship between healthy weight and more meal preparation, both in total and with children. These relationships are not seen in Hispanic households. While cooking is likely not a magic bullet solution to the obesity epidemic, it is important. Home economics education can play a role in assuring future generations of people master skills necessary for at home food preparation.



Introduction and Background

Time spent in at home meal preparation has been declining steadily over the past 50 years and people perceive they have less time to cook (Smith et al., 2013; Jobs and Devine, 2006). The popular press increasingly asserts that cooking more at home can help reduce the obesity epidemic (Pollan, 2013; Brody, 2013; Leith, 2013). Academic research examining relationships between time spent in food related activities and obesity using nationally representative data (American Time-Use Survey-ATUS) is emerging in the literature and suggests that spending more time in meal preparation is associated with lower probabilities of obesity or decreased BMI (Kolodinsky and Goldstein, 2011; Zick, Stevens and Bryant, 2011).

Studies have also examined time-use related to food preparation or choice, making reference to health, but not explicitly including obesity as an outcome variable (Jobs and Devine, 2006; Mancino and Newman, 2007; Smith, Ng and Popkin, 2013). Between 1965/66 and 2007/08 the proportion of women in the U.S. reported cooking

decreased from 92 to 65 percent with a corresponding decrease in the average number of minutes spent in meal preparation from about 113 to 66 (Smith, Ng and Popkin, 2013). Low income women working full time in the labor force spend 65 percent as much time as non-employed women in meal preparation, while all other women employed full time spend 53 percent as much time in meal preparation compared to non-employed women, suggesting that time scarcity impacts food preparation (Mancino and Newman, 2007).

Other research has focused on the relationships between food related time spent with others or time in the labor force and food choice and/or obesity (Taveras et al., 2012; Champion et al., 2012; Crossman, Sullivan and Benin, 2006; Devine et al., 2003; Bauer et al., 2012). Most examined food-related and energy-expenditure time-uses, though the literature refers to interpersonal time-use both implicitly and explicitly by referencing family dynamics, including eating meals together, familial influence on food choice, and physical activity where meals are eaten and perceptions of time constraints (Boutelle et al., 2007; Crossman et al., 2006; Traveras et al., 2012; Jabs et al., 2007).

Perceptions of residing in a caring household are associated with lower probabilities of overweight in females (Crossman et al., 2006). Perceptions of time scarcity or work-life stress are related to food choices, with food preparation time and nutrition being reported as sacrificed and family food environments being characterized as “less healthy” (Jabs et al., 2007; Devine et al., 2003; Champion et al., 2012; Bauer et al., 2012). Time constraints can influence the purchase of “fast food” as a substitute for home prepared meals, impacting the home food environment by potentially displacing healthier food availability in the home and increasing obesity (Boutele et al., 2007).

The addition of race and ethnicity to the investigation of the relationship between food preparation and obesity in women adds complexity to an already complicated problem. Black and Hispanic women have a greater prevalence of both overweight and obesity compared to White women in the U.S. In 2009-2010, 58.6 percent of

black and 40.7 percent of Hispanic women were obese (BMI \geq 30) compared to 33.4 percent of White women and a prevalence of 33.4 percent overall (Flegal et al., 2012). In addition, the rate of increase in obesity for Black women is higher than for White women, including severe obesity (BMI \geq 35) (Ljungvall and Zimmerman, 2012).

Because decisions related to both time spent with others and with food differ across cultural boundaries, different relationships may emerge between time-use decisions and obesity. These decisions are influenced by role expectations, perceptions of time, economic constraints and acculturation (Jabs and Devine, 2006; Glenn, 1991; Coleman et al., 1987; Kumanyika, Wilson and Guilford-Davenport, 1993; Cofresi, 1999; Dominguez and Watkins, 2003; Slocum 2011; Laurier and Wiggens, 2011; Mintz and Dubois, 2002; Park et al., 2009; Kaplan et al., 2004; Chen, Juon and Lee, 2012; Yeh et al., 2009; Lv and Brown, 2010; White, 2007).

Food preparation time and methods can be culture specific (Williams et al., 2012; Lucan et al., 2010). For example, Blacks and Hispanics may choose “unhealthy” foods to separate themselves from “white middle-class” behavior or help in the re-creation of cultural identity (Oyserman et al., 2007; Williams et al., 2012). Black women may spend less time in food preparation due to their historically higher labor force participation (Coleman et al., 1987). At the same time, Black women have been found to be less pre-occupied with weight (Kumanyika, Wilson and Guilford-Davenport, 1993). Puerto Rican women’s traditional roles place them at the center of the family and domestic work including food preparation (Cofresi, 1999).

There is a dearth of literature that examines food-related time-use in subpopulations defined by race and ethnicity. Tashiro (2009) estimated the relationships between demographic characteristics and food preparation behaviors, finding that only Asians increase food preparation time as employment and income increases. Blacks and Hispanics appear to substitute prepared foods and spend less time in food preparation. As leisure time increases, Hispanics increase time spent purchasing prepared foods. There is some evidence that more cooking is done at home in Asian households (Lv and Brown, 2010; Tashiro, 2009).

There is a growing literature that suggests that acculturation is associated with obesity in immigrant populations (Chen, Juon and Lee, 2012; Lv and Brown, 2010; Creighton et al., 2012; Park et al., 2009; Kaplan et al., 2004). Traditional Chinese and Hispanic diets are lower in fat and cholesterol, due to higher intakes of vegetables and fruits (Lv and Brown, 2010; Dixon, Sundquist and Winkleby, 2000). Third generation Mexicans and Blacks have lower consumption of fruits compared to recent immigrants, and Mexicans consume higher amounts of sugar-sweetened beverages and fast food (Creighton et al., 2012). For some Hispanics, lack of economic resources associated with less access to “healthy” foods, may impact obesity indirectly (Ullmann, Goldman and Pebley, 2013; Yeh et al., 2008). Food insecurity has the potential to impact risk of obesity in other racial groups of women as well (Adams, Grummer-Strawn and Chavez, 2003). Changes in dietary patterns over time have been associated with increased BMI in Asians, and acculturation has the potential to have a greater impact on the next generation, as households may allow their children increased access to “Western” diets higher in fat and calories (Chen, Juoan and Lee, 2012; Lv and Brown, 2010; Liou and Bauer, 2007).

The objective of this study is to examine food preparation time in twelve different groups of women, residing in two adult households, with children under the age of 18. Groups are defined by race/ethnicity and body weight, and include White, Black, Asian, and Hispanic, together with healthy weight, overweight, and obese classifications. Data are from the American Time Use Survey (ATUS), linking time diary data with detailed information about food preparation behaviors and BMI.

Methods

Data. Data were drawn from the American Time Use Survey and the accompanying Eating and Health Module (ATUS). The ATUS provides nationally representative estimates of how, where, and with whom Americans spend their time, and is the only federal survey providing data on the full range of nonmarket activities. In the ATUS (<http://www.bls.gov/tus>), respondents sequentially report activities completed between 4 a.m. on the day before the interview until 4 a.m. on the day of the interview. The ATUS Eating and Health Module provides detailed information on food behaviors and height and weight information used to calculate BMI. For this study, we used a subsample of female respondents who were not underweight (BMI < 18) or super-morbidly obese (BMI ≥ 50), as morbid obesity presents additional and more serious health implications and does not parallel overweight or moderate obesity trends (Sturm, 2007). Data are from the 2008 ATUS. The final sample contains 1754 households.

Measures. We focus on food preparation time uses: total number of food preparation activities, number of food preparation activities with children present, total time spent in food preparation, and time spent in food preparation with children present. Body mass index (BMI) is a continuous variable. Three weight categories were created from the data. Healthy weight respondents have a BMI between 18.5 and 24.9. Overweight respondents have a BMI between 25 and 29.9. Obese respondents have a BMI between 30 and 49.9. Respondents self-identified race and further classified themselves as being of Hispanic ethnicity. Data were coded first on race and then on ethnicity. For example, if a respondent identified themselves as White, but further classified themselves as Hispanic, she was categorized in the Hispanic group. While there is the possibility of an “other” group, the small number of respondents and great variability in time uses precluded their inclusion. In addition, only four respondents were classified as Asian or Pacific Islander and obese. These respondents were excluded from the analysis. The race/ethnicity categories include: White, Black, Hispanic and Asian-Pacific Islander.

The literature highlights several variables that should be controlled for in a study relating time use with obesity. PRIMARYCOOK is coded 1 if the respondent reported being the major meal preparer in the household; 0 otherwise. Acculturation is measured using information on length of immigration. NEWIMMIG is coded 1 if the respondent arrived in the U.S. after 2000; 0 otherwise. OLDIMMIG is coded 1 if the respondent arrived in the U.S. pre-2000; 0 otherwise. Economic constraints are measured using poverty status. POV130 is coded 1 if the respondent resides in a household with an income less than or equal to 130 percent of the poverty limit for their household characteristics; 0 otherwise. POV185 is coded 1 if a respondent resides in a household with an income greater than 185 percent of poverty; 0 otherwise. MIDPOV is coded 1 if a respondent has an income above 135 percent of poverty and below or equal to 185 percent of poverty; 0 otherwise. Other socio-demographic variables include employment, age, education, and household composition. Full-time employment outside the home is coded as 1 if employed; 0 otherwise. AGE is a continuous variable. EDUCATION less than high school is coded 1; 0 otherwise. Having completed college is coded 1; 0 otherwise. MARRIED is coded 1 if the respondent resides in a married couple two-adult household; 0 otherwise. As the sample contains two-adult households, we distinguish between married-couple households and other types, with married coded as 1 if the household contains a married couple and 0 otherwise. All of the households included in the sample have resident children under age 18. We include variables representing households that only have children under age 13 with KIDSLESS13 coded as one, 0 otherwise, and households that only have children ages 13 to 18 with KIDSMORE13 coded as 1 and 0 otherwise, compared to households with children of both ages. Descriptive statistics are presented in Table 1.

Table 1: Descriptive Statistics

Variable Name	Definition	Mean/Percent	Standard Deviation
Dependent Variables	Total Number to food preparation activities	1.89	1.19
	Number of food preparation conducted with own child	.90	1.01
	Total Duration food preparation in minutes	55.15	48.16
	Percent number of food preparation activities with own child	.4681	.43
	Duration food preparation conducted with own child	26.05	40.55
Group Variables			
BMI	Body mass index	26.66	5.88
Healthy weight	BMI: 18.5-24.9	.47	.49
Overweight	BMI: 25.0-29.9	.29	.45
Obese	BMI: 30-50	.24	.43
Race/Ethnicity			
White	Respondent is White/non-Hispanic	.63	.48
Black	Respondent is Black/non-Hispanic	.10	.30
Asian/PI	Respondent is Asian/Pacific Islander/non-Hispanic	.05	.22
Hispanic	Respondent is Hispanic	.22	.41
Control Variables			
primarycook	Primary cook in the household	.83	.37
native	Not foreign born	.77	.42
newimmig	Immigrated after 1996	.04	.19
oldimmig	Immigrated before 1996	.16	.36
fulltime	Employed full-time	.52	.50
college	Bachelor's degree or higher	.35	.48
lesshs	Did not finish Highschool	.11	.31
married	Married and spouse is present	.76	.43
age	Age in years	37.75	8.33
pov130	Family income is <= 130 % of federal poverty level	.23	.42
pov185	Family income is > 185% of federal poverty level	.63	.48
midpov	Family income is between 130 and 185% of federal poverty level	.14	.35
wage	Hourly wage if employed	14.49	9.02
Kidsless13	Household only has children under the age of 13	.57	.49
Kidsmore13	Household only has children age 13 and older	.21	.41

N = 1754

Statistical Analysis. We estimated the number of food preparation occasions spent alone and with children; number of minutes spent in meal preparation alone and with children; percentage of total food preparation occasions and percentage of total food preparation time spent with children. As these time uses are related, we use multivariate general linear modelling for the estimation (IBM SPSS Statistics version 22, 2013). All analyses are weighted using the appropriate ATUS weights, which compensate for the oversampling of certain demographic groups, weekend time diaries, and differential response rates across demographic groups (e. g., income reporting) (Bureau of Labor Statistics, 2013). We plot the estimated marginal means for number of food preparations, time spent in food preparation, and percent of number of occasions and time spent in food preparation with children, by race/ethnicity category and body weight.

Results

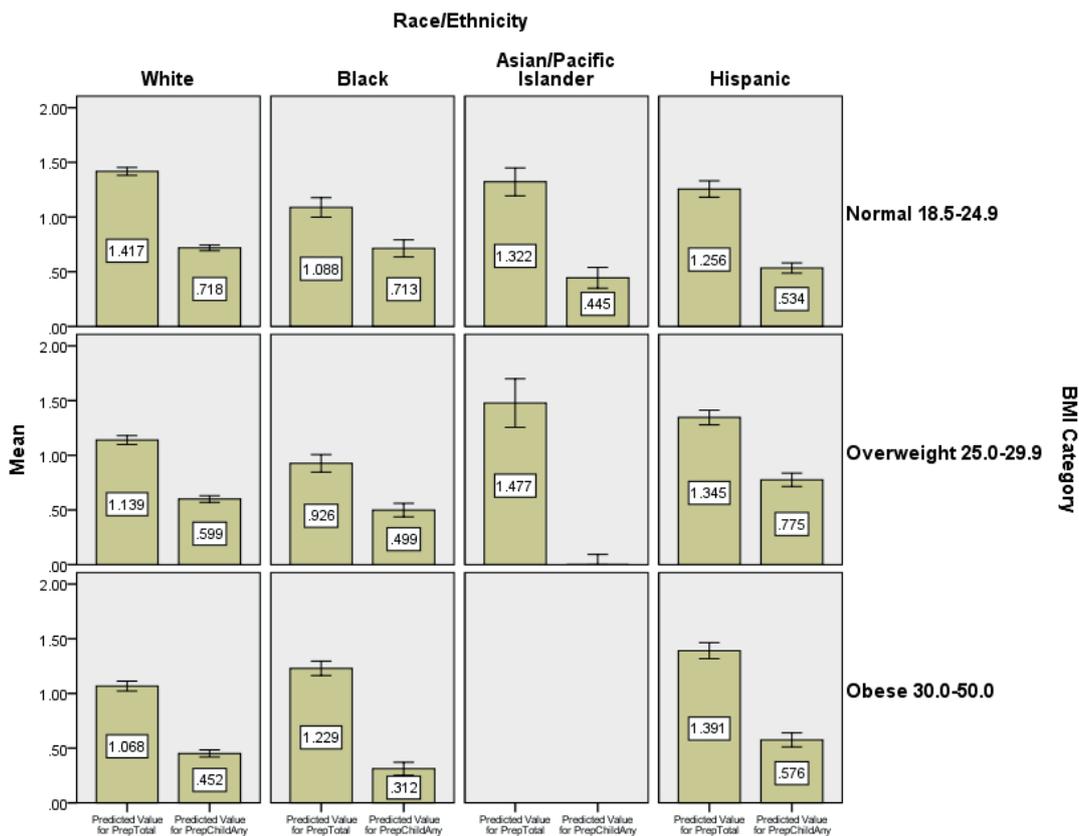
Main effects for both race and BMI are significant for the jointly estimated number of occasions and time spent in food preparation, both total and with own children (Wilks' Lambda $F=2.69$, $P<.01$ for race; Wilks' Lambda $F=3.21$, $p<.01$ for BMI), but not for the interaction between race and BMI (Wilks' Lambda $F=1.15$, $p=NS$). Main effects for both race and BMI are significant for the jointly estimated percent of total meal preparation and percent of time in meal preparation spent with own children (Wilks' Lambda $F=3.06$, $p<.01$ for race; Wilks' Lambda $F=2.89$, $p<.01$ for BMI), but not for the interaction between race and BMI (Wilks' Lambda $F=1.41$, $p=NS$). Parameter estimates are presented in Table 2.

Table 2: General Linear Model Estimates.

	Number Food Preparation Activities-Total	Number Food Preparation Activities with Own Children	Minutes Spent in Food Preparation-Total	Minutes Spent in Food Preparation with Own Children	% Number of Food Preparation Activities spent with Own Children	% Minutes Spent in Food Preparation with Own Children
Intercept	.75*** (.28)	.43** (.21)	13.97 (10.20)	11.13 (4.66)	.51*** (.15)	.52*** (.14)
White	-.40** (.17)	-.03 (.13)	-14.85*** (6.33)	-6.06 (5.29)	.03 (.09)	-.00 (.09)
Black	-.19 (.20)	-.20 (.14)	-9.73 (7.12)	-11.73** (11.39)	-.09 (.10)	-.13 (.10)
Asian/PI	.16 (.43)	-.65** (.31)	1.51 (15.47)	-26.54** (4.66)	-.49** (.20)	-.47** (.21)
Healthyweight	-.08 (.20)	.02 (.14)	-8.02 (7.10)	-4.17 (5.22)	-.11 (.09)	-.14 (.01)
Overweight	.05 (.20)	.24* (.15)	7.81 (7.21)	7.30 (5.31)	.10* (.09)	.06 (.09)
White* Healthyweight	.39 (.23)	.21 (.117)	14.20* (8.21)	10.61* (6.04)	.21** (.11)	.26** (.11)
White* Overweight	.02 (.23)	-.09 (.17)	-4.43 (8.44)	-3.22 (6.21)	.01 (.11)	.05 (.11)
Black* Healthyweight	-.05 (.30)	.37** (.22)	6.86 (10.72)	15.40** (7.89)	.37** (.15)	.40*** (.15)
Black* Overweight	-.23 (.29)	-.00 (.21)	-4.36 (10.59)	1.85 (7.80)	.16 (.15)	.16 (.15)
Asian* Healthyweight	-.20 (.49)	.49 (.36)	-9.89 (17.93)	17.89 (13.20)	.41* (.24)	.44* (.24)
primarycook	.30*** (.09)	.28*** (.06)	15.06*** (3.20)	9.73*** (2.36)	.17* (.05)	.17*** (.05)
wage	-.01* (.00)	-.01 (.003)	-.04 (.17)	-.11 (.13)	-.00 (.00)	-.00 (.00)
newimmig	.09 (.27)	.25 (.20)	20.37** (9.70)	33.49*** (7.14)	.14 (.12)	.15 (.13)
oldimmig	-.29** (.13)	-.08 (.10)	7.19 (4.81)	1.40 (3.53)	.047 (.06)	.03 (.07)
fulltime	-.28*** (.08)	-.13** (.06)	-2.97 (2.92)	-.55 (2.15)	.00 (.04)	.02 (.04)
college	.29*** (.11)	.25*** (.08)	1.34 (3.84)	4.90** (2.83)	.05 (.05)	.04 (.05)
lesshs	.08 (.14)	.20** (.10)	9.47** (4.92)	9.95*** (3.62)	.13** (.06)	.11* (.07)
married	.02 (.09)	.01 (.06)	3.53 (3.18)	1.35 (2.34)	-.02 (.05)	-.02 (.05)
age	.02*** (.01)	-.00 (.004)	.43** (.21)	-.10 (.16)	-.01** (.00)	-.01* (.00)
pov130	.04 (.11)	.01 (.08)	3.64 (3.81)	2.47 (2.80)	-.02 (.05)	-.01 (.06)
midpov	-.10 (.10)	.05 (.08)	-3.95 (3.71)	1.09 (2.73)	.04 (.05)	.04 (.05)
Kidsless 13	-.08 (.11)	-.12 (.08)	-5.49 (4.03)	-1.45 (2.97)	-.09 (.06)	-.06 (.06)
Kidsmore 13	.19** (.10)	.09 (.07)	2.14 (3.56)	1.55 (2.62)	.02 (.05)	.02 (.05)

Graphs of estimated marginal means spent in meal preparation, controlling for independent variables included in the general linear model are presented in Figures 1, 2, and 3 (confidence interval information shown as error bars). Overall, there are fewer than two meals per day being prepared at home and less than one hour per day spent in meal preparation. Overweight Asian/Pacific Islander and Hispanic women report the most time spent preparing meals (~61 minutes). Healthy weight White women have more food preparation activities and more with children compared to other groups (Figure 1).

Figure 1: Number of food preparation activities by race/ethnicity and BMI.

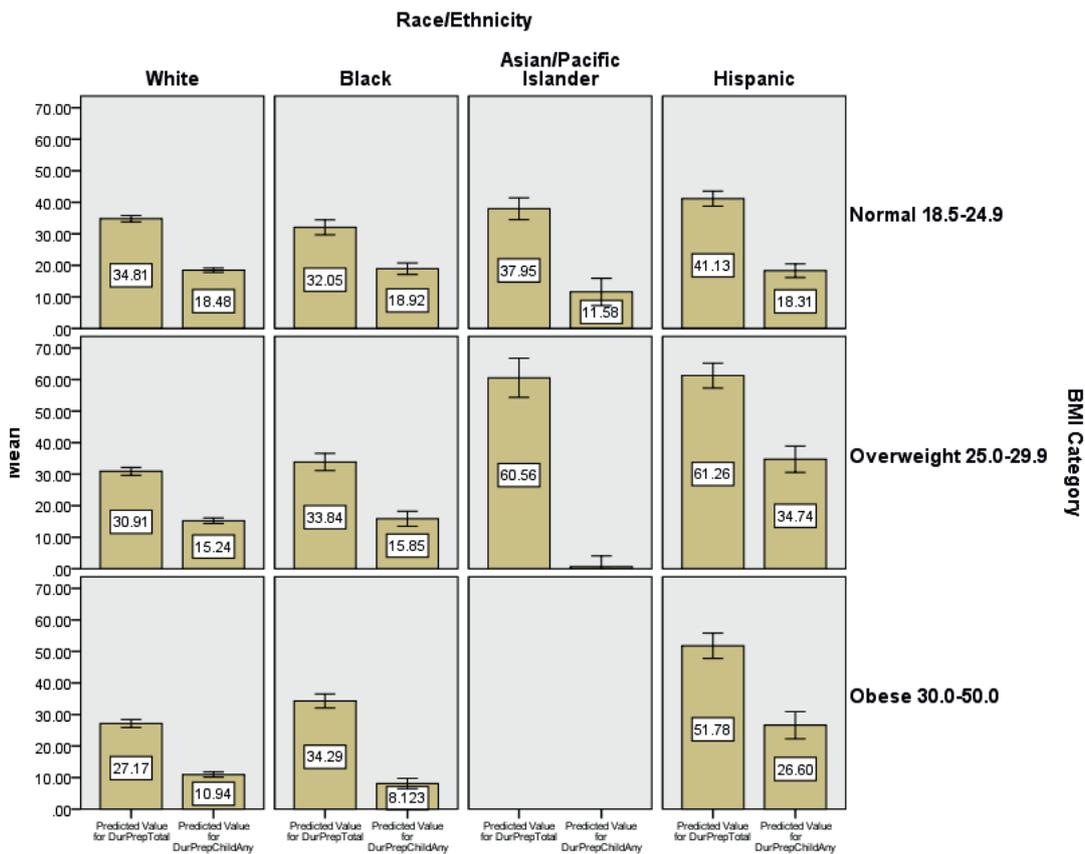


N=1754
 No data for Asian/Pacific Islander, obese

Overall, there is no relationship between the number of food preparation activities by weight, except for White women. In this group, the number of food preparation activities declines with increased weight status. The number of food preparation activities spent with children declines by weight status for White, Black, and Asian/Pacific Islander groups, but we do not see this pattern in Hispanic women.

Women classified as Asian/Pacific Islander and Hispanic spend the most total time in food preparation activities (Figure 2).

Figure 2: Time in food preparation activities by race/ethnicity and BMI.

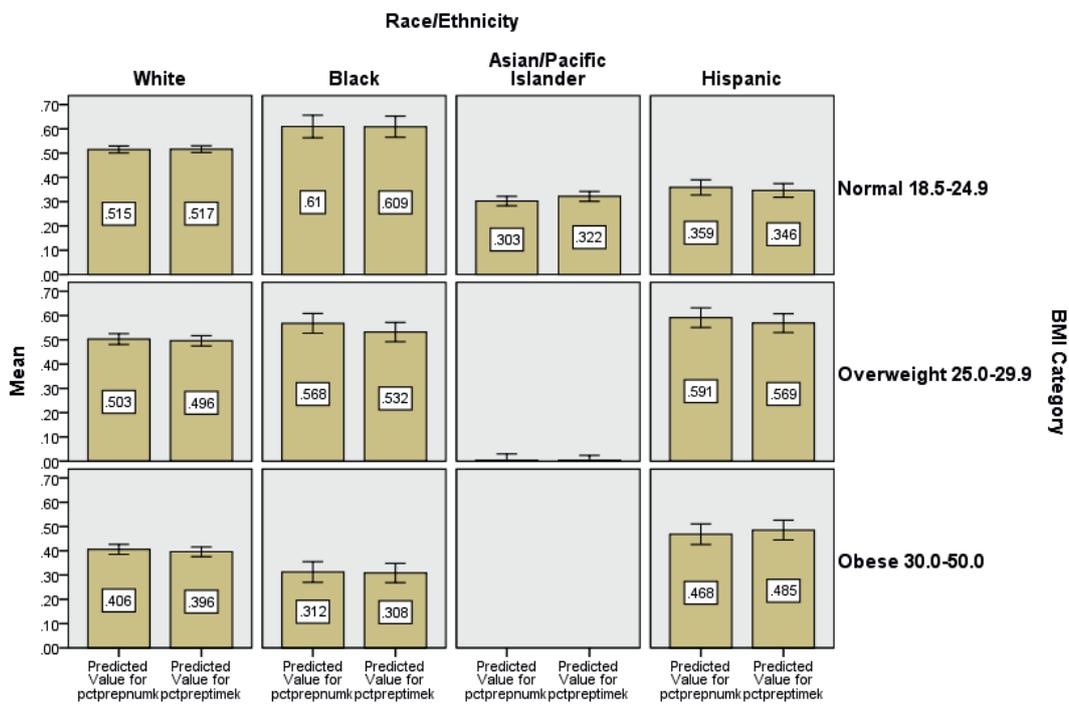


N=1754;
No data for Asian/Pacific Islander, obese

For White women only, the total time spent in meal preparation declines as weight status increased. We do not see this for Black women. For Asian/Pacific Islander and Hispanic women, there is an increase in total time spent in meal preparation for the overweight group. This declines for obese Hispanic women. Time spent in meal preparation with children follows a similar pattern to number of meal preparation activities for White, Black and Asian/Pacific Islander women. As weight status increases, less time is spent preparing meals with children present. This pattern is not present in Hispanic households.

A similar pattern emerges when examining the percentage of total meal preparation activities and percentage of meal preparation time spent with children (Figure 3).

Figure 3: Percent of total food preparation activities and time spent with own child.



Multivariate tests: (race) Wilk's Lamda F=2.69, P<=.01, (BMI) Wilk's Lamda F=3.20, P<=.01, (BMI*Race) Wilk's Lamda F=1.15 P= NS N=1754; Total number of activities percent F=2.32, p<=.0; Duration with own child percent F=2.44, p<=.01
No data for Asian/Pacific Islander, obese

For White, Black, and Asian/Pacific Islander women, the percent of meal preparation activities and time spent decreases as weight status increases. This pattern is not observed for Hispanic women.

Discussion

This paper examined differences in both the number of food preparation activities and time spent in food preparation by race/ethnicity and weight status of women using data from the American Time Use Survey linked to the ATUS Eating and Health module. Estimates of meal preparation activities and time use, controlling for variables that explain variation in the activities other than race/ethnicity and weight including several modifiable and non-modifiable risk factors for obesity, reveal a similar pattern for White, Black, and Asian/Pacific Islander women. The total number of meal preparation occasions and total time spent in meal preparation, the total time spent in meal preparation and time spent with children, and the percent of total meal preparation activities and percent of total time spent in meal preparation decrease as weight status increases. While we cannot infer causation of effect, this paper provides evidence that more meals are prepared at home and more time is spent in meal preparation in households in which the adult female is of a healthy weight. And, healthy weight women are spending a greater amount of that time with children present.

In the past several years, the popular press has asserted that spending time in cooking is a solution to the obesity epidemic (Pollan, 2013; Brody, 2013). There is an emerging academic literature that suggests increased time spent preparing meals is associated with a lower BMI (Kolodinsky and Goldstein, 2011; Zick, Stevens and Bryant, 2011). Although there is less than one hour of food preparation occurring in two adult households with children in the U.S., this analysis suggests a statistically significant relationship between weight status and meal preparation in White, Black and Asian/Pacific Islander households, but not Hispanic households. These same households also spend more of that time with children present. Women of healthy weight prepare more of their meals at home and spend more time doing it.

While cooking is likely not a magic bullet solution to the obesity epidemic, it is important, and home economics can play a role in assuring future generations of people master skills necessary for at-home food preparation. Future research may focus on which foods, and how healthy weight women are preparing food in their homes. This can produce further insight into why more food preparation at home is linked to healthy weight women with children. This research utilized a nationally representative sample of two adult households with children in the U.S. Further research is needed to determine whether the same relationships exist in households with different compositions and in different countries.

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Maternal Employment Factors influencing the Well-Being among Children of School Age in Ibadan Metropolis, Nigeria

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Abstract

The study established the influence of maternal employment on children's well-being in Ibadan, Nigeria. A total of five hundred women of reproductive age drawn from Ibadan and its environs constituted the sample for the study. Their ages ranged from 25 years to 44 years with a mean age of 34.5 years and standard deviation of 8.21. The two instruments used were author-constructed interview guide questionnaires with 0.69 and 0.74 reliability coefficient respectively. The data obtained were analyzed using multiple regression and chi-square statistics. The results obtained from the study indicated that, a combination of the six independent variables significantly predicted the dependent variable (F-ratio of-253.150 p. < 0.05 alpha level). The result also indicated that, significant relationship existed between Mother's health status (B=2.055; t=8.844 p.<0.05), Maternal earning (B=2.027; t=2.284 p.<0.05), Household resources (B=2.044; t=8.495 p.<0.05), Family size (B=4.239; t=10.633 p.<0.05), Age at marriage (B=4.329; t=10.722 p.<0.05), and Hour at work (B=4.277; t=6.322 p.<0.05) and children's well-being. Based on the results of these findings, it was recommended that those in the helping professions should take cognizance of those variables that have been found to influence children schooling, health and survival.

Keywords:

mother's health status,
maternal earning,
household resources,
family size,
age at marriage,
children's well-being,
Nigeria



Introduction

Over the past several decades, an increasing number of women with children participated in the labor force. According to a Bureau of Labor Statistics report, in 1975 54.9 percent of women with children ages six to seventeen were in the civilian labor force (Chao and Rones, 2006). By 2001 that number had risen to 79.4, although it fell slightly to 76.9 in 2005.

Today, more mothers with young children are in paid work than before. However, the appropriate time to resume (or start) paid work after childbirth continues to be a subject of debate among the nursing mothers. Early maternal employment may deprive children of continuity in infant care, time and attention; it may impede the development

of secure infant bonding as well as the opportunity of extended breastfeeding, all of which are associated with a number of cognitive, emotional and health benefits. On the other hand, maternal employment means more family income, which has positive effects on child development, especially among children of low-income families, and long leave periods may have a negative effect on future maternal earnings profiles. Hence, finding the right timing for mother's return or entry to work after childbirth is not straightforward as it requires balancing different and potentially opposing effects.

The effects of maternal participation in formal care arrangements on child well-being are not straightforward. In general, the effects will depend on the type and quality of care on offer, and on the situation of the specific child and family. Early formal childcare can have a positive effect for children experiencing significant disadvantage whose parents are stressed or have poor parenting skills. But it may have more negative than positive effects for children from more advantaged backgrounds (Ruhm, 2000; Hill et al., 2005; and Gregg et al., 2005) whose parents are able to provide a safe and nurturing environment. Formal childcare facilitates social interactions with other children as well as learning how to socialise and co-operate with others, but early participation involves the risk of being exposed to stressful interactions with peers when children are too young to deal with this. Also, participation in formal childcare increases the risk of early exposure to infectious diseases.

Literature Review

Studies on the relationship between maternal employment and children's cognitive and behavioural development have found mixed results. Factors that influence the variation in results include the time of return to work, child and family characteristics, and the quality of childcare arrangements. Evidence based on longitudinal data from the United Kingdom and the United States generally suggests that full-time maternal employment during the first year of a child's life is associated with poorer child outcomes, especially poorer cognitive outcomes (Brooks-Gunn et al., 2002; Ermisch and Francesconi, 2000; Gregg et al., 2005; and, Joshi et al., 2009). However, a recent

study in the United States suggests that the negative effects are offset by the positive effects of more use of centre-based care, higher quality home environments, and greater maternal sensitivity (Brooks-Gunn et al., 2010). In any case, most studies show that the measured effects on cognitive development are small.

In other countries evidence is less extensive as that in the United Kingdom and the United States. Canadian studies have not looked at maternal employment during the first year of the child's life. The available evidence on the relationship between maternal employment and child outcomes refers to maternal employment from the first year onwards. Empirical findings on the latter relationship are however inconclusive. Some studies find a positive relationship between maternal employment after the first year and children's behavioural outcomes (Miller et al., 2002 and Nomaguchi, 2006); others found a negative association between mothers' participation in paid work and socio-emotional adjustment (Lefebvre and Merrigan, 1998); and others found no relationship between current maternal employment and children's vocabulary skills (Gagne, 2003; and Nomaguchi, 2006).

By contrast, empirical findings from Denmark find no support for a negative effect of maternal employment in the first year of the child's life on children's behaviour (Deding et al., 2007). In fact, this research found that the association of early maternal employment, if any, was positive and stronger for boys than for girls. The association between maternal employment and child outcomes varies according to child and family characteristics. Maternal employment may have more negative effects on child outcomes for children of two-parent families, high income or highly educated families (Gregg et al., 2005; Ruhm, 2004; and Leigh and Yamauchi, 2009). By contrast, early employment is not linked to poorer outcomes of DELSA/ELSA/WD/SEM (2011) three children in sole-parent families (e.g. Han et al., 2001), nor of children from ethnic minorities such as African-Americans (Brooks-Gunn et al., 2010; Berger et al., 2008).

Compared with mothers who are not in work (including „on leave“) or in part-time employment, early (within 6 months) maternal employment on a full-time basis is negatively associated with breastfeeding rates and

duration (Hawkins et al., 2007; Cooklin et al., 2008). In addition, longer periods of breastfeeding are more likely among women whose employers offer family-friendly or flexible work arrangements including part-time work (Hawkins et al., 2007). Breastfeeding has multiple benefits for the healthy development of young children, in terms of nutritional benefits and protection against diseases, also after controlling for environmental factors that could be confounding this association (Quigley et al., 2007; Ladomenou et al., 2010; and, Liesbeth et al., 2010). Breastfeeding is also related with positive maternal health outcomes such as a reduced risk of breast and ovarian cancer, type-two diabetes and maternal postpartum depression (Ip et al., 2007). However, a review of the role of breastfeeding in promoting mother-child attachment is inconclusive (Jansen et al., 2008). The literature also suggests that breastfeeding has a positive effect on child IQ, but the effects are likely to be small (OECD, 2011a).

Beyond the first year, formal childcare participation may have positive effects on cognitive development (Waldfogel, 2002), but some negative effects on behavioural outcomes may be observed if children are in poor-quality care or in care for long hours (Belsky et al., 2007; Stamm, 2009). Hence, care intensity and quality matter. Long hours in care are associated with poorer developmental outcomes for young children, but effects are small (Belsky, 2003; Langlois & Liben, 2003) and vary with child characteristics. Nevertheless, there is evidence that long periods in centre-based care are linked with more problem behaviours that manifest themselves through sixth grade (Belsky et al., 2007). Childcare research suggests parents with difficult or sensitive children should consider parental in-home care if they can financially afford it (Langlois & Liben, 2003). On the other hand, all studies that control for quality find that high-quality care is important for children's cognitive development (NICHD, 2003). In terms of physical health, participation in formal childcare can also lead to increased rates of respiratory diseases, ear infections and gastrointestinal problems (Gordon et al., 2007; Zutavern et al., 2007; Harrison et al., 2010).

Women in developing countries, particularly Nigerian mothers, have dual roles in their households as income generators and primary caregivers to their children (Leslie and Paolisso (1989). Because of time limitations, these

roles are more often than not at odds with each other, with significant consequences for children. As the number of women entering the labor force has risen dramatically over the past several decades, women in the developing world are increasingly compelled to juggle family and work responsibilities, much as women do in industrialized economies. The consequences of conflicts in women's responsibilities are particularly significant for children because mothers are generally considered to be the primary agents of the healthy development and survival of children in the developing world.

Global macroeconomic changes and transitions in patterns of production have prompted a significant shift in developing countries in the nature of work for both men and women from agriculture to industry, manufacturing, and services (Mehra & Gammage, 1999). These changes have been of particular consequence to women. On the one hand, the transition to working in the more formal non-agricultural sectors of the economy provides women with higher wages, allowing them the resources for greater investments in their own and their children's welfare. On the other hand, this transition also forces women to work outside their homes, creating challenges for childcare. The significance of this situation is amplified in developing countries because most families live in conditions of extreme poverty. For mothers in developing countries, working in the market economy is often a necessity for family survival rather than a choice. The consequences of the nature of women's work are, therefore, relevant to the development of children.

Much of the empirical literature that examines the impact of mothers' work in developing countries has focused on its effects on children's nutrition. Women's work and the complexity of their dual roles are likely to have significant impacts on other human capital investments in children, in particular on their schooling. This study aims to address this under-examined but important issue by using household-survey data from Nigeria, one of the poorest countries in the world. Nigeria presents a compelling case for a study on this topic because it has among the highest rates of female labor-force participation in the developing world and, therefore, a significant number of working mothers.

According to Nigeria Demographic and Health Survey (MOHP 2010) around two-thirds of women aged 20 to 24 were engaged in some form of remunerative work, compared with negligible proportions in neighbouring Ghana, Gambia and Sierra Leone. Nigeria has also undergone drastic changes in the nature of its labor force in the past several decades. In 1981, nearly 90 percent of economically active men and virtually all economically active women in Nigeria were involved in agriculture. These figures had declined to around two-thirds for men and three-fourths for woman by 2001 (Tuladhar, 2005). Although agriculture remains the predominant form of work in Nigeria, particularly for women, the transition to non-agricultural jobs has occurred rapidly, thereby creating additional challenges to the work-family balance for women, particularly for mothers. Together, both of these factors are likely to have significant consequences for human capital investments in children.

Raising the economic status of women through employment, particularly in formal and Non-agricultural sectors of the economy, has been an important component of the development agenda in Nigeria (UNDP, 2006). Policies and programs within this framework have been primarily aimed at increasing women's decision-making power and improving their status in the household by empowering them economically through employment. Their roles in households as caregivers have largely been overlooked in development policies, however.

The available research from the developing world suggests that women's employment might have significant influences on their children's well-being, on their health, and on their human capital investments. Such policies would benefit from a nuanced understanding of the how the nature of women's work may affect the well-being of children, a significant policy priority in its own right.

Studies on the impact of mothers' employment on their children's lives has generally followed theoretical models that are based on Becker's (Becker, 1965; Miller, et al. 2002) "new household economics," which includes the time of the household member as a major input in the household production function. It assumes that household members draw utility not only from market goods and

produced in the household but also from their leisure time. It posits that women exhibit rational behavior in making choices that have economic and human capital consequences for members of their household, particularly children.

Thus, women are assumed to make their decisions about whether to participate in market work or in non-agricultural sectors of the economy based on which activity has a higher perceived value to them and for their families (Vial & Munchnik, 1989). In the developing world, however, where women's autonomy and agency are severely limited, these decisions are unlikely to be altogether under their control and are much more likely to be based on the perceived relative importance of their caregiving work or market work for their families and their households as a whole. Whether the decision for women to work is made at the household or individual level, maternal work is likely to have opposing time and income effects on the well-being of children. On the one hand, a mother's employment in the non-agricultural sector may result in positive income effects from additional resources that become available to her with the higher income that she earns from market work. These resources can be invested in activities that enhance her children's nutrition, health status, schooling, or other human capital investments.

On the other hand, if the mother's work outside the home reduces the time she has available for childcare or other domestic work; it can have negative time effects for her children's well-being. If mothers have to leave their homes in order to engage in market work, the burden of care often falls on substitute caregivers, who, in developing countries, are often older daughters (Joeke, 1989). If older daughters are chosen as substitute caregivers for their younger siblings, the effects may be detrimental to both the caregiver and the younger children: the older daughter's schooling opportunities may be impeded and the quality of care available to her young siblings lowered. Thus, as Glick (2002) asserts, another's decision to work, or more specifically to work in a particular sector, is intrinsically tied to the perceived value of that work for her family. Whether the consequences of her decision are positive or negative for her children depends ultimately on which of the effects is larger.

Decisions about women's work may also depend on the nature and the level of their husbands' work. Women with high-earning and high-status husbands may derive lower value from their market work than they would from household activities such as caring for their children, thus reducing the necessity that they work outside the home. Households with limited means or with a lower-status husband may require that the wife seek market work. In such a case, the value gained from working, in terms of income, may exceed the value gained from household-based activities, particularly when the potential benefits for children from increased monetary resources are considered. In some instances, both parents may decide to engage in market work to generate higher incomes in order to augment the benefit to their children and to the welfare of their households. They may choose to pay for alternative care arrangements, when available, or depend on kinship networks for childcare. Thus, the nature of mother's participation in the labor force is a result of an intersection of a complex set of factors, the effects of which are likely to manifest in their children's outcomes.

Mothers' Employment and Children's Schooling

As noted above, the literature from the developing world that addresses issues of mothers' employment and children's well-being is almost exclusively focused on children's nutrition. This sizeable literature, reviewed in (Glick & Sahn, 1998) (see Leslie, 1989 for a review of the earlier literature), mainly examines the associations between the participation of mothers in the labor force and anthropometric nutritional outcomes such as height-for-age and weight-for-age of children typically younger than three that are used as direct proxies for their health.

Over the years, this research has steadily expanded into examining the impacts of more subtle constructs of women's economic participation, including the nature of their work (that is, work sector) or the level of their work on their children's nutrition, increasingly by means of rigorous multivariate analyses. Although in a majority of cases, the income and time effects described above are observed to be acting in expected directions, the literature

is unable to establish broadly consistent results, which may be a testament to the complexity of these inter-relationships. Nonetheless, the literature on mothers' work and children's health and nutrition is extensive and growing.

This suggestion implies that the more control the mother has over her income and household resources, the more likely she is to invest in her children's schooling and other aspects of human capital. Studies in the nutrition literature (Hoddinott & Haddad, 1994; Glick, 2002) have noted such positive associations for children's nutritional status and health outcomes. Evidence to support this hypothesis exists in the current literature. For example, Duraisamy (1992) and Duraisamy, and Malathy (1991) found that mothers' asset ownership is positively related to their children's likelihood of being enrolled in school. Deolalikar (1998) found, similarly, that household-budget allocation for human capital investments in children, such as in their health and education, also rises when the income is controlled by the mother.

The sex of children is an important consideration for household decisions concerning children's schooling as well, particularly in developing countries where large gender gaps in education persist, as a result of gender inequities that are deeply embedded in social and institutional structures. Although the income effects of women's labor-force participation is likely to be of consequence to the schooling of both boys and girls, previous research suggests that mothers' work might be more consequential for girls than for boys. For example, (Glick & Sahn, 1998) found that mothers' education benefitted only girl's schooling in Guinea, whereas fathers' education benefitted children of both sexes. Although this finding is not universal, Glick, 2002 asserts that educated mothers and their preferences for schooling girls ensure increased resources, including investments of their earnings, for girls as they command higher bargaining power in the household, compared with uneducated women.

Although these findings reflect the income effects of mother's work on their children's schooling, time effects of maternal employment may affect children in the

opposite direction, again showing stronger effects for girls. Girls in developing countries are traditionally chosen as substitute caregivers for younger siblings and are required to perform other household work when the mother works outside the home. When girls are compelled to take on these responsibilities, they experience a greatly diminished chance of being enrolled in school and suffer lower educational attainment. A broad literature has identified girl's substitute caregiving activities as a major hindrance to their school enrolment in developing countries (Rabiee & Geissler 1992; Engle, Pedersen, & Schmidt, 1985; Deolalikar, 1998; Glick & Sahn, 1998). Glick and Sahn, (1998) found that in urban Guinea, the number of siblings younger than five significantly reduced school enrolment for girls and lowered their grade attainment while not affecting boys in the same way. Deolalikar (1998) found similar negative associations of the number of siblings with girls' primary- and secondary-school enrolment from a sample in Kenya. These effects appear to persist even after controlling for the effects of income.

Most studies on maternal employment have been focused on nutritional health problem reduction strategy among children. It is therefore, not to the knowledge of the researcher that studies linking maternal employment and children's well-being has ever been conducted. It is against this background that this study becomes relevant in filling such missing gaps in our knowledge in the issue of maternal employment and children's well-being.

Purpose of the Study

The purpose of this study is to examine the relationship between maternal employment and children's well-being in Ibadan Metropolis, Nigeria.

To achieve the purpose of this study, the following research questions were answered:

1. To what extent would maternal employment factors influence children's well-being?
2. What is the relative contribution of each of the factors to the prediction of well-being among children?

Methodology

Research Design

The study adopted a descriptive survey research design in which questionnaires were employed in collecting data from the respondents on the variables involved in the study.

Participants

The participants for the study comprised 510 women of reproductive age randomly selected from (i) secondary school female teachers – 254 representing 50.8%; (ii) Oyo State civil servants – 109 representing 21.8%; (iii) nursing mothers attending clinics – 101 representing 20.2% and (iv) police officers wives – 46 representing 9.2%. Ten participants were eliminated from the analysis because they had missing information on variables of interest, resulting in a sample size of 500. Their age range was 25-44 years with a mean age of 34.5 years and standard deviation of 8.21.

Instrumentation

Two instruments were used in data collection.

1. Maternal Employment Inventory (MEI).
2. Children’s Wellbeing Inventory (CWI).

Maternal Employment Inventory is a four-point Likert scale questionnaire in which participants were asked to indicate their degree of agreement about each statement raised on maternal employment. It contains 30 items response format anchored – Strongly Agree, Agree, Disagree and Strongly Disagree. It has 0.76 and 0.80 as the internal consistency and revalidation reliability respectively.

The self-responding inventory on Children’s Well-being Inventory is a 20 item questionnaire administered to the participants on the welfare of the children anchored from very true to very untrue. The test-retest reliability of the inventory was found to be 0.71 and 0.76 respectively. The two instruments were author-constructed and validated.

Procedure for Data Collection

The participants for the study were administered the two questionnaires in their various locations with the assistance of two researchers. The administration of the questionnaires to the participants took the researcher seven working days to complete. The collected questionnaires were scored and the data obtained from them were analysed to answer the research questions.

On the whole, 510 copies of the questionnaires were distributed and 500 copies were returned fully filled giving a return rate of 98.04%.

The ethical approval of the administration of the questionnaire was expressly supported by the respondents before the questionnaires were permitted to be administered.

Data Analysis

The data collected were analyzed using multiple regression statistics and correlation to establish the influence of maternal employment and children’s well-being in Ibadan, Nigeria.

Results

Research Question I:

To what extent would maternal employment factors influence children’s well-being?

Table 1: Regression Analysis on Sample Data using a combination of Independent Variables to predict children’s well-being

Multiple R = 0.874
 Multiple R-Square = 0.624
 Adjusted R-Square = 0.621
 Standard Error = 15.8398

Analysis of Variance

Sources of Variance	Sum of square	Df	Mean square	F-Ratio	P-Value
Regression	240011.27	3	6002.818	253.150	* < 0.05
Residual	74015.673	247	250.150		
Total	31402.695	249			

* Significant at 0.05 alpha level.

Table 1 shows that a combination of independent variables (mother’s health status, maternal earning, household resources, family size, age at marriage and hours at work) in predicting children’s well-being yielded a coefficient of multiple regression (R) of 0.624 accounting for 62.4% of the variance of investing in children. The table also showed that analysis of variance for multiple regression data produced an F-Ratio of -253.150 significant at 0.05 alpha levels. The table further showed that, F-Ratio which is significant implies that R² value is not due to chance, i.e. the combination of the variables significantly predicts the dependent variable.

Research Question II

What is the relative contribution of each of the factors to the prediction on children's well-being?

Table 2: Testing the Significance on Relative Contribution to the Prediction on Children's well-being

S/N	Variable Description	Std Reg Wt (B)	SEB	BETA	t-Value	p-Value
1.	Mother's health status	-2.055	0.772	-2.665	8.844	0.05
2.	Maternal earning	-2.027	0.759	-2.670	2.284	0.05
3.	Household resources	-2.044	0.773	-2.648	8.495	0.05
4.	Family size	4.239	0.760	5.575	10.633	0.05
5.	Age at marriage	4.329	0.866	5.755	10.722	0.05
6.	Hour at work	4.277	0.769	5.558	6.322	0.05
7.	Constant	52.817	5.184	-	10.189	0.00

Result in Table 3 indicates the regression coefficients (Standardized and Un-standardized), Standard error estimate, t-value, and the level at which the ratio is significant for each independent variable. The results also indicated that the standardized regression coefficient

(B) ranged from -2.027 to 4.329, standard error estimate ranged from 0.759 to 0.866, t-ratio ranged from 2.284 to 10.722 and that, all the six variables were significant at 0.05 alpha level.

Table 3: X² Summary on Maternal Employment and Children's Well-being

S/N	Variable Description	X ² cal	Df	X ² tab	Sig (2 tailed)
1.	Mother's health status	16.986	3	7.81	0.001
2.	Maternal earning	1.268	3	7.81	0.737
3.	Household resources	12.716	3	7.81	0.005
4.	Family size	33.956	3	7.81	0.000
5.	Age at marriage	5.969	3	7.81	0.113
6.	Hour at work	29.762	3	7.81	0.000

* Significant at 0.05 alpha level

The result of the research question on Table 4 showed that, each of the independent variables made significant contributions to the prediction of children's well-being. This implies that, there is a strong relationship between those factors and children's well-being. The contributions

of each of the variables showed that, family size (X² cal = 33.956) is the most potent factor followed by hours at work (X² cal = 29.762); mother's health status (X² cal = 16.986); household resources (X² cal = 12.716); age at marriage (X² cal = 5.969); and maternal earning (X² cal = 1.268) in that order.

Discussion of Findings

Research Question I

To what extent would maternal employment factors influence children's well-being?

The result obtained in Table 1 showed that, mother's health status, maternal earning, household resources, family size, age at marriage and hours at work of when taken together significantly predicted children's well-being. The observed F-ratio of 253.150, significant at 0.05 level is an evidence that, the effectiveness of a combination of the independent variables in the prediction of children's well-being could not have occurred by chance. Furthermore, the coefficient of multiple correlation of 0.874 and, a multiple R-square of 0.624 showed the magnitude of the relationship between children's well-being and the combination of the independent variables. The result indicates that, a positive relationship of the independent variables accounted for 62.4% of the total variance in children's well-being. The significant position of research question one was supported from the findings of Hoddinott & Haddad (1994); Glick (2002); UNDP (2006) and Tuladhar (2005) and the results were further supported by the findings of Brooks-Gunn et al., (2002; Ermisch and Francesconi, 2000; Gregg et al., 2005; and, Joshi et al., 2009). The prediction of the result was however at variance with the studies conducted by (Rabiee, and Geissler, 1992; Engle, Pedersen, and Schmidt, 1985; Deolalikar, 1998; Glick and Sahn, 1998) and (Gordon et al., 2007; Zutavern et al., 2007; and, Harrison et al., 2010).

Research Question II

What is the relative contribution of each of the factors to the prediction on children's well-being?

The results in Tables 2 and 3 reveal the contributions made by each independent variable to the prediction of children's well-being. The t-ratio values associated with each of the independent variable show significant prediction of children's well-being in the areas of children schooling, health status and survival in the provision of immunization, ante and post-natal clinics. The positive position of the independent variable to the prediction

of children's well-being was in agreement with studies conducted by (Hoddinott & Haddad, 1994; Glick, 2002; UNDP, 2006; Tuladhar, 2005; Gregg et al., 2005; Ruhm, 2004; and Leigh & Yamauchi, 2009).

The results in tables 2, 3, and 4 showed that the significant position of the results were in agreement with studies conducted by (Glick and Sahn, 1998; Leslie, 1989; Glick 2002) and (MOHP 2006; Tuladhar, 2005; Glick 2002; Glick and Sahn, 1998). The extent to which the second research question on table 3 predicted children's well-being was however supported by (Duraisamy, 1992; Glick, 2002; Deolalikar, 1998; Glick and Sahn, 1998) and was also upheld by (Gregg et al., 2005; Ruhm, 2004; and Leigh and Yamauchi, 2009).

Conclusion and Recommendations

The findings presented support the conclusion that mothers who are employed are better able to make positive investments in children through increasing their chances of survival during infancy and increasing their likelihood of ever attending school. Overall, the data support our research questions that improvements in women's status at the individual level, particularly in terms of improvement of women's position in the household, will enhance child survival and the school attendance of their sons, whereas improvements in women's status at the community level is more important for improving the schooling chances of children. Specifically, lower levels of women's status at the individual level, particularly in terms mother's health status, maternal earning, household resources, family size, age at marriage and hours at work, increase the likelihood of infant mortality and children's well-being. On the other hand, higher mean levels of women's mobility and a lower percentage of women who fear to disagree with their husbands in a community are associated with a higher likelihood that children's well-being will improve.

This study thus contributes to the literature on the relationship between maternal employment and children's well-being in three main ways. First, it informs us of potential factors that might improve the situation of children in regard to their health and education in an area where change is greatly needed. Not only is

enhancing women's status important in its own right, it has measurable benefits for the health and education of children. Further, the results point to specific aspects of women's status on which efforts should be focused. Individual-level indicators of status, such as mothers' health status, maternal earning, Household resources, Family size, Age at marriage and Hours at work, appear to be more important than those related to decision making on the part of women. These findings are certainly important in terms of emphasizing routes to women's empowerment, such as addressing fear of coercion and the isolation of women. The results place issues of increasing participation in decision making and mobility of individual women in perspective.

Second, this study provides an empirical test of the theoretical framework of women's status on demographic outcomes, advancing the importance of capturing various dimensions of women's status on multiple levels to fully understand the relationship between women's status and specific demographic outcomes. Our results clearly point to the multidimensionality of women's status and demonstrate that different indicators of women's status are associated with different demographic outcomes for women as well as for their sons and daughters.

Ultimately this study reinforces the point that while raising the status of women is a well-intended and positive end in itself, the benefits extend to investments in the next generation. In turn, improvements in children's schooling and in their chances of survival closely influence the quality of lives of women and families in a much broader sense.

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SECTION 4

Work-Life Balance

New Work-Life Balance: Life Development Balance

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Abstract

The purpose of this study is to examine work-life balance (WLB) through surveys of Japanese companies and employees and to suggest a new WLB theory from the perspective of enhancing the quality of employees' personal and family lives.

The present study conducted three surveys: (1) a survey of "kurumin companies"* (2) a survey of employees at "WLB companies" and (3) a survey of employees at "general companies". In survey (3), some employees were working at WLB companies, while others were not. These surveys were conducted from 2006 to 2013 in Japan.

Japanese employees are not entirely satisfied with their current WLB. One of the most important reasons why previous WLB programmes have been insufficient is that the concept of WLB has been based on employees' sacrificing something necessary for their own and their families' quality of life.

Therefore, this study defines a new WLB as "developing our 'life' by enhancing three types of well-being". This study terms this "LDB" (life-development balance). LDB guarantees individuals the right to pursue their quality of life equally. The goal of LDB means seeking one's own fulfilment and satisfaction and that of one's family in the qualities of vital life, living and life course.

*Please use Google for comprehensive explanation and examples of what is meant by "kurumin certificate/mark" and "kurumin companies".



Introduction

The purpose of this study is to examine work-life balance (WLB) through surveys of Japanese companies and employees and to suggest a new WLB theory from the perspective of enhancing the quality of employees' personal and family lives. In addition, this study aims to examine how to eliminate the gender gap in Japanese workplaces. Japanese women are likely to commit themselves to housework and childcare against their wishes, and have few opportunities to build a career. This study considers this unbalanced work-life situation, which can create serious problems from the perspective of women's status in the economy and in terms of gender equality.

Problems related to WLB should also be examined from the perspective of home economics for two reasons.

Firstly, WLB is deeply related to our personal or family lives; therefore, through the field of home economics it may be possible to discover ways to improve our personal and family lives. Secondly, it is impossible to achieve gender equality in the business world without first implementing gender equality at home.

In Japan, WLB policies and programmes have made us aware of the need to reconsider employees' long working hours, the low birth rate and the workplace gender gap. Now, some leading companies have started implementing a variety of WLB programmes.

However, many fathers still have little time for parenting, and in Japan, approximately 70% of working women still quit their jobs before having their first child. In addition, few women hold managerial positions in Japan. Therefore, it is necessary to establish a new WLB theory.

Literature on WLB

WLB and home economics

Notorious *karoshi* ** problems in Japanese workplaces have been frequently discussed in the foreign media. However, neither the Japanese media nor the Japanese public paid much attention to this story during the period of Japan's high economic growth. However, since the last 30 years or so, the Japanese media has often reported on the importance of reconsidering working styles. According to the Ministry of Health, Labour and Welfare (MHLW, 2013), some companies are eliminating long meetings and are not authorizing overtime. Japanese employees therefore do not have to feel guilty for leaving the office, even if their co-workers are still at their desks. We must realize that WLB does not exist if we always prioritize paid work in our lives. Thus, we must improve the relationship between our family lives and our paid work.

** Please see Google and especially Wikipedia for comprehensive understanding of "karoshi" and other work-relevant related Japanese concepts.

In addition, Japanese women do not play an active role in the financial field by comparison with women from other advanced countries. The Organization for Economic Cooperation and Development (2013) showed that the employment rate of women in Japan (ages 25 to 54) was 69.2%—ranked 24th of 34 countries. The World Economic Forum (2012) stated that Japan ranked 98th in the Gender Gap Index (the wider the gap, the lower the ranking).

The paradigm of WLB has changed, and WLB issues are no longer only relevant for working mothers. Now, WLB issues are regarded as pertinent to everyone.

A considerable number of WLB studies have shown that the WLB concept positively impacts on many areas, such as productivity, efficiency and employees' family lives. As for WLB in Japan, WLB or WFB (work-family balance) studies can be divided into three categories: government, companies and the individual/couples (Ishii-Kuntz, 2007; JILPIT, 2007; Matsuda, 2012).

Firstly, concerning the government: some studies have discussed WLB policies from the viewpoint of the welfare state, and others have focused on WLB policies and women's retirement in Japan. These studies are interested in how the government approaches WLB policies in the contexts of employment or population problems in Japan.

Secondly, some studies have pointed out that there is a relationship between companies' WLB programmes and corporate performance, and employment opportunities for women (Matsuda, 2013; Sato and Takeishi, 2008). These studies claim that companies' WLB practices actually have a positive impact on their businesses in the long term, although they have financial costs at first.

Thirdly, there are studies which focus on the relationship between WLB programmes and employees' lifestyles. For example, some researchers have examined WLB programmes, family life and time use (Higuchi and Fukawa, 2011). However, it is not clear if people are satisfied with their lifestyles and their lives by investigating different types of WLB programmes.

WLB issues for employees and their families

Current WLB theory has led to positive effects on employees' work and family lives. However, we must reconsider problems related to WLB from the perspective of home economics, because current theory tends to overlook some crucial WLB problems.

Firstly, Japanese employees are still working long hours and cannot juggle work and family lives any more satisfactorily, despite the fact that WLB policies are presently in place. Shibuya (2007) pointed out that WLB policies have forced the Japanese to work under more difficult conditions. Many people, especially men in their 30s, have been working longer hours in stressful workplaces (Gender Equality Bureau Cabinet Office, 2013), despite policies implemented by the government and companies. Actually, the promise of WLB practices initially was that they would lead to more flexible work conditions. However, companies can still force employees to work in insecure jobs during periods of economic depression. Actually, companies are permitted to treat employees "flexibly". In Japan, it is difficult for employees to tell their bosses when they would like to start and leave work. Programmes aimed at achieving WLB have therefore not provided the freedom for employees to customize their working styles to fit their lifestyles.

Secondly, WLB policies have exacerbated the differences in gender roles. Despite such policies, the gender gap in the labour market has recently been expanding. In addition, females do more housework and childcare than males. According to WLB theory, everyone should contribute to determining the division of work and family life. However, men are still working longer hours than women, and women are doing more housework than men. Moreover, as data gathered by the Gender Equality Bureau Cabinet Office has shown, many people cannot change their situations, although they may wish to. Some studies have asserted that today's concept of WLB cannot lead to a change in people's commitment to gender-based roles in their work and family lives (Matsuda, 2012; Yamane, 2007).

Thirdly, WLB policies have not focused enough on how family members are living their lives (especially with regard to children). Sociologist Hochschild (1997) stated

that the situation of WLB in America had deprived children of time with their parents. Similarly, the situation of WLB in Japan today has been hard for families. She surveyed employees working at companies which are supportive of families and observed that it was difficult for them to juggle work and family life regardless of gender. It seems that WLB practices are mainly put into place from a business-based perspective. Hagiwara (2006) stated that we must reject WLB when it is based on market fundamentalism.

Therefore, as Ito (2008) stated, it is necessary to explore a new WLB theory from the perspective of family resource management and home economics.

Methods

The present study conducted three surveys: (1) a survey of "kurumin companies", (2) a survey of employees at "WLB companies" and (3) a survey of employees at "general companies". In survey (3), some employees were working at WLB companies, while others were not. These three surveys were conducted from 2006 to 2013 in Japan.

It is necessary to clarify the following points regarding surveys (1) and (2). In this study, the term "WLB companies" refers to companies which follow the government's WLB policies. WLB companies consist of "family-friendly companies" and "kurumin" companies. Since the late 1990s, the Japanese government has assessed and granted certifications to some companies which have family-friendly policies and support employees' parenting. In this study, companies with such policies are family-friendly companies, and those with childcare-friendly policies are kurumin companies. However, these companies make up less than 1% of all the companies in Japan. Therefore, WLB companies are those which lead in the practice of WLB.

For survey (1), 545 companies were approached in 2009. However, many companies rejected the opportunity to participate in this study. Therefore, survey (1) received 74 responses. This survey asked the companies about their WLB programmes (including their willingness to conduct such programmes in the future), their opinions about their and other companies' childcare support

policies and their corporate social responsibility for supporting future generations.

For survey (2), 22 employees working at WLB companies were interviewed and asked about how they felt about their companies' WLB programmes and how they were juggling work and family.

For survey (3), 1,000 people working at general companies were interviewed through the Web. This survey asked employees about their work conditions, life satisfaction and their thoughts about working parents in the workplace.

Results

Survey of Kurumin Companies

The results of survey (1) showed that companies were proactive in taking social responsibility with regards to WLB and placed high value on female employment. However, there was a contradiction between the eagerness they expressed to support WLB and actual situations. About half of these companies stated that they wanted to offer their employees working styles which supported their childcare responsibilities. However, they said that they could not successfully reduce overtime (Morita, 2012).

Therefore, the present study attempted to analyse the survey more deeply to identify the contradictions. Figure 1 shows the correlation about the companies' perceptions of their support for childcare responsibilities. The more that companies think they can support childcare only when their finances are sound and healthy, the more they are annoyed by employees who go home early or take a leave due to their children's sudden illness ($R = 0.316$, $*p < 0.05$) ($R = 0.279$, $*p < 0.05$). In addition, the more that companies think they take no childcare responsibility, the more they are annoyed by employees who take a leave ($R = 0.291$, $*p < 0.05$).

Figure 1: Correlation

(Companies' perceptions of their responsibilities for supporting childcare)

		[1]	[2]	[3]	[4]
[1]	We can support childcare only when their finances are sound and healthy.	1			
[2]	We are annoyed by employees who go home early for their children's sudden illness.	0.316*	1		
[3]	We are annoyed by employees who take a leave for their children's sudden illness.	0.279*	0.941**	1	
[4]	We take no responsibility for supporting their employees' parenting responsibilities.	0,141	0,201	0,201	1

Note: N=67, $*p < 0.05$

There are four scales in these questions: "agree" as 4, "rather agree" as 3, "rather disagree" as 2, and "disagree" as 1.

Therefore, the less these companies take responsibility for supporting their employees' parenting responsibilities, the worse their employees' WLB condition becomes.

Survey of Employees at WLB Companies

According to survey (2), employees associated with WLB companies were grateful for the WLB programmes. However, they were rather negative about their ability to achieve WLB. Most of them stated that the policies did not truly help them solve their WLB problems. Some stated that they did not benefit from these programmes due to their companies' restructuring or lack of employees. Some respondents said that an employee who utilized WLB programmes would never be promoted.

1. Good Company, So It Cannot Be Helped

According to the interviews, all respondents stated that their respective companies were excellent in terms of WLB, despite the fact that they worked long hours. However, the respondents did not seem honestly to believe this.

- It is usual that men work until 2 or 3 a.m. at my company. It's not a problem. (Ms. A, 30s)
- We always work until 8 or 9 p.m., but we can finish at 7 p.m. on a "no-overtime" day. (Ms. B, 30s).

2. Gave Up Complaining for the Sake of their Children

Four respondents were not satisfied with their companies. However, they accepted their situation because they had parenting responsibilities.

- If I became a manager, WLB benefits would be hardly available to me. Then, I could not pick up my kid from nursery school. So, I gave up a promotion. (Ms. C, 30s)
- I'm so exhausted. But, it's OK, because making money to raise children is my role. (Mr. D, 30s)
- I decided to work six hours a day for my children. Then, my bonus was cut in half. But it's no use crying. Now, my children need me. (Ms. E, 30s)
- If I took parental leave, I would have to ask my bosses to do all my work. How could I do that? (Mr. F, 20s)

3. Negative Impact on Career Building

Mr. G stated that taking parental leave was a crucial negative point for employees and that such a rule has deprived capable women of the motivation to build a career.

- My female colleague took parental leave twice. She is treated unfairly in the workplace. She is no longer motivated. (Mr. G, 30s)

Based on these opinions, the present study has identified two serious problems. Firstly, employees do not dare complain that their company's WLB policies are inadequate, although WLB was intended to support childcare. Secondly, female employees have given up taking advantage of the opportunities offered by WLB policies or lost their motivation at work.

Survey of Employees at General Companies: Employees' consciousness and their companies' WLB programmes

Survey (3) shows the relation between employees' consciousness (about how they feel about their colleagues) and their companies' WLB programmes. The survey attempts to determine whether employees have a sympathetic feeling towards working parents if their companies have WLB programmes.

Based on this survey, the results show the following (N = 1000):

1. A total of 10.4% of employees think that working parents should quit their jobs even if they would rather take parental leave. However, employees who have WLB programmes in the workplace do not agree, compared to those who do not have such programmes.
2. A total of 17.1% of employees think that employees who must take care of their children are troublesome at work. However, these respondents' opinions have no relationship to their companies' WLB programmes. Regardless of whether their companies have WLB programmes or not, some employees basically consider working parents as "burdens in the workplace".
3. A total of 16.9% of employees think that female employees should abstain from having children if they feel they might have difficulty in juggling work and family life. However, employees who have WLB programmes in the workplace do not agree, compared to those who do not have WLB programmes.

The results show that the existence of WLB programmes in the workplace can provide employees with a culture which is supportive of families, because employees whose companies had WLB programmes were accommodating of the needs of working parents. However, it is necessary to consider another problem—about 20% of employees consider working parents as disruptive and as employees likely to be laid off.

The three WLB programmes that this study investigated had no effect on their opinions. Working parents make two contributions (parenting and labour) to society. If we do not acknowledge this, a work-life friendly environment will never be achieved.

Figure 2: Relation between employees' consciousness and their companies' WLB programmes

	WLB Programs									
		Paternity Leave			Temporary Part-time Work			Flexible Scheduling		
		N	Mean	T-test	N	Mean	T-test	N	Mean	T-test
Working parents should quit their jobs, even if they want to take parental leave (Agree and rather agree: 10.4%).	A	416	1,664	-1.947+	205	1,629	-1.949+	103	1,592	-1.862+
	N/A	584	1,752		795	1,737		897	1,729	
Employees who take care of children are troublesome persons at work (Agree and rather agree: 17.1%).	A	416	1,865	-1.573	205	1,873	-0.783	103	1,825	-1.125
	N/A	584	1,938	n.s.	795	1,917	n.s.	897	1,918	n.s.
Female employees should abstain from having children, if they feel difficulty in juggling work and family life (Agree and rather agree: 16.9%).	A	416	1,714	-2.823**	205	1,654	-2.889**	103	1,612	-2.478*
	N/A	584	1,861		795	1,838		897	1,822	

Note: +p < 0.1 *p < 0.05 **p < 0.01

There are four scales in these questions: “agree” as 4, “rather agree” as 3, “rather disagree” as 2, and “disagree” as 1.

Employees' perceptions and experiences with working parents

Survey (3) revealed two points. Firstly, not every employee welcomes working parents. Secondly, whether or not employees welcome working parents does not depend on WLB programmes but rather on the employees' life experiences and their life situation or satisfaction.

1. Female employees with no children (N = 237) do not believe that “Employees should abstain from having children if they feel they might have difficulty in juggling work and family life”, if they have received information about childcare through the media ($\chi^2 = 6.905$, $df = 1$, $*p < .05$), or if they have talked with caregivers ($\chi^2 = 6.124$, $df = 1$, $*p < .05$).

In addition, they do not believe that “Working parents should quit their jobs even if they would rather take parental leave”, if they have prioritized work over their personal lives ($\chi^2 = 7.521$, $df = 1$, $*p < .01$).

2. Female employees with children (N = 286) do not believe that “Employees who must take care of their children are troublesome at work”, if they have

experienced having little time for sleeping or dining because they had to provide childcare ($\chi^2 = 6.738$, $df = 1$, $*p < .05$), or if they have felt exhausted from providing childcare themselves ($\chi^2 = 3.561$, $df = 1$, $*p < .10$). They are likely to welcome working parents if they are satisfied with their own job security and feel fulfilled in their job, although the correlation coefficient (R) was low (less than -0.2).

3. Male employees with children (N = 286) do not believe that “Employees who must take care of their children are troublesome at work”, and that “Employees should abstain from having children if they feel they might have difficulty in juggling work and family life”, if they have experienced feeling exhausted from providing childcare themselves ($\chi^2 = 6.850$, $df = 1$, $*p < .05$) ($\chi^2 = 6.692$, $df = 1$, $*p < .05$).

In addition, they do not believe that “Employees should abstain from having children if they feel they might have difficulty in juggling work and family life”, and that “Employees who must take care of their children are troublesome at work”, if they have experienced having

little time for sleeping or dining because they had to provide childcare ($\chi^2 = 13.216$, $df = 1$, $*p < .01$), ($\chi^2 = 4.505$, $df = 1$, $*p < .05$).

However, they believe that “Working parents should quit their jobs even if they would rather take parental leave”, if they have always prioritized work over their personal lives ($\chi^2 = 3.024$, $df = 1$, $*p < .10$),

Discussion

Situation of Japanese WLB

These results suggest that the following problems in the workplace require particular attention.

First, WLB policies carried out by the Japanese government and companies are playing an important role in creating a WLB-friendly environment to some degree. As survey (1) and (2) showed, WLB companies had many programmes, and employees working at WLB companies were grateful for these programmes. As survey (3) showed, employees with flexible work or parental leave options had more accepting views about working parents. Therefore, WLB laws and policies have made constructive contributions to our work and family lives.

However, we must acknowledge the limits of WLB laws and policies, because the employees who were interviewed actually had difficulty in balancing work and family life. As survey (2) showed, employees found it hard to meet certain human needs. It was too much of a burden for working fathers to do parenting, because they worked long hours. Some working mothers gave up their chance to build a career or rejected the offer of a promotion. A young employee stated that he would have little opportunity to take parental leave, although his company had WLB programmes available.

Two Problems Related to Japanese WLB

This study points out two reasons why employees have such difficulties in their work and family lives in Japan.

Firstly, employees must give up something highly important that contributes to their quality of life to take care of others, although both are important to quality of life. For example, Japanese men have been accepting their job descriptions too readily without saying “no” to what

their companies ask of them, even if they have serious health conditions or their family members, including children, require care. Japanese women have been accepting the role of caring for the family, in turn sacrificing their careers. In survey (2), however, the respondents did not complain about this situation significantly. The results indicate that most respondents believe that their lifestyles represented WLB. In survey (2), some employees told me, “It can’t be helped”.

The second problem is that both companies and employees believe it is the responsibility of employees to achieve WLB. Concerning three surveys, companies were likely to assert that employees should work long hours and take care of their families independently of the company. In addition, there is still a social norm that women should assume responsibility for childcare. This is a serious problem for achieving a gender-equal society in Japan.

What to Focus on for New WLB

Well-being

We must explore a new WLB for employees and their families in terms of quality of life and gender equality. The present study suggests three points.

Firstly, there should be a focus on balancing “well-being”. The concept of well-being is based on the “capability approach” of Sen (1999). He stated that our quality of life is measured not by commodities (x) (i. e. opportunities, money, etc.), but by “capability” ($f(x)$) (i. e. the combination of commodities (x) and the environment (f) which urges us to use x). If we can obtain some “ x ” and “ f ”, we can have “ $f(x)$ ”, and many $f(x)$ means $F(X)$.

Therefore, this study defines $f(x)$ as “well-being” and defines $F(X)$ as “quality of life”. This study showed that employees have been focusing on opportunities provided by laws and programmes which support WLB. However, this is a commodity-oriented WLB. Instead, the study suggests a well-being-oriented WLB. In this study, “well-being” ($f(x)$) represents the resources and environments that we have, both of which are necessary in our lives. “Quality of Life” ($F(X)$) represents our life situation or status and is based on the situation of our “well-being” ($f(x)$). In other words, “Quality of Life” shows what kinds of

resources and environments we have and influences our happiness and life satisfaction. The study thus proposes three types of well-being (three $f(x)$ s) and three “qualities of life” (three $F(X)$ s) as elements of a new WLB.

For example, “well-being” ($fa(x)$) represents the resources and environments that we have in our vital life. It influences our health condition and reproductive health. “Well-being” ($fb(x)$) represents the resources that we have and the environments in which we live. For example, it influences our employment security, involvement with colleagues and gender equality in the workplace. “Well-being” ($fc(x)$) represents the resources that we have and the environments in which we live our life course. It influences the way in which we live by allowing us to live with freedom and dignity—i. e. to live an enjoyable life.

The suggestion of three types of well-being is based on the “life” concept of home economists. Our well-being can be measured in various aspects. Sen (1999) did not refer to these deeply; however, home economists Mifune and Uemura (2001) stated that our life consists of “being alive, living financially and life time”. Home economist Shunsuke Nagashima and the present author have defined the qualities of life as vital life, living and life course, based on Nagashima’s concept. Therefore, the study proposes the “quality of vital life” ($Fa(X)$), “quality of living” ($Fb(X)$), and “quality of life course” ($Fc(X)$). Morita and Nagashima (2005) stated that humans lead not only a physical or reproductive existence but also a financial or social and cultural or spiritual existence. Therefore, they suggested three quality-of-life concepts which relate to these three aspects of “life”.

Balance

Secondly, we must pay attention to the concept of “balance”. This study suggests that one type of well-being in a new WLB should be ranked neither higher nor lower than another. For example, the three types of well-being and the three qualities of life should be supported equally. Therefore, our quality of life should not be “ $Fa(X) + Fb(X) + Fc(X) = 1$ ”, but rather $Fa(X):Fb(X):Fc(X) = 1:1:1$.

The reason for this is that it is hard to enhance our quality of life if we lose one of the three types of well-being to preserve another type. However, that was the situation which prevailed in the previous WLB. As survey

(2) showed, many employees often gave up one type of well-being to obtain another one. For example, some male respondents were losing their physical well-being (e. g. by working long hours) and saving their social well-being (e. g. earning more income or receiving a promotion). Moreover, some working mothers were losing their social well-being (e. g. quitting their jobs or losing promotions) or their cultural well-being (e. g. being stay-at-home moms against their wishes) to have reproductive well-being (e. g. assuming their parenting responsibility as mothers). It should be acknowledged that the previous Japanese WLB has let employees decide what type of well-being to keep or maximize, in place of discarding or minimizing another.

Neighbours

Thirdly, we have to enhance our three types of well-being ($f(x)$), not by ourselves, but in cooperation with our neighbours, because an individual’s $f(x)$ will exert a positive influence on the well-being of his/her neighbours.

As survey (3) showed, employees who were satisfied with their working conditions were likely to be tolerant and friendly towards working parents. This suggests that our well-being ($f(x)$) can contribute to a comfortable environment (f) for our neighbours.

If both employees and their neighbours started improving their well-being, a society might evolve in which people would not criticize or reject another person’s choice of lifestyle in work and family. Our fulfilment of well-being can enhance not only our quality of life but also that of our neighbours.

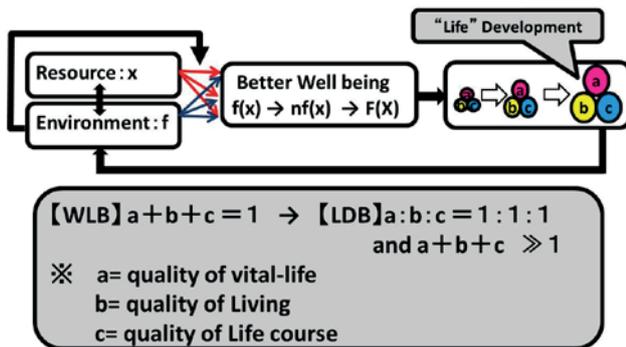
Life-Development Balance

This study defines the new WLB as “life-development balance”, which means developing our three qualities of life by enhancing the three types of well-being.

One important issue to consider is that there are great differences in the three types of quality of life (a , b and c) between men and women in Japan. To achieve gender equality, we must offer men and women equal x and f in the workplace and the home. For example, we have to offer fathers a more comfortable WLB environment (f) so that they can take parental leave (x) more freely. In addition, we must offer women more opportunities for

building their careers (x) so that they can choose various ways to arrange their lives without being exclusively stay-at-home mothers.

Figure 3: Life-Development balance (LDB)



Conclusions

The Japanese government has made progress in developing WLB policies, and some leading Japanese companies have also started WLB programmes since the late 1990s. These initiatives have actually had a positive impact on employees' working conditions. As this study showed, employees whose companies have WLB programmes were more accepting of their colleagues than those whose companies did not have such programmes. Therefore, we can say that the law can promote companies' WLB policies, and that these policies contribute to work and family balance to some degree.

However, this study showed that Japanese employees are not entirely satisfied with their current WLB. For example, many employees working in WLB companies were neither satisfied with their work nor enjoying their personal or family lives, although they were grateful for their companies' WLB programmes. Most of them had difficulty in balancing work and family responsibilities. In addition, WLB companies believed that family matters were none of their business. As this study showed, such attitudes on the part of companies make employees (especially working parents) uncomfortable.

One of the most important reasons why previous WLB programmes have been insufficient is that the concept of WLB has been based on employees' sacrificing something necessary for their own and their families' quality of life. Some men sacrifice their health and work long hours to

avoid losing their jobs, and some women give up their careers to take care of their children. This is a serious impediment to achieving gender equality in Japan.

Therefore, this study defines a new WLB as "developing our 'life' by enhancing three types of well-being". This study terms this "LDB" (life-development balance). LDB guarantees individuals the right to pursue their quality of life equally. The goal of LDB means seeking one's own fulfilment and satisfaction and that of one's family in the qualities of vital life, living and life course. Moreover, LDB should be available to both men and women. It will be impossible to achieve gender equality unless such options are available.

LDB is a course of action which all employees should take, regardless of gender and whether or not they have children. All employees should assess their recent well-being and try to achieve LDB. This may not be easy to do. However, our willingness to act and our efforts to enhance our well-being will gradually help our neighbours also achieve comfortable environments related to work and family, as this study (particularly survey [3]) showed.

LDB can surely be achieved if every employee examines his/her present well-being and attempts to improve it.

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Work-family balance Strategies of female-bank workers in Uyo

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Abstract

The paper aimed at identifying the strategies adopted by female bank workers, to achieve work-family balance. Three objectives were set for the study. The study area was Uyo, the capital city of Akwa Ibom State of Nigeria. A purposive sample of 100 respondents was selected from 20 commercial banks randomly selected for the study. A structured questionnaire was used for data collection. Data were analysed using frequency counts, percentages and means scores. Results revealed that the majority of female bank workers were not satisfied with their work-family balance. It was also revealed that the majority of respondents utilized individual and family strategies in trying to achieve work-family balance, while workplace strategies were seldom used because of the nature of bank jobs. Individual and family strategies adopted by the respondents include organising everyday activities, delegating tasks/chores at home, patronizing a quality child care facility, good time allocation to activities, etc. The workplace factors/strategies adopted by the respondents in the study include supportive supervisors, supportive colleagues and family friendly policy such as maternity leave. Other workplace practices to achieve work-family balance such as flexible work schedule, working from home, etc. were not adopted. Recommendations were made based on the findings.

Keywords:

work,
female,
family,
balance,
Nigeria,
strategies,
banks



Introduction

Today in Nigeria as a whole and Akwa Ibom state in particular, majority of families have dual income earners, where both spouses are gainfully employed or engaged in various income generating activities. While there has been an increase in dual income families, the demands of maintaining a family, especially in areas such as house care, feeding and care of children and dependent elderly, are still vested in the family irrespective of employment status. Work and family are both central to an adult's life, and finding a balance between the two should be an issue of importance for men, women, and employers (Graham, 2002). Moreover, work and family roles can have a meaningful impact on psychological well-being and satisfaction of individuals (Schultheiss, 2006). Managing the complexities of work and family roles becomes a

source of stress for families, at times resulting in role conflicts, especially when the woman works long hours as obtained in bank jobs. Work-family balance refers specifically to how work and families intersect and influence each other (Work-family balance in the United States, 2012), including proper prioritizing between work or career and family/lifestyle. Work-family balance can also be viewed as an individual's overall experiences related to the interface between work and family related roles, tasks, and responsibilities (Hennessy, 2007). Grzywacz and Carlson (2007) also view work-family balance as the absence of work-family conflict.

Barnett (1995) maintains that the structure of work and the overall work environment can affect family life through spillover effects, and that the experiences at one place (work) may influence the psychological state or well-being of workers at another place (home). Moreover, work responsibilities and family responsibilities often compete for time and involvement, and effectively managing the interface of these two life domains is highly challenging. Equal involvement and participation in all the roles is required to meet the demands of various roles and to maintain a balance, as observed by (Chitra Devi and Sheela Rani, 2013, p. 356).

According to Greenhaus, Collins and Shaw (2003) work-family balance includes three components: time balance – equal amount of time spent for work and non-work roles (family), involvement balance – equal amount of involvement for both the roles, and satisfaction balance – equal amount of satisfaction derived from both the roles, suggesting that imbalance arises when the time spent or involvement shown or satisfaction derived from one role is greater than from the other role.

The difficulty of managing work and family arises because committing time to the paid work force and committing time to family care are incompatible, and it is often hard to do both. Employment typically involves contracting time to the labour market to the exclusion of other activities, while raising children and maintaining a home also demand exclusive devotion of time. But since the supply of time cannot easily be increased, these two activities compete for the finite 24 hours in every day (Lyn Craig, Bittman & Thompson, 2008).

It has been observed that managing abundant and complex work and family roles may be a source of stress for many, since stress comes from two primary sources: role strain and spillover. Role strain occurs when the responsibilities of one role interfere with the performance of other roles, for example, a job that requires long hours (as in bank jobs) or excessive travel, may have a negative impact on marital relationship or parenting role; while spillover occurs when the conditions and relationships in one area of life affect individuals in another area (Graham, 2002). He further explained that negative work-family spillover is a form of inter-role conflict, in which the role pressures from the work and family domains are incompatible in some respect, for example, inflexible work hours, an overbearing supervisor, or a less-than-positive work environment, can have a negative impact on family life. On the other hand, family concerns such as an unsupportive partner, inequities in the division of housework and child care, significant health problems of family members, or a change in childcare arrangements can have a negative impact on work (Kiger, & Riley, 2000).

Achieving balance between work and family is a process of juggling responsibilities at work with the needs of family members (Employee Assistance Program (EAP), 2003). Individuals who maintain a healthy balance between work and family life achieve a sense of well-being and feel that they not only have control over their working life, but also lead a rich and fulfilling family life, while individuals who do not find a healthy balance between work and life experience conflict between work and family/personal commitments, known as work-family-life conflict. This may require individuals to forgo dedicating time to family life in order to fulfil work responsibilities or vice versa (Virtual Medical Centre, 2012). A good balance between work and family life is believed to benefit employers, as it is linked to better life satisfaction and subsequently to workers being more productive, creative and efficient (Zelenski, Murphy & Jenkins, 2008).

Work-family imbalance is found to be related to several negative work outcomes like job dissatisfaction, burnout, turnover intentions and turnover (Greenhaus, Parasuraman & Collins 2001). Other negative outcomes include psychological distress, life dissatisfaction and marital

dissatisfaction (Kinnunen & Mauno 1998). Negative consequences include negative effects on individuals' psychological and physical health, lowered productivity at work, a deterioration of relationship quality at the family front and reduced fertility (Allen, Herst, Bruck, & Sutton, 2000).

The degree of difficulty experienced by individuals in balancing work and family will be influenced by particular family circumstances such as whether or not there are children, the ages of children, and the number of other adults who share the responsibility for earning money and providing care (Lyn Craig et al., 2008).

Ability of people to maintain work-life balance is also affected by factors relating to an individual's workplace and working conditions, such as the flexibility and quantity of hours worked, sick and holiday leave provisions and availability of support structures within the workplace (e. g. childcare facilities and breastfeeding facilities). Also various aspects of parenting, including child-bearing, breastfeeding and child-rearing may influence an individual's ability to achieve a healthy work-life balance (Virtual Medical Centre, 2012).

The type of employment in which an individual is engaged influences their chances of being satisfied with their work-life balance; for instance, it has been argued that part-time work offers parents the positive economic and social benefits of employment while reducing the stresses associated with juggling work and parenting responsibilities (Gjerdingen et al. 2001; Virtual Medical Centre, 2012).

Ability to balance work and family also appears to be gender related. It has been reported that even women who work full-time are still responsible for domestic labour (Baxter, Hewitt, and Western 2005). Women also report poorer work-life outcomes compared to men working the same number of hours each week; and self-employed women are more likely than those working as employees to report time strain and family/work duties interference (Virtual Medical Centre, 2012). Research findings also reveal that even when both marital partners work full-time, women perform over twice as much of the household unpaid labour as men do (Baxter et al., 2005).

For reducing the work-family role conflict Rapoport and Rapoport (1980) suggested the availability of quality social support resources, the individual's personal coping ability and the level of support offered to employed parents through family-friendly workplace policies and strategies. Girard (2010) confirms that different strategies to balance work and family life can be identified at the individual and organisational levels. These include good time allocation to activities, organising everyday activities, patronizing a quality child care facility, creating alone time for oneself, setting realistic goals and expectations, managing distractions and procrastination, participating in meaningful activities in the family without feeling anxious or talking about work, etc. (Graham, 2002; Employees Assistance Program (EAP), 2003; Frith, 2012).

Berg, Appelbaum, and Kalleberg (1999) maintain that formal work-family policies implemented by companies, including flexible work arrangements, assistance with childcare or eldercare and expanded leave, can make it easier for employees to spend time with their families or to act on family concerns. According to Hill, Erickson, Holmes, and Ferris (2010), some other work-family policies that could help the family and company include various scheduling options, such as: paid vacation, flex schedules, working from home, part-time work, and job sharing, stressing that employees who have this flexibility increase productivity and have less work-family spillover.

Flexible work scheduling, particularly part-time work, is also considered a good way of ensuring that mothers are both involved with their children and attached to the workforce but not overburdened (Graham, 2002). Childcare assistance at the workplace can increase productivity and morale among employees, as well as lessen turnover, accidents, and absenteeism (Sahibzada, Hammer, Neal & Kuang, 2005). Flexibility may include flex time, or the ability to have flexible starting and ending work times (Christensen & Staines, 1990), schedule control (Galinsky, Bond, & Friedman, 1996), or the flexibility to respond to non-work (i. e. family) situations (Marshall & Barnett, 1994). Flexibility has also been linked positively to job satisfaction, decreased work/family interference, and increased time with family (Christensen & Staines, 1990; Marshall & Barnett, 1994). The other major area of family

friendliness in the workplace involves a work culture that supports work-family balance (Galinsky et al., 1996). Haddock, Zimmerman, Ziemba and Lyness (2006) observe that support may be informal or formal, and that these may have different influences on family life.

Research on work-family balance in Nigeria as a whole is scanty. Moreover bank jobs are so time consuming and especially since most of the employees work full-time – that there is a need to find out how females in this employment are able to balance the commitments and responsibilities relating to their paid work with family responsibilities.

Objectives of the study

The main purpose of the study was to identify the strategies adopted by female bank workers in Uyo to achieve work-family balance. Specifically, the study hopes to:

1. Establish if female bank workers in Uyo are generally satisfied with their balance of time between work and family.
2. Identify the individual and family strategies adopted by the respondents in achieving balance between work and family.
3. Identify the work place practices and strategies utilized by the respondents in achieving a balance between work and family.

Methodology

Research Design and study Area: The survey research design was adopted to elicit information from a selected sample of the population of female bankers in the study area. Uyo metropolis is the capital city of Akwa Ibom state, one of the 36 states in Nigeria, with a population of 3.9 million people, and a major oil producing state in Nigeria (Akwa Ibom State of Nigeria Information Guide).

Population for the Study: The population for the study was comprised of all female bank workers in all the 52 branches of commercial banks operating in Uyo metropolis as at the time of the report.

Sample and Sampling Technique: The sample size was one hundred (100). A simple random sampling technique was first used to select 20 out of the 52 commercial banks. Thereafter, five female married respondents who agreed to be part of the study were purposively selected from each of the 20 commercial banks to give a total of one hundred (100).

Instrument for Data Collection: A structured questionnaire was developed and used for the data collection. Section A of the instrument consisted of multiple choice questions that had to do with personal information on the respondents such as age, number of children, etc.; while section B was based on the objectives of the study and consisted of two multiple choice questions and two sets of four points rating scale questions with strongly Agree (SA), Agree (A), Disagree (SA), and Strongly Disagree (SD). The scoring was strongly Agree (SA) = 4, Agree (A) = 3, Disagree (SA) = 2, and Strongly Disagree (SD) = 1. The instrument was subjected to face validation by a lecturer in the Department of Human Ecology, Nutrition and Dietetics, University of Uyo, and a Statistician. The reliability of the instrument was determined using the Cronbach's Alpha procedure, and a reliability of .84 was obtained, which was considered adequate for the study.

Data collection and Analysis Technique: One hundred copies of the questionnaire were purposively distributed by hand to the 100 respondents in their offices. Those who agreed to participate in the study were required to complete and return the questionnaire on the same day. Data collected were analysed using percentages for the multiple choice questions and mean scores for the Likert scale questions. A mean score of 2.50 and above was regarded as being an acceptable answer or strategy, while a mean score of below 2.5 was considered as unacceptable answer or strategy adopted by the respondents.

Findings of the study

Table 1: Percentage Distribution of Responses on the respondents' level of satisfaction with balance of time between work and family

S/N	Level of satisfaction	Frequency/ percentage (%)
1	Very satisfied	4
2	Satisfied	18
3	Not satisfied	66
4	Very dissatisfied	12
	Total	100

Table 1 reveals that the majority of respondents are not satisfied with their balance of time between work and family.

Table 2: Distribution on the reasons advanced by respondents for their level of satisfaction with work – family balance

S/N		Frequency/ percentage (%)
1.	Family responsibilities take much of my time to the detriment of my work	21
2.	My work takes much of my time to the detriment of my family responsibilities.	63
3.	I allocate equal amount of time to my family and work	16
	Total	100

The majority of the respondents (63%) in Table 2 indicate that their work takes much of their time to the detriment of their family responsibilities.

Table 3: Mean ratings on the individual and family strategies adopted by respondents in balancing work and family

S/N	Individual and family strategies	Means	Decision
1.	Good time allocation to activities at home	3.78	Agreed
2.	Organising everyday activities	3.92	Agreed
3.	Delegating tasks/chores at home	3.87	Agreed
4.	Modifying and prioritising values to ease role strain	3.68	Agreed
5.	Patronizing a quality child care facility	3.84	Agreed
6.	Sharing household work equally with spouse	1.92	Disagreed
7.	Managing time more effectively	3.62	Agreed
8.	Creating a lone time for myself	1.54	Disagreed
9.	Setting realistic goals and expectations	3.48	Agreed
10.	Managing distractions and procrastination	3.50	Agreed
11.	Always willing to revise plans when they do not work or when changes are inevitable.	3.24	Agreed
12.	Participating in meaningful activities in the family without feeling anxious or talking about work	3.72	Agreed

Table 3 reveals the strategies adopted by the respondents from items with the mean scores of 2.5 and above, while items with mean scores below 2.5 were rejected and not accepted as strategies used for work-family balance.

Table 4: Mean ratings on the workplace factors/strategies adopted by respondents for achieving work – family balance

S/N	Workplace factors/strategies	Means	Decision
1.	Flexible work schedule	1.35	Disagreed
2.	Supportive supervisors	3.75	Agreed
3.	Supportive colleagues	3.20	Agreed
4.	Working from home	1.05	Disagreed
5.	Family friendly policies such as maternity leave	3.14	Agreed
6.	Work place culture that supports work-family balance	1.75	Disagreed
7.	Making use of child care facilities at workplace	1.02	Disagreed
8.	Ability to set boundaries around work and scheduled control or the flexibility to respond to non- work (family)	2.18	Disagreed

Table 4 reveals the workplace factors/strategies for achieving work family balance accepted by the respondents in the study from items with a mean score of 2.5 and above, while items with mean scores below 2.5 and were rejected.

Discussion

Findings from Table 1 reveal that the majority of respondents are not satisfied with their balance of time between work and family. The reason advanced for this is that their work takes much of their time to the detriment of their family responsibilities (Table 2). This finding reveals that the majority of female bank workers in the study have not achieved work–family balance. This may seem detrimental to them and to their families as it has been reported that individuals who maintain a healthy balance between work and family life, achieve a sense of well-being, and feel that they not only have control over their working life, but also lead a rich and fulfilling family life (Virtual Medical Centre, 2012). Moreover Zelenski et al. (2008) confirm that a good balance between work and family life has been said to benefit employers, since it is linked to better life satisfaction, and subsequently, to workers being more productive, creative and efficient.

The findings of the study in Table 3 reveal that the respondents accepted utilizing individual and family strategies such as organising everyday activities, delegating tasks/chores at home, patronizing a quality child care activity, good time allocation to activities, participating in meaningful activities in the family without feeling anxious or talking about work, modifying and prioritising values to ease role, managing time more effectively, managing distractions and procrastination, setting realistic goals and expectations, and always being willing to revise plans when they do not work or when changes are inevitable. This is in line with Girard (2010), who confirmed that different strategies to balance work and family life can be identified at the individual and organisational level. This also supports other literature which identified these strategies to balance work-family at individual and family levels (Graham, 2002; Employees Assistance Program (EAP), 2003; Frith, 2012). Other items listed as individual and family strategies such as sharing

household work equally with spouse (1.92), and creating a lone time for self (1.54) were rejected and not accepted as strategies used to help balance work and family. This is not surprising as men do not put as much time as women in household work, even when the women are in full time employment. The finding is also in line with the report that even women who work full-time are still responsible for domestic labour (Baxter et al., 2005). Moreover, because of the tight schedule of female bank workers, it appears that the respondents in the study lack spare time to create a lone time for themselves.

The findings of the study in Table 4 reveal that the workplace factors/strategies for achieving work-family balance accepted by the respondents in the study include: supportive supervisors, supportive colleagues, and family-friendly policies such as maternity leave. Both supportive supervisors and supportive colleagues are informal supports and do not appear to be engrained in the workplace policies. Haddock et al. (2006) observe that support may be informal or formal, and that these may have different influences on family life. Family-friendly policies such as maternity leave, appear to be the only formal workplace policy enjoyed by female workers based on the findings of this study. This is in accordance with other literature that identified this as strategy/factor for balancing work and family (Berg et al., 1999; Graham, 2002; Employees Assistance Program (EAP), 2003). Other factors listed as workplace practices to achieve work-family balance not accepted or regarded as being a strategy by the respondents in the study include flexible work schedules, working from home, workplace culture, making use of childcare facilities at the workplace, and the ability to set boundaries around work and scheduled control or the flexibility to respond to non-work (family). This finding is in deviance to other literature on workplace strategies/factors, and which are mostly obtained in advanced countries. Hill et al. (2010) observed that some other work-family policies that could help the family and company include various scheduling options, such as paid vacation, flex schedules, working from home, part-time work, and job sharing. Many of these strategies such as flexible work schedules and working from home are alien to the Nigerian work environment, as many bank employers do not even allow a chance for lateness.

This finding reveals that the majority of respondents in the study do not utilize workplace strategies/practices to balance work and family, since many of these policies are not put in place. This may seem not beneficial to both the workers and their employers, as flexibility has been positively linked to job satisfaction, decreased work-family interference, and increased time with family (Christensen & Staines, 1990; Marshall & Barnett, 1994). Moreover, workplace childcare assistance can increase productivity and morale among employees, as well as lessen turnover, accidents, and absenteeism (Sahibzada et al. 2005).

Conclusion and Recommendations

The research identified the strategies adopted by female bank workers to achieve work-family balance. Results revealed that the majority of female bank workers were not satisfied with their balance of time between work and family as they indicated that their work takes much of their time to the detriment of their family responsibilities. The findings of the study revealed that the respondents mostly adopted individual and family strategies to balance work-family; such as organising everyday activities, delegating tasks/chores at home, patronizing a quality child care activity, good time allocation to activities, participating in meaningful activities in the family without feeling anxious or talking about work, modifying and prioritising values to ease role, managing time more effectively, managing distractions and procrastination, setting realistic goals and expectations, and always being willing to revise plans when they do not work or when changes are inevitable. Findings of the study also identified the workplace factors/strategies adopted by the respondents for achieving work-family balance such as supportive supervisors, supportive colleagues, and family friendly policy such as maternity leave. Other workplace practices for achieving work-family balance not adopted by the respondents in the study include flexible work schedules, working from home, workplace culture, making use of childcare facilities at the workplace, and the ability to set boundaries around work and scheduled control or the flexibility to respond to non-work (i. e. family).

Based on the findings of the study, the following recommendations were made:

- Female bank workers should make a conscious decision to balance work and family, as the ability to balancing work and family is not automatic but an evolving process; and should be able to revise plans when changes are inevitable.
- Bank employers should be supportive to their female workers in trying to balance work and families.
- Policies on flexible work schedules should be put in place for bank workers especially female workers to enable them meet family responsibilities.
- Child care facilities should also be established in the work place for female bank workers to effectively care for their babies while at work as mothers are generally happy at work when they are sure of the safety of their infants.

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SECTION 5

Significance of Families and Home Economics

Families and Home Economics Competencies are of Significance for Achieving Development Goals

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Abstract

Just one year before the flow-out of the United Nations (UN) Millennium Development Goals (2015) and the establishment of the UN Post-2015 Development Agenda (2015-2030), intense discussions regarding the best strategies to achieve sustainable development without poverty and hunger are taking place.

The International Day of Families 2014 demands to put families, as the core unit of societies and economies, in the focus of the UN Post-2015 Development Agenda. From a home economics perspective families have a great potential for the achievement of sustainable development and need education and empowerment to fulfil their daily tasks successfully. When setting political, social and economic framework conditions for families, governments and responsible stakeholders have to bear in mind that families, individuals and communities are keys to achieving sustainable development.

Keywords:

development goals,
families,
home economics
competencies



The theme of the International Day of Families 2014, “Families Matter for the Achievement of Development Goals; International Year of the Family +20” (UN DESA/ ECOSOC, 2014), links the challenges for families with the United Nations Millennium Development Goals (UN MDGs). The most relevant questions related to the UN MDGs are: which strategies lead to the achievement of the development goals? How is it possible to gain further success in the eradication of poverty and hunger and improving health in all parts of the world? How can gender equality and equality of opportunities be reached? This paper discusses the important role of families in achieving development goals from a home economics perspective.

United Nations Development Goals: achievements so far and the Post-2015 Development Agenda

The world community has reached important milestones of the UN MDGs by the year 2014. Poverty was reduced in all parts of the world, primary school enrolment of girls equalled that of boys, the access to safe drinking water was improved and targeted investments in fighting malaria, AIDS and tuberculosis have saved millions of lives. Although a lot has been achieved, the most concerning fact is that hunger remains a global challenge and the aim of gender equality remains unfulfilled. Another problem is the unevenness of progress within regions and among populations, e. g. between rural and urban areas (UN, 2012).

To reach the UN MDGs by 2015 the efforts are intensified. Parallel, the Post-2015 Development Agenda is under consideration under the leadership of the United Nations and will be launched in the year 2015 (UNGA, 2013). The new agenda will build on the foundation laid by the UN MDGs. The UN General Assembly underlines the urgency of the eradication of poverty and hunger and expresses the following approach for the new development agenda:

“... recognizing the intrinsic inter linkage between poverty eradication and the promotion of sustainable development, we underline the need for a coherent approach that integrates in a balanced manner the three dimensions of sustainable development. This coherent approach involves working towards a single framework and set of goals, universal in nature and applicable to all countries, while taking account of differing national circumstances and respecting national policies and priorities. It should also promote peace and security, democratic governance, the rule of law, gender equality and human rights for all.” (UNGA, 2013, p. 2-3)

Why families matter for the achievement of development goals?

The UN General Assembly explains that the Post-2015 Development Agenda should be inclusive and people-centred (UNGA, 2013). Supplemental to this, the theme of the International Day of Families 2014 highlights that

families should be added to the Agenda as they are important for the achievement of development goals: “Families Matter for the Achievement of Development Goals; International Year of the Family +20” (UN DESA, ECOSOC, 2014).

Based on the Universal Declaration of Human Rights, Article 16(3):

“The family is the natural and fundamental group unit of society and is entitled to protection by society and the State” (UNGA, 1948). This important definition of the family points out the family and its function in societies and communities. In addition to this, from a home economics perspective, the family is seen as a social group having a strong social solidarity and multifaceted functions. It is the core of the household, the community, society and economy at large (IFHE, 2012a).

The functions of the family are well outlined in the following exert: “family remains the dominant unit of production, consumption, reproduction, and accumulation that can be seen in three basic dimensions of family: as a psycho-biological unit where members are linked together by kinship relations; as personal inclinations and emotional bonds; as a social unit where members live together in the same household and share tasks, values and social functions; and as the basic unit of economic production.” (Mokomane, 2011, p. 34). In some parts of the world a wider definition of family is used, individuals can either live together in one household or the unit can even include other relatives.

Families and especially the leadership of the families have to fulfil their diverse tasks. On the one hand their performance is influenced by development in their economic, social, political and ecological surrounding. Since more than 2000 years governments as well as stakeholders in business, industry and economy have set the basic conditions for families, individuals and communities around the world (IFHE, 2014).

In addition to these prevailing conditions including, e. g., basic education, health care systems and infrastructure and job opportunities for families and communities they need education and empowerment in everyday life management for reaching their full potential (IFHE, 2012a).

Analysis of the current situation of marginalized families which suffer from poverty, hunger, lack of education, diseases, lack of access to finances and job opportunities, conflicts and disasters, strongly suggest to focus on families and individuals as a strategy to eradicate poverty and meet the UN MDGs.

Home Economics, Family and development goals

It is proved that family orientated policies in the mentioned areas are effective, contribute to the achievement of internationally agreed development goals and should be promoted further (UN DESA/ECOSOC, 2014). This view of the United Nations Department of Economics and Social Affairs (UN DESA) underlines the home economics perspective in which the most important challenge to reach the UN MDGs is the focus on families and households as they are the core units of all communities, societies and economies (IFHE, 2014).

As professionals, who focus on the well-being and the quality of life of individuals, families and communities home economists around the world can give a valuable contribution to achieve sustainable development until and beyond 2015. The urgent matters of poverty alleviation, gender equality and social justice are one of the priorities of home economics professionals (IFHE, 2008).

Home economics education and empowerment in everyday life management leads to valuable results for development through educating and advising families and individuals in home economics issues. Projects conducted by home economists around the world focus e. g. on food production and nutrition, maternal and family health, capacity building, resource management and financial literacy as well as income generation opportunities (IFHE, 2012b). These examples demonstrate that home economics education and families are fundamental for sustainable development.

Conclusion

To reach a promising Development Agenda which is based on the aspirations of all citizens the UN includes inputs from all stakeholders, including civil society, scientific and knowledge institutions, parliaments, local authorities and the private sector (UN, 2013). Many new aspect and strategies are highlighted in these discussions. Analysis of the current situation of people and families around the world as well as analysis of the outcome of family-orientated strategies for development underlines the importance to add families to the Post-2015 Development Agenda.

As core units of society and economy, families are active agents for development and sustainable development depends on the performance of families.

In coincidence with the political, social, cultural and economic framework conditions, the key for a sustainable development and for meeting development goals is education in home economics and advising individuals and families to manage their resources and improve their everyday life.

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Home Economics for Family Development – The Continuing Dialogue

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Abstract

The 20th Anniversary of the International Year of the Family (IYF) is being celebrated as a global phenomenon designed to focus on the place of family in society. The International Federation for Home Economics (IFHE) has joined in recognising this milestone. Through this e-publication, select themes coalescing around family issues traditional, contemporary and emerging, and reflecting concerns emanating from varying geographical and cultural contexts around the world, are presented as one method of extending the discourse on families and family development. By extending the United Nations agenda on the place of families in society, the IFHE advances discussions around select family-focussed themes as a means of sharing knowledge, good practices and recommendations, to family studies students and related professionals successfully. When setting political, social and economic framework conditions for families, governments and responsible stakeholders have to bear in mind that families, individuals and communities are keys to achieving sustainable development.



Introduction

The 20th Anniversary of the International Year of the Family (IYF) being celebrated in 2014, has provided an opportunity for family professionals to renew their energies in the study, repositioning, and realigning of family and its growth-oriented activities as a social building mission. To do this it is necessary to get beyond the rhetoric of social development, and advance to keenly looking at the institution of the family as it exists in different places around the world. The International Federation for Home Economics (IFHE) which has embraced family and family development as a clear strategy for the development of human kind, not only initiated the conversation about family-focussed development around the world among and between divergent non-governmental and social development groups, but is continuing this family-oriented discourse twenty years after it began, with the establishment of the IYF in 1994.

Home Economists Advancing the UN Agenda

Consistent with the ambitions of the IYF, it has been the intention of the IFHE to continuously bear in mind some important points made by the United Nations, namely: “take stock of the trends in family policy development; share good practices in family policy making; review challenges faced by families worldwide and recommend solutions” (United Nations Department of Economic and Social Affairs (DESA) Twentieth Anniversary of the International Year of the Family, 2014).

Home economists who have adhered to a family-focussed mandate of the discipline over the past 20 years have helped the IFHE to maintain strong family-focussed themes at its Annual Leadership Meetings, Councils and Congresses.

The IFHE has actively recognised International Family Days, and promoted good practices in family living, in ways that reflect cultural contexts and sensitivities in respectful, developmental ways. It is in the spirit of sharing the Federation’s passion and support for enabling the greater understanding of the human condition towards learning for growth, that this e-document was conceived and implemented. The authors’ contributions are intended to share select aspects of the conversation regarding the ways by which family growth and development can become significant indicators of social development, and as a result, to draw attention to issues and weakness that impact upon this movement. The extent, to which our readers and critics will extend or broaden the discourse in local and global settings, is the measure of the success we seek.

Family and Change

In twenty years, the profession of home economics has been renamed, repositioned and reprioritised in many school and university curricula. Despite this, the issues that impacted upon the family more than a decade ago and for which, as home economists, we sought solutions, remain often unaltered, despite changes in information

flow and access. Some of these issues have become even more exacerbated because of the emerging trends and practices in other arenas. For example, one might think that we have become more obsessed with food as a fashion statement for the trendy social groups, with more emphasis on style and form and less on nutrition and health management. There are increasingly more “foodie” programmes in the popular media than there were two decades ago, yet food related and lifestyle illnesses are progressively being diagnosed in family members of all ages in many countries.

Developing countries like those in Caribbean, that still make appeals for individuals to “eat what they grow and grow what they need to eat”, sometimes seem to be fighting a losing battle to canned, packaged and imported food products that are often treated in ways that damage rather than enhance critical nutrients before consumption. One emerging reason for this phenomenon is because the ability to buy imported rather than local food products is often seen as a statement of prosperity, and as a status symbol. It is the continual struggle for many families to simply get it right in terms of practices that lead to acceptable family well-being, because the goal posts for success continue to change. The question is whether or not home economists continue to hone the depth of knowledge and related skills to be convincing arbiters of good family practices, or are these traditional family professionals abdicating to self-appointed professionals.

Diversity in social arrangements has prompted the need for tolerance, if not acceptance, of standards of behaviour that seem slower to take hold in some cultural settings than others. It is these issues though, that have begun to shape the new family agenda within the home economics profession and that must continue to focus on research, acceptable standards for behaviour and psycho-social well-being for individuals and families that are likely to inform to inform community development.

Economic practices that are inclined to validate more global partnerships than local self-sustaining endeavours, seem to be conflicting, as families wrestle with ideas of migration and family separation issues; paid versus unpaid labour among family members especially coalescing

around gender issues. These concerns trigger other issues and concerns impacting upon the family, such as transportation and safety versus technological approaches to communication; and intimacy versus proxies and virtual lifestyles. Is it now a case of: more information and the technological means of communicating, but with less “family conversations” taking place? In twenty years families have access to more information in a single day than they had in a lifetime because of developments in information technology and the e-culture. The huge challenge becomes how to sift and consume information wisely so that family members make prudent decisions that will lead to wholesome everyday living.

Home Economics – A disciplinary Response

Home economists believe that this profession has the capacity to retool itself in terms of servicing the needs of the evolving universal family. Home economics is the profession that has the interest and the willingness to take the advancing demands of the evolving family in relation to its ability to live and act in an ever changing world; and to integrate these demands into the discipline for study, for development and refinement. This malleable characteristic of the discipline of home economics is for the social good of communities that depend so much on the individual members, as well as on the group of individuals arranged as families, for its meaningful interpretation of predictable social order.

Families should be able to depend on research findings and recommendations from documented observations of good practices within identified social contexts, which are to become guides for future action in effective family policy design, monitoring and implementation.

The intellectual and practical work of home economists and family professionals should not just reside at the anecdotal level in our discourse, but should hinge on continuing research, and across boundaries that are defined by cultural-related disciplines. Non-governmental organisations, United Nations based organisations that impact upon and monitor family themes, issues and

concerns; allied professional groups with whom home economists share concerns about family well-being should be encouraged to work together to further the agenda for the family started twenty years ago.

The extent to which the contributors to this new volume have embraced diverse themes is only a starting place for the field of home economics. It is for this reason that the intention of the compilers this volume is to share with students of family studies as well as with practitioners in family education, family counselling, family development and in family health, while maintaining the discourse about the continuing needs and demands of family, and for which they also will seek alternative solutions.

Selected Conversations

The themes that emerged from the papers selected for this publication include: demographic changes and social responses in different geographical contexts, elderly and intergenerational issues, nutrition, family emergencies and crises, sustainable living, reduced resources to meet growing family needs, food security, dietary changes, parenting, maternal impacts on children in families, work-life balance, agricultural practices and the impact on family. The themes touch the concerns about children and their development, family in its developmental stages, family resources, and matters impacting an aging population. The concerns are addressed from different cultural contexts across the globe. The themes do not reflect the totality of the family experience. The range, however, has kept home economists, even where the discipline had become diffuse in the school curricula, in the continuing UN-focussed discourse on the place of families in society.

The International Day of Families celebrated by the United Nations, is observed by the IFHE in May each year; and this provides the annual opportunity to remind home economists to promote awareness of family issues and to increase the knowledge of the social, economic and demographic conditions that influence families as they interface with modernity.

The 2014 theme for the International Family Day is: “Families Matter for the Achievement of Development Goals; International Year of the Family + 20”, and this is expressed by the IFHE through the following observation:

Families who experience levels of poverty, hunger, lack of education, diseases, limited access to finance and job opportunities are marginalised in society. Furthermore, they may experience external conflicts and natural disasters that compound their situation and impact on their quality of life. Most of these family situations could be addressed by governments or other stakeholders. IFHE strongly suggests improving access to education and job opportunities for all family members as a strategy to eradicate poverty and meet the Millennium Development Goals (IFHE, 2014).

This is a timely reminder of the global concerns for the family as articulated by the United Nations, of the common global agenda for the family in the many and varied contexts. The extent to which the Millennium Development Goals serve as motivation for each country in the United Nations family to examine the phenomenon of poverty and food security and to seek to reduce these within a fifteen-year time frame is a testament to the notion that meeting basic family needs for sustainability transcend traditional economic indicators Gross domestic products, gross national products and balance of trade. By accepting the scourge of poverty and hunger, many developed countries are discovering that these social maladies are not restricted to the so-called poorest countries of the world, but that there is poverty and hunger, also to be found within the social structures of the wealthier and wealthiest countries on Earth.

Conclusion

This publication as a celebratory activity of the 20th Anniversary of the IYF does not claim to measure any outcome of the past two decade. The IFHE through these authors, nonetheless, celebrates its contribution to the continuing dialogue on the family in its global contexts; and shares some of its concerns, good practices and solutions with family practitioners. The IFHE will ensure that this important family dialogue, which is so vital for the very fabric of healthy and happy societies, continues for another generation and thence into the future.

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