



# “I Go Upstairs and Eat in Front of the Television:” the Cooking and Eating Behaviors of Mexican Older Women Living Alone

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## Abstract

The increasing tendency of older people living alone may pose a number of challenges including factors related to food insecurity, such as functional impairment, social isolation, and financial vulnerability. The purpose of this study was to explain the cooking and eating behaviors of Mexican older women living alone using a life course perspective. A qualitative research methodology was chosen and deductive thematic analysis was used to examine accounts given by 14 older women through one-on-one interviews. Findings showed that age-related transitions, role changes, and the social context in which older women are embedded have changed their cooking and eating behaviors. Participants mentioned the need to accept and adapt to changes in later life; however, the loss of commensality, cooking for one, economic constraints, a decline in health, and the disruption of family roles and rituals were identified as the negative aspects affecting the cooking and eating behaviors of older women.

**Keywords** Cooking · Eating · Life course · Mexico · Older adults · Solo-dwellers

## Introduction

Older people are more likely to be living in single person households than other age groups (Rolls et al. 2011; Teerawichitchainan et al. 2015), and as Portacolone (2014) explains “Older solo dwellers share a unique condition since they simultaneously face the challenges of aging as well as those of living alone” (p. 8). This unique condition may pose a number of demands including those related to food insecurity such as the availability, accessibility, and affordability to food (Fernandes et al. 2018), as well as the availability of social support, material aid (Rolls et al. 2011), and feelings of loneliness, and social isolation (Finlay and Kobayashi 2018),

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among others. Yet, the extent to which living arrangements affect older adults' well-being is difficult to establish due to the interplay of several factors, such as gender, ethnicity, social networks (Teerawichitchainan et al. 2015), health status, and the availability of formal and informal support (Rolls et al. 2011).

Living alone in older age is linked with changes in cooking (Sidenvall et al. 2000) and eating behaviors (Korsgaard et al. 2018), including physiological and psychological aspects (Sidenvall et al. 2000; Sydner et al. 2007), that might affect the provision of healthy food in older adults' dietary intake (Somers et al. 2014), and may lead to negative health effects, such as undernutrition, overweight, and obesity (Edfors and Westergren 2012), and therefore a decrease in the quality of life of older adults (Hughes et al. 2004). Empirical studies on cooking and eating behaviors of older adults living alone are limited (Moss et al. 2007; Somers et al. 2014). In Mexico, there is a lack of research studies on cooking behaviors of older adults living alone and/or with others; also, little is known regarding eating behaviors and research studies tend to focus on correlations between the dietary intake of older adults and some health indicators such as overweight, obesity, and malnutrition (Calderón Reyes et al. 2010; Shamah-Levy et al. 2008).

To my knowledge, in Mexico, no research has been done explaining the cooking and eating behaviors of solo-dwellers using a life course perspective. Thus, this research effort is of particular importance because the growth in the number of single households in Mexico is largely attributed to greater numbers of older people living alone—approximately 1.4 million—and 60% of those are women (Chemor 2016). The aim of this study was to explain the cooking and eating behaviors of Mexican older women living alone using a life course perspective. The analysis might help to understand the dynamic and life-changing processes of older adults over a long period of time. Findings can help to design some guidelines to develop effective strategies for meeting the cooking and eating needs of older adults living alone, increase public awareness about this issue, and help to improve the quality of life of this group of the population.

## Background to the Study

As mentioned previously, studies on cooking and eating behaviors of older adults living alone are limited (Moss et al. 2007; Somers et al. 2014) and the approaches are diverse; some are focusing on changes in health status which lead to variations in the provision of healthy food in the dietary intake of older adults (Somers et al. 2014), including those living alone (Hughes et al. 2004). Yet, some changes, such as the lack of appetite due to some loss of taste and smell, oral and dental problems, and the use of prostheses (Edfors and Westergren 2012), are also mentioned and recognized as unavoidable normal aging changes (Yannakoulia et al. 2018) affecting the cooking and eating patterns of older adults, either living with others or alone (Sydner et al. 2007).

However, some health changes in later life seem to require some form of assistance to provide continuity in the cooking and eating engagement of older adults, and living with others may facilitate the support needed. For instance, Oliveira et al. (2016) found that due to changes in older adults' health, almost 21% of them required grocery shopping assistance, and almost 12% required assistance for preparing meals. Similarly, Kullberg et al. (2011) found that some older adults living alone had to make changes in their diet, including an increase of frozen food and/or ready-made meals consumption in their diet, and those changes were related to physical limitations, such as Parkinson's disease and rheumatoid arthritis.

The review of research studies shows that cooking has an active contribution of women (see Cairns et al. 2010; Hernandez 2008; Somers et al. 2014), and therefore a gender approach is frequently found, and this is likely to enrich our understanding of cooking involvement in later life. For instance, research studies suggest that older men are less involved in cooking activities in comparison with older women (Somers et al. 2014), and when engaged in cooking activities, the evidence suggests that life transitions and role changes in older men play a role because some of the reasons for their engagement are that their wives passed away and now they live alone (Kullberg et al. 2011; Moss et al. 2007), or their wives are unable to cook due to health constraints and men are the food-givers now (Sydner et al. 2007).

The evidence also suggests that men living alone are more likely to recognize lacking skills and abilities in their cooking involvement (Hughes et al. 2004), and this led them to use some adaptive strategies, such as buying ready-made meals (Kullberg et al. 2011); though others learned how to cook through the internet and television programs and enjoy this learning process (Kullberg et al. 2011). The learning process and cooking enjoyment have also been found among women. For instance, older women engage in cooking activities often inspired by magazines, cookbooks, and television programs (Sidenvall et al. 2000), and mastering the art of cooking fulfills the need for competence and domain among women (Lupton 2000).

Also, researchers highlight various social aspects as they have found that having meals is considered a social activity (Bjorner et al. 2018; Herman 2015; Hernandez 2008), in which sharing the table with others (i.e., commensality) is relevant for older adults when eating (Sidenvall et al. 2000), but this is difficult to achieve when living alone (Sydner et al. 2007). This includes the enjoyment of older women when cooking because they expect recognition from others regarding their good meals (Sidenvall et al. 2000), and this is also a way for older women of sharing knowledge on food preparation with family members (Hernandez 2008; Somers et al. 2014).

Besides, evidence suggests that some of the meanings that older women attribute to cooking are different from those studies focusing on older men. For instance, Moss et al. (2007) found a utilitarian value of cooking among older men living alone in which cooking was important for eating to be kept alive; while there is evidence of the many meanings of cooking attached by women. For instance, Sidenvall et al. (2000) found that among retired women living alone, cooking for family members had a profound importance because meals prepared by those women were a gift for the family, an expression of care and love.

Also, cooking is an important tool for older women in three aspects closely interconnected: social connections (Wright-St Clair et al. 2005), preservation of cultural heritage (Moisio et al. 2004; Wright-St Clair et al. 2005; Wright-St Clair et al. 2013), and family identity (Moisio et al. 2004). These three aspects are rarely discussed in studies focusing on older men, and when found, they are linked with the key role of their mothers and wives in preparing the family meals (Moss et al. 2007), confirming that women usually play the role of food-givers, while men are the food-receivers (Sydner et al. 2007).

## The Life Course Perspective

The life course perspective is the sociological framework chosen to explain how time, age-related transitions, and life trajectories are shaped by the social context in which older adults are immersed (Bengtson and Bonder 2009). Three basic premises informed this study. The first is based on the *timing of lives* shaped by formal and informal macro influences of groups,

communities, and institutions that affect the individual (Fuller-Iglesias et al. 2009). The concept of time refers to a chronological ordering of events, such as marriage, parenthood, and retirement. An assumption in the literature is that some life transitions, such as the loss of a spouse, are often related to a single household arrangement (Wong and Verbrugge 2009); evidence suggests that some older women living alone, after the death of their husbands, experienced a lack of motivation for cooking, changes in their self-esteem, a reduction in meal times, and consequently, malnutrition (Sidenvall et al. 2000).

The second premise is based on *linked lives*; individuals are embedded in a number of social relationships and therefore they affect and are affected by others, and this can be a positive or negative interconnection with the social context (Fuller-Iglesias et al. 2009). A dominant assumption in the literature is that while older people may eat alone, eating is considered a social activity, an enjoyable social practice in the daily lives of individuals when sharing with others (Hernandez 2008; Sidenvall et al. 2000; Sydner et al. 2007). The practice of family commensality encourages positive meal experiences among older adults (Bjorner et al. 2018), and this is complemented when cooking for others (Sidenvall et al. 2000), particularly among women (Sidenvall et al. 2000).

The third premise is based on how *the past shapes the future*. Life course decisions in early stages of life, opportunities, and personal resources are reflected in individuals' circumstances in later life (O'Brien Cousins and Keating 1995). An assumption in the literature is that current cooking and eating behaviors of older adults are shaped by their past; as stated by Edfors and Westergren (2012), "the foundation of norms and values regarding food culture, traditions and eating habits were laid early and did not change to any great extent throughout life" (p.3), and this may also include a division in gender roles in which women had the main responsibility for preparing the food that was mostly home-made (Edfors and Westergren 2012). Besides, cooking homemade food transmits cultural patterns among generations, which encourages the preservation of peoples' cultural heritage (Moisio et al. 2004; Wright-St Clair et al. 2005; Wright-St Clair et al. 2013).

## Methodology

A qualitative research methodology was chosen, and deductive thematic analysis was used to examine accounts given by 14 older women through one-on-one interviews. This study intended to identify the life pathways of older women currently living alone and how their life trajectories may help to explain their cooking and eating behaviors.

## Inclusion Criteria

Participants who met the following criteria were eligible for this study: 60 years or older, solo dwellers, with no underlying mental conditions that impede them to sign a consent form to participate in this project.

## Recruitment Method

Participants were recruited through a senior community center located in Guadalajara, Mexico (a large urban city). I have a good relationship with several staff members of this senior community center and this facilitated my immersion in the recruitment site context and gain

trust with potential participants (Creswell 2007). The study was originally designed for both, women and men living alone. However, despite the effort, I was not able to recruit male participants, and this was an important limitation of the recruitment process. Posters and information material were left at the senior community center so that older adults had the choice to contact me by phone, and this allowed for a self-selection sampling. Once participants contacted me, they were informed in more detail about the study protocol and interviews.

## Participants' Profile

A total of 14 older women were interviewed. Women ages varied between 64 and 87 years, with an average age of 76 years. Nine were widows, three were separated, and two were single. Only one participant was childless; on average participants had 3 children. Three women were retired, seven women never done paid work, and four worked in the informal economy carrying out unpaid family jobs on and off throughout their life.

## Data Gathering

Face-to-face interviews took place according to participants' preferences. Ten women were interviewed in their homes, two were interviewed at coffee shops near the senior community center, and the remaining were interviewed at the senior community center. During the interview, I explained my interest in the cooking and eating behaviors of participants in previous and recent stages of their lives, such as childhood, adulthood, and later life. Some of the questions were: Could you tell me about your cooking and eating engagement throughout your life? Could you tell me about your cooking and eating behaviors before and after you live alone? Have you experienced any particular change as a solo dweller that you would like to share with me?

Interviews were digitally recorded and transcribed verbatim. Interviews lasted approximately 45 min. The verbatim transcription of interviews was done using the same language for interviewing (i.e., Spanish), and as Marshall and Rossman (2006) explain, the analysis of data using transcripts with the same language of interviewing allows a more accurate and meaningful way for analyzing the data. I am fluent in Spanish because is my native language. However, when having doubts about the most accurate translation, some assistance was received from staff members of the Self-Learning Center of Languages at the University of Guadalajara.

## Ethical Aspects

Upon receiving approval from the authors' research ethics board, information was gathered through completely voluntary one-on-one interviews with women participants. Confidentiality was assured, and this was clearly established in the information letter and consent form. All participants signed an informed consent form, and they were fully aware that only the researcher would have access to the original tapes and the transcribed data. Participants were also informed that to ensure anonymity, pseudonyms were assigned, including the people and places mentioned.

## Data Analysis

Thematic analysis was chosen utilizing an approach based on deductive reasoning to identify themes connected with the life course approach to recognize patterns within the data (Braun and Clarke 2006). Thus, the findings were embedded within a chronological presentation of three main life stages of participants: childhood, adulthood, and later life. Data was read and re-read, as suggested by Bogdan and Biklen (2007) to be fully immersed in women's comments. Once I was completely familiarized with the content, the coding phase was developed –coding was performed manually– and codes were arranged on broader patterns that were labeled based on all data relevant to achieve the research purpose of the study. For instance, the label “The decline in health” was built on participants' comments regarding their later life stage: “...cooking is painful...”, “... shopping alone is not easy...I do not want to lose balance and fall again...”, “chopping or opening cans, it is a torment”; the narratives allowed for the identification of health problems, such as muscle weakness, blood clots in the legs, osteoarthritis, and joint pain affecting the cooking behaviors of some women. Thus, “The decline in health” was established and contextualized in the [Discussion](#) section.

Finally, I sought to strengthen data credibility using some strategies. For instance, I used a back-translation process to increase the accuracy of the translation from Spanish to English. I invited one researcher, who is fluent in English, to verify the translations by providing her with random paragraphs originally written in Spanish to compare them with the final text. Another strategy was member checks, and this happened often during all interviews. I summarized responses and shared them with the interviewees to be sure that not misconceptions were generated. After the interview took place, a brief description of identified themes and their interpretation were sent to participants to assure a right understanding. All participants' comments were taken into consideration to ensure the trustworthiness of the findings, and I included note-taking (Creswell 2007).

## Findings

This section is organized under a chronological arrangement based on three life stages: Childhood, adulthood, and later life. The analysis of findings, and how they relate with the three theoretical premises guiding this study will be further explained in the [Discussion](#) section.

### Childhood

All participants have taken part in cooking activities at very early stages in life –between 8 and 12 years old–, most of them learned through helping their mothers and grandmothers with kitchen activities when they were children. Accordingly, their narratives about cooking are full of anecdotes that bring back fond memories of their mothers and grandmothers. This is a very emotional aspect to participants, probably because all participants' mothers have passed away. As Cata commented,

I always remember my mother; I keep her hand-writing cook notebook ...love her writing and is not only the recipes what she wrote, but she also wrote, you know, like “Victoria's wedding cake”, Victoria was my mother's cousin, and my mother and

grandmother made her wedding cake... it is not only about the cake, but she also wrote about the place and the wedding's date, and even how the cake was decorated...there are some drawings too, a very nice cake really...love to read that cook notebook.

Regarding their eating behaviors, narratives were mostly related to positive feelings sharing special dates with their parents and siblings, such as Birthdays, Holly Communion, Christmas Dinners, and New Year's celebrations. Thus, in this life stage narratives were focusing mostly on large-family oriented activities; cooking involvement was related to playing and having fun with others and eating behaviors were highly sociable.

## Adulthood

Although most of the cooking knowledge acquired by participants happened when they were young and lived with their parents, their learning process continued, particularly when getting married and having children. For instance, at least 5 participants explicitly mentioned that once they got married, had to learn new recipes from their mothers-in-law. Georgina's mother-in-law was a Spanish migrant; her husband used to enjoy Spanish dishes, and so she had to learn about the Spanish cuisine, "I learned to please my husband...but I could never quite get the seasoning, you know, as my mother-in-law did." Similarly, Alicia spent every evening for 2 weeks in her mother-in-law's kitchen just before her wedding day, as she mentioned,

She [Alicia's mother-in-law] said that the best way to care for Mario [Alicia's husband] was through cooking...now that I think about my two sons, I believe she was right when asked me to spend time with her in the kitchen... cooking and cooking [She laughs] ... you do not want your children having a hard time on the table, they must eat well, as they are used to.

Narratives of cooking after having children tend to focus on how to ensure that meals were healthy, as Cristina remarks, "...the key to good cooking is to get high-quality ingredients... when my children lived with me, I always got fresh and nutritious ingredients to cook... I even baked the bread..." Similarly, Alma mentioned, "...when having children, you invest a lot of time cooking, because meals must be tasty and nutritious so that they grow well..." Moreover, Rosario, who had 6 children, mentioned that even when she and her husband experienced economic constraints when her children were young, she did the best to give them a proper nourishment "those were not easy times, I did not have a large budget, but thanks God I always managed to give them good food for growing well... they almost never got sick."

## Later Life

As anticipated, this life stage was rich in information and it is thus divided into two sections. The first refers to all the positive aspects of cooking. The second section refers to the impacts arising out of, or in connection with changes in later life.

**The Positive Aspects of Cooking** According to participants, cooking is an enjoyable activity, and it can be considered as a hobby, more than as a responsibility. Cooking is not an improvised activity; it needs information, knowledge, and skills. This aspect is not exclusive of later life, but most comments often focus on their current cooking engagement. For instance, Cristina proudly mentioned that she receives phone calls from her daughters and nieces, asking



for some cooking advice, "...they call me often because they know that my husband and I hosted lots of formal dinners..." Similarly, Cata remarked that gaining knowledge was an important part of her cooking daily activities, "...I love television cooking shows, I write down the recipes that are good and try them afterward... I have got a large collection of cook magazines, and cookbooks too". Also, Reina joins a cooking club and members of this club exchange recipes and cook and eat together every 2 weeks,

My cooking club allows me to be with others who share the same interests I have... We really have a very varied group; participants from Canada, Ecuador, and other states from here [in Mexico], so we also learn about food history and traditions from other places... we all share the know-how of cooking...

Creativity also plays an important role in the cooking activities of participants, as Georgina commented, "... I go grocery shopping, picking up meat, vegetables, and other ingredients randomly, and then I think about what to do with them...it is very exciting you do not know what the outcome will be..." Novelty was also remarked in Reina's comments, "...I like learning about sophisticated meals, like very fancy food, I like to experiment with new food...I enjoy when new kitchen appliances appear in the market, they can do all, they cook for you!..."

Also, cooking, gifting, and demonstrating love were three interconnected elements for eight women, as Reina illustrates, "...I think of cooking as my birthday gift, I do not buy gifts, I prepare them...I ask them what they [her family members] want for lunch and I happily make it..." Similarly, Alma always prepares a cake as a Birthday present for her three children, "... they never buy a cake; they know I will make a cake for them. It is a tradition in my house...I do not need to ask; I know which their favorite cake is..."

**The Impact of Late-Life Changes** Almost all participants explicitly mentioned that some lifestyle changes happened as solo-dwellers and they have changed their cooking and eating behaviors, as explained below.

**Cooking and Living Alone** At least 12 participants were living alone for the first time in their lives; they had always lived with others such as their parents, husbands, and children. Most changes were in regard to cooking preparation for one, including meal portions, the use of recipes, food storage, and cooking utensils. As illustrated by Alma,

...you need to think twice before you buy food ...last Wednesday I bought a beautiful cauliflower, it was big, I cooked it and had to eat it the whole week! So, when I buy vegetables that are not sold in small portions, I eat the same several days...my daughter cooks and freezes food portions but I do not like frozen food, only fresh food... I no longer buy lots of fruits and vegetables, my consumption is not as fast, and food spoils soon...

Similarly, five women openly related their lack of cooking motivation to the difficulties when preparing food for one. For instance, Ana mentioned that after the death of her husband and her sister –both lived with her and passed away a few years ago–, she no longer enjoys cooking,

I used to enjoy cooking a lot but now, not so much... I do not know, I cook big portions, and now, well I need fewer servings... All my recipes are for large amounts of food, all my pots, my bowls, and my casseroles are for big portions. Now seems ridiculous to cook for one... all the effort and then, I must eat the same food for days! I now do easy



things, some quesadillas, tacos [names of typical Mexican food], food that is easy to cook, anytime, and just what I am going to eat.

Other life transitions were also mentioned, such as the stage of retirement. For instance, Lupe, a divorced woman, used to have lunch at work with her colleagues in one of the many restaurants and cafeterias nearby her office, now that she is retired commented,

I have never been good at cooking, I like it but never had the time...after my retirement, and now that I live alone, I do not feel motivated, just cooking for one... a lot of work! [she laughs] ...I found three ready-made meals places, they sell good quality food and are located near my house. I am a frequent client of them! They even have a delivery service...I prepare my breakfast and dinner, simple dishes really, and when I want formal meals, I buy them.

**Eating and Living Alone** The eating behaviors of women participants also changed. For instance, ten out of fourteen participants mentioned that eating alone is not enjoyable at all. Eating used to be a time for socializing with their families, a time for sharing, and having a nice time together. Angela, a widow for more than 6 years, enjoys cooking very much but she does not like eating alone, "...sitting at the table alone, I do not like it, it might be because since I was a child I have been sharing meals with my family, you know, talking about things, having fun, sharing..." Similarly, Ana commented, "My table is for 8 people, can you imagine how I feel? Eating alone in such a big table...that feeling of loneliness..."

Four women explained some of their strategies to cope with this eating alone situation, including watching television, listening to music, reading, and having friends and neighbors over for sharing meals. Remedios does not set the table as she used to unless she has someone to share the table with, "... I go upstairs and eat in front of the television, in my room... never did that before so, you see, now my company is the television..." Similarly, Rosa explained,

I am very good at cooking... Well, now that I am old, I enjoy cooking more than eating, because it is hard for me to eat alone. Sometimes I invite my neighbor, she lives alone too, or one of my cousins who lives near here... on Saturdays I eat with my children and grandchildren [at Rosa's house], I like that very much... we are together, sitting at the table, as we used to. I cook all family favorites, and my daughters-in-law bring some food too.

A table for one has also resulted in changes in eating habits, such as skipping meals, and eating more but cooking less. For instance, Angela commented, "...I skip meals... perhaps because I am not hungry, or it is because I do not have to get things ready, as when my husband lived... he had a very strict meal timetable".

Additionally, findings have uncovered three undesirable aspects that affect women in their cooking and eating engagement: economic constraints, a decline in health, and the disruption of family roles and rituals, as explained below.

**Economic Constraints** The economic situation of some participants affects their cooking engagement. For instance, Angela loves cooking but finds difficult to pay for the gas and do not want to ask her children for more help because she is economically dependent on them. Therefore, she tries to cook cold dishes more often, "...the gas is so expensive, I prefer to spend on gas when taking my morning shower...I do not use the stove as I used

to...” Similarly, Alicia is economically dependent on her children, and the financial aid provided by the state (i.e., economic support for older adults with no pension). Thus, Alicia’s income is low, and it has a negative impact on her cooking and eating engagement (i.e., a limited range of food).

I cook simple meals, beans, eggs, rice, tortillas [a Mexican sort of bread]. I used to cook a lot... new recipes, good quality ingredients, meat almost every day...everything is very expensive now, I cannot afford for some food... since the death of my husband... I believe things have changed a lot... I manage with a very short income.

**The Decline in Health** The data shows a decline in participants’ health status that led to changes in their cooking performance and therefore their eating behaviors. Five women explicitly talked about their health problems, such as diabetes, muscle weakness, circulatory problems including blood clots in the legs, and joint pain. For instance, Ana was diagnosed with hand osteoarthritis, and this condition has limited the motion and function of her joints, “...cooking is painful...chopping or opening cans, it is a torment...” Women with mobility issues mentioned the need to get some help from others to buy and carry food. For example, Rosario had a serious fall 2 years ago and broke some legs bones. She healed but not completely, and this fall has seriously affected her mobility,

...I need a cane because I am afraid of falling again...shopping alone is not easy... can you imagine, when I go to market San Juan [a large public market], I need to hold the cane, pay for what I buy in each market stall, carry the food... be aware of uneven walking surfaces... I do not want to lose balance and fall again...one of my daughters tries to go with me, not always, she works.

All women with health problems explicitly and implicitly mentioned that they manage well because they accept and adapt to their new life circumstances, such as Ana, who eats “...food that is not difficult to make...” Cristina who gets help from her daughter and daughter-in-law, “they call me, I gave them my grocery list, and I get all I need...my daughter even store all the food...” However, some of their adaptive strategies do not allow them to eat homemade food as they used to before their health constraints.

**The Disruption of Family Roles and Rituals** The data shows that some participants have experienced a disruption of their family roles and rituals, and some women explicitly recognized that their current health status plays a role in this; for instance, some family reunions no longer take place in Luisa’s home, “...you see, when you get older your children think that you can no longer organize family gatherings... The last five Christmas celebrations have been at my oldest son’s house.” Luisa is 86 years old and when I asked her about the reasons for that change in place, and how she felt about it, she explained,

What can I say, it seems that I am too old and I can no longer handle the responsibility. My daughters say that is too much work for me, but I do not want to do all! Really I do not! They can cook some of the food and help me clean afterward... I just want to celebrate in my house... with my china tableware, my Christmas tablecloth, and my napkins, at my house! as it used to be when my husband was here! [alive].

Similarly, Sonia used to cook a lot, she really enjoyed it. Currently, her daughters provide homemade cooking for Sonia, and they are now in charge of big family celebrations and food

preparation. Sonia suffers from chronic rheumatoid arthritis; she must avoid excessive standing, as she explained,

My daughters are really good at cooking, they inherited from me [she laughs and smiles], no really, I am proud of them. They cook for me and take turns every week to bring me food. Unfortunately, for big celebrations, like Christmas or birthday parties, I only help them to choose the menu, and I am now the kitchen helper...I do what I can, not much, but I am glad that they take my advice and use my recipes and cookbooks.

After I listened to Sonia's narrative, I asked her whether she was living alone because of choice or had considered other options in her living arrangements, she answered,

Oh well, my daughters have asked me to live with them, in their houses, but I want to stay in my house...maybe when I can no longer go up and down the stairs, but I do not worry now, I might die soon [she laughs and smiles]. I do not think that I would manage to live elsewhere; I have lived here for more than 40 years. I am happy the way I am.

The disruption of family roles and responsibilities include a positive aspect related to participants' feelings of freedom after widowhood. It seems that some women, after the death of their husbands, exert their freedom of and self-determination in their cooking and eating behaviors. For instance, Cata, a widow for more than 8 years, explained that her husband had a very strict meals schedule and food preferences; she now feels more at ease, "...cook what you want or does not cook, because no one complains...I sometimes feel like going out and buy already made food, and that is great really, I do as I pleased..." Similarly, Remedios' husband suffered from chronic kidney failure, and before Remedios' husband died, cooking was not enjoyable, as she explained,

...and due to his kidney condition I had to do a lot of changes in our diet, no salt, low in fat, and he should not eat some minerals... I had to read the nutrition facts label on each product I was buying...it was hard because, somehow, my husband's life depended on me, I was always under stress, very hard at the beginning... I now cook the food I used to eat...

## Discussion

This section was divided according to the three key premises of the life course approach; though the three premises were found interrelated in the narratives of women participants.

### The Timing of Lives

As stated in this premise, the personal histories of women participants demonstrated age-linked transitions and role changes, which helped to explain their current cooking and eating behaviors. For instance, when women participants talked about their initial involvement in cooking as children, this activity was expected and naturally accepted. Cooking was first encouraged by their mothers and grandmothers because it was considered a female-oriented activity; this finding is congruent with other research studies (Shannon and Shaw 2008). While in early adulthood, the transition of several women to married life changed their cooking behaviors. Women learned how to cook through their mothers-in-law, and this was a way to

get recognition and acceptance from their husbands and their families in law; this finding is rarely mentioned in other studies. Data also showed that transition to parenthood led women to focus on giving their children healthy meals, and this is congruent with other studies (Sydner et al. 2007); also, women engaged in cooking to demonstrate their love for family members, as a gift for their loved ones, and this was also documented in other studies (Sidenvall et al. 2000). Besides, cooking helped to preserve family identity, family roots, and traditions, as found elsewhere (McCabe and De Waal Malefyt 2015; Wright-St Clair et al. 2005).

Regarding late adulthood, participants frequently mentioned the need to accept and adapt to changes, including those related to health problems, such as diabetes, muscle weakness, and osteoarthritis, as found in other studies (Edfors and Westergren 2012). Widowhood and the empty nest were the dominant life transitions of women and both led them as first-time solo dwellers. This life stage needs some adaptive strategies when cooking, including learning how to cook fewer servings, purchasing ready-made meals and frozen pre-cooked meals, buying a short list of food supplies, and receiving help from others (mostly their daughters). Regarding changes in eating patterns, they are more difficult to overcome because most women dislike eating alone; nevertheless, they found adaptive strategies too, including listening to music, reading, having friends and neighbors over for sharing meals, and watching television; some of those strategies are congruent with other studies (Moss et al. 2007). Though some negative changes in their eating habits were found, such as skipping meals, and this is congruent with other studies (Sydner et al. 2007).

### Linked Lives

This theoretical premise helped to illustrate that women are embedded in several social contexts, and they affect and are affected by their relationships. Findings showed that the loss of commensality is interconnected with changes in their living arrangements; living alone decreases the opportunities of participants to share the table with others and have fewer opportunities to demonstrate their love for their family through cooking. Thus, giving and receiving are relevant and food consumers play a role; when food consumers are not available, frustration and demotivation seem to appear among participants. The data shows that cooking reinforces eating behaviors and vice versa; they are closely linked and complement each other. Besides, having children, particularly daughters, was very relevant for women to continue living independently and keep some of their cooking and eating patterns because the daughters support their mothers in their shopping activities and they also cook for them; this link between mothers and children is congruent with other studies (Sydner et al. 2007).

This study also shed light on one negative aspect rarely mentioned in other studies. Adult children disrupted some roles and rituals related to the cooking and eating engagement of their mothers. According to participants, their adult children impose new ways of doing things for family gatherings, including the place for holding family celebrations. Participants are no longer in charge of organizing family gathers and cooking tasks have been reassigned to others. Some of those women belong to the eldest group (over 75 years old) and explicitly recognized that changes were related to their health deterioration, but they were clearly unhappy with those changes. This aspect deserves more attention because while adult children might think that reducing their mothers' tasks and roles are beneficial, older women may experience a decrease in their self-esteem and feelings of competence, particularly when role changes do not occur gradually.

Also, as previously mentioned, findings uncovered that widowhood brought freedom and self-determination in the cooking activities of some women; as illustrated by some participants, their husbands had a strict food pattern to control some health conditions, such as chronic kidney failure, and those women had to follow a strict diet to help their husbands to control their health condition. Participants found their engagement in cooking activities unpleasant because of the pressure for providing a healthy diet. Now, as solo dwellers, those women seem to have more freedom to experience new cooking challenges and develop creativity, and this has some similarities with others studies (Sydner et al. 2007).

### **The Past Shapes the Future**

This third premise helped to uncover the unequal circumstances of some women experiencing economic constraints that affect their cooking and eating behaviors, including a limited range of food and cooking few hot dishes because the gas is expensive. By looking at some women's comments, it seems that they were raised mostly to be wives, mothers, and caretakers, while their husbands were the main breadwinners. Seven of the women interviewed in this study never done paid work, and four worked in the informal economy with no formal pension available in later life. Thus, gender roles and gender inequality may help to explain the current economic constraints of some participants because they have been economically dependent on others throughout their lives. Yet, this connection between gender roles and economic constraints was not explicitly acknowledged by women participants, and I did not ask specific questions on this issue to get a response. This finding regarding older women economically dependent on others, and how this affects their cooking and eating behaviors are rarely mentioned in other studies. Besides, the use of a life course perspective in this study helped to better explain some factors of food insecurity among older women, such as the risks of availability and affordability of adequate food (Sun Lee and Frongillo 2001) due to gender roles and gender inequality throughout their lives.

### **Theoretical and Practical Implications**

The life course perspective was useful for understanding the link between the personal biographies, the changing social environments, and the cooking involvement and eating behaviors of participants over a substantial period of time. The analysis over a large period of time helped to better comprehend the dynamic and life-changing processes of older adults. This theoretical framework reflected how women give social and personal meaning to the passage of time and the ways in which life transitions and role changes are socially organized. Thus, the three premises of the theoretical framework (the timing of lives, linked lives, and the past shapes the future) helped to reveal the importance of time and the multiple contexts that affect women. The life course perspective demonstrated that older women living alone experience changes and continuities that have an impact on their cooking and eating behaviors.

This study may have practical implications as it has uncovered several aspects that let to food insecurity, including health problems, affordability, and a decline in social support for those living alone, as stated in other studies (Sun Lee and Frongillo 2001). This study may help policy makers and health practitioners to develop strategies to increase awareness about the physiological and socio-emotional implications of older adults living alone because some of them might experience changes in the availability, accessibility, and proper use of food (Fernandes et al.

2018). Besides, commensality (i.e., shared meals) should be promoted through new forms of community life, such as older adults supporting other older adults by sharing meal times, and when possible, sharing their cooking activities at home or elsewhere. Also, cooking and lunch clubs should be promoted to encourage older adults to increase their social networks and reduce the number of times eating alone. Food assistance programs should also be promoted particularly for those experiencing economic constraints. Besides, the public and private sector should work together to launch initiatives encouraging families to share meals with older members, either in restaurants or home-delivery service with special discounts for older consumers.

## Conclusion

This qualitative study, while small and preliminary, has contributed to building much-needed research knowledge on cooking and eating behaviors among Mexican older women living alone. The small sample of women interviewed provided a beginning picture of how women were more alike than different in several aspects, such as the importance of giving and sharing with others through cooking and eating. However, more research is needed, because detailed data and research analysis connecting living arrangements, cooking, and eating behaviors of older people in Mexico are still lacking. Future research studies might include differences between rural and urban areas, and on how different opportunities in both contexts may allow older adults to better adapt to late life changes. Also, more research is needed to establish the availability of family caregivers to support older adults in their cooking and cooking related activities, particularly among the oldest old group of Mexicans living alone. Other settings such as nursing homes and day care institutions should also be considered. Findings in this study can be applied to other populations taking into account specificities related to diverse cultural, social, and economic contexts, as well as the particularities shared by cohorts.

## Compliance with Ethical Standards

**Conflict of Interest** The author declares that no conflict of interest exists.

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