

Reflections on healthy eating for elderly persons in the context of Brazilian public policy

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Abstract

Objective: Reflections on the meaning and significance of healthy eating for elderly persons in the context of Brazilian public policy. *Methods:* A document analysis was performed with the aim of analyzing proposed guidelines. *Results:* A total of three documents were selected: “Dietary guidelines for the Brazilian population: promoting healthy eating”, “Ten steps for healthy eating” and “Healthy eating for the elderly: A manual for health professionals”. Through dialogue with different authors in the humanities and social sciences field, such as Sfez, Weber, Elias, Dumont, Canguilhem, Douglas, Beck, Giddens and Foucault the following perspectives were identified: individual accountability in food and nutritional care, with a strong ascetic component and emphasis on control over the body; a strong tendency towards the rational and maximum reduction of the risk of illness synonymous with a healthy lifestyle; a strong emphasis on hygiene and food safety; the primacy of the biomedical nature of nutrition and homogeneity and fragility as processes of aging. *Conclusions:* The idea of healthy eating necessarily implies thinking about diet and health from a wider perspective. The official documents analyzed, however, discussed nutrition and disease. They valued the biomedical approach and reduced the importance of the economic, social and cultural aspects that structure health and sickness in the contemporary world.

Key words: Feeding;
Nutrition; Health; Elderly;
Aging.

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INTRODUCTION

Diet and *Nutrition* are terms that are utilized, in daily parlance, as synonyms, making it difficult to differentiate between them. This fact can be attributed to the strong interrelation that exists between them, but it is necessary to consider the different aspects that are involved in each of these terms. Modern science focuses on knowledge that is acquired from the study of nature and structures its thought process in contradictory pairs: individual/society; rational/emotional; body/soul; and nature/nurture.

The science of *Nutrition* builds upon the foundation of concepts regarding what is natural, biological, regular, objective and quantifiable. Beyond simply eating, modern science has described the concept of nourishment. The body is a machine that requires energy and nutrients so that its organs and systems can function adequately. The development of the body focuses on identifying what we should eat and need to eat during the different phases of life and during possible periods of disease. Science defines which nutrients and what quantities are necessary to keep the body functioning in accordance with normal biological precepts and without disease.

On the other hand, *Diet*, as a scientific field, is linked to the realm of culture, to the symbolic, to what is sociological, subjective and characterized as the Humanities.¹ It is understood within the interrelationship of biological necessity and the other needs that arise from culture, society and subjective living. The study that was completed by Prado et al.² calls our attention to the act of eating. The ingestion of food is a biological process, related to the idea of “beating hunger”, if you will, in order to maintain life and guarantee the survival of the species. In addition, it is a cultural phenomenon. What we eat must be taken into account when we consider our set of beliefs, the preferences that we adopt, what is socially considered edible, allowed, appropriate and what should not be ingested during times of sickness or physiological states and during certain cycles of life. In this perspective, eating

should be evaluated from the point of view of its full complexity, having innumerable meanings, sensations and recollections, in sum, a vast symbolic reference is related to the practice of eating. It is a fundamental element with respect to social organization, and, as such, it is influential in the construction and reconstruction of individual and social identity. Fischler³ employs the principle of incorporation, since, according to this author, it is through eating that “the world penetrates the self”, not only through the nutrients that will be incorporated in the body's cells, but also through the symbolic aspects that penetrate individual identity.

That said, the hegemony of the perspective that is founded in the nutritional matrix has already been recognized in the necessities and recommendations regarding the ingestion of nutrients, especially when dealing with the relationship between eating and health.

Health, in traditional terms, can be understood from a biomedical perspective as a simple “absence of disease”, or, in an abstract context of idealization, as perfection or abundance, i.e., the existence of a “state of complete physical, mental and social well-being”, as was initially defined, in 1947, and reiterated, at the end of the 1970s, by the World Health Organization (WHO).⁴ Sfez⁵ discusses this concept within the new utopian ideals of man: perfection and immortality, an attempt to understand the body, micro-organisms and genes and to utilize the full potential of technology in order to avoid any and all kinds of disease. The body is mapped, perfected and monitored the entire time with the aim of attaining immortal perfection.

Serge & Ferraz⁶ believe that the WHO's concept of health reflects an idealized construct of perfection, of a state of well-being and happiness that are outside of the individual, as though the challenges, doubts, fears and uncertainly in dealing with life were no longer part of man's daily life. These authors propose an adoption of the concept of health as “a state of reasonable harmony between the individual and his or her own reality”.

According to Almeida Filho,⁷ health and illness are understood within the biomedical world as opposing situations, that is, positive and negative. A clear disinterest becomes evident with regard to financial initiatives that look to question the concept of health, which remains situated within the realm of the construction of an ideal model (physical, intellectual, spiritual, emotional and social health). However, at the same time, an immense effort is directed at producing biomedical models of pathology. Almeida Filho criticizes these models for being “incapable of appreciating the complexity of the concrete processes that are involved in life, health, anxiety, suffering, pain, disease, care, cures and death, all of which are things that have traditionally been associated within groups of human beings”.

More recently, the debate has incorporated the view that health should be understood not as a state, but a process, a “what to do in the face of the need to readjust oneself continually, which is inherit to the condition of being alive”,⁸ which implies the development of a concept of life and of happiness. This is related to a series of material and spiritual conditions that, once recognized as beneficial, are sought to be maintained. Therefore, a way of life that seeks happiness moves and identifies people in their concrete form of existence and should function as a backdrop for rethinking healthcare practices from the point of view of health care professionals, services, programs and policies.

Discussions regarding the process of aging have appeared only recently in the scholarly literature. The classic work *The Coming of Age*, by Simone de Beauvoir,⁹ which was published in 1970, presents an extensive discussion about how this phase of life is viewed by history, politics and literature within different cultures and periods of history. This is a work that is marked by a “negative” view of *old age*, which is understood as a “fatality”, an inexorable process that is expressed by means of adjectives such as “decline”, “involution”, “abandonment”, “sadness” and “regret”.

Beauvoir⁹ affirms the existence of a “conspiracy of silence”, an absence of discussion, abnegation and invisibility with regard to *old age*. She argues that there are no rites of passage associated with old age, like in other phases of life that set it apart; its onset is, therefore, ill defined. By relating the alterations and diseases that arise from the aging of the body to the social and cultural worlds, she concludes that the effects of old age only manifest themselves within a private, more personal sphere of existence, which is to say, the individual must deal with the effects of aging by him or herself. Beauvoir also states, rather boldly, that old age, and not death, is what should be considered the opposite of life. The author defends that it is phase in life that is different from youth and adulthood, where a variety of possibilities appear, and states that it is the individual's responsibility to find a balance, to change his life, to reinvent himself and to follow new paths.

A new concept arose in the 1980s and 1990s. This was a period of newfound visibility for the process of aging. The fields of Geriatrics and Gerontology arose and what was previously regarded as being purely personal became the focus of public life, an issue that, from that point forward, had to be faced by society and the government.

It became necessary to know the quantity of senior citizens, the physiological changes that occur due to aging, the profile and the peculiarities of the diseases and their consequences in terms of the incapacitation, dependency and use of health care services that they cause. It also became necessary to consider the material resources that were required to address the situation, such as the need for qualified professionals, healthcare services and public policies that became necessary to deal with this “new” segment of the population.¹⁰

Siqueira et al.¹¹ identified a set of studies based on a biological and behavioral bias, that were focused on the “physical decrepitude caused by natural degenerative phenomena associated with the body”, as these phenomena relate to various

pathologies and how these aspects affect public spending on health care. Studies that view the issue in financial terms place senior citizens within the productive social structure and discuss how society will face the costs that are required by this contingent of the population, such as, for example, the costs that are associated with social security. Another set of studies was analyzed that had a sociocultural point of view; moreover, these studies presented an important critique of the previous mindsets. According to Debert,¹² it is important to view *old age* not as a natural, homogeneous category, but as a socially constructed portion of the population, much the same as the phases of infancy and adolescence are thought of. Whereas protective policies were proposed, such as retirement, currently a *reprivatization*, if you will, of old age occurred, i.e., it is the responsibility of the individual to take care of himself, even if it were transformed from a phase that involves losses to one that brings new achievements. It is the various specialists that take the leading role in this process of *reprivatization* of old age. It is considered the responsibility of the individual to maintain his or her own youthfulness, a practice that is expressed by taking care of one's own physical and mental health. Youthfulness is a quality that is associated not with an age group, but with one's lifestyle. In this view, old age, therefore, can be eternally postponed. The elderly become a new market niche of consumers that buy everything, from food to medicines, supplements, clothes and services. The elderly have transitioned from mental and physical decline to a type of aging that is active. As stated by Debert,¹² "the attention that has been garnered by old age is a commitment with a certain variety of positive aging".

Groisman¹³ also espouses this perspective that views old age as an issue of public interest that has gained media attention, and, as a consequence, created a demand for specialists and specialized services. This view values the idea of heterogeneity and the singularity of aging, not only when viewed from the perspective of the biological organism but also from the point of view of relationships, their conditions and their social contexts. Groisman adds, during

his discussions with Canguilhem,¹⁴ that the changes and challenges of old age have become progressively less tolerated by society, according to these scholars. In their view, society feels that the challenges of old age should become pathologized, medicated and reverted. The scientific apparatus should be responsible for stabilizing old age and manage the elderly.

The issue of healthy eating initiatives within the Brazilian public agenda is overseen by the Coordenação Geral da Política de Alimentação Saudável (CGPAN) (Organization for Policy Regarding Diet and Nutrition), which is currently the Coordenação Geral de Alimentação e Nutrição (CGAN) (Organization for Diet and Nutrition). This is an agency of the Ministry of Health, which provides a structure and foundation for initiatives with respect to *Diet and Nutrition* within each of the spheres of governmental responsibility with respect to the Sistema Único de Saúde (SUS) (the public health care system).

The Política de Alimentação e Nutrição (Public Policy of Diet and Nutrition) was published in 1999 (Directive No. 710)¹⁵ and its first initiatives were focused on newborns and infants. The first initiative with respect to the adult population was only implemented in 2006 when the "Guia alimentar para a população brasileira: promovendo a alimentação saudável", ("Dietary guidelines for the Brazilian population: promoting healthy eating") handbook was published.¹⁶ This guide was based on the document "Análise da estratégia global para alimentação saudável, atividade física e saúde" ("Analysis of the overall strategy for a healthy diet, exercise and health").¹⁷

This publication was a result of a widespread debate that was promoted by CGPAN, which included a public hearing. It is a text that is aimed at the civil employees that propose public policies, at healthcare professionals and at basic attention and families. The document's directives are defined in the sense of promoting systems and the consumption of healthy foods in order to reduce the occurrence of diseases that are caused

by nutritional deficiencies, to reinforce the body's immune system response to infectious diseases and reduce the occurrence of chronic, non-transmittable diseases among members of the Brazilian population that are over the age of two.

From this "Guide to diet",¹⁶ during the same year, another document, of a more practical or operational nature, was also published: "Os dez passos para alimentação saudável" ("Ten steps for healthy eating").¹⁸ In 2010, CGPAN published "Alimentação saudável para a pessoa idosa: um manual para profissionais de saúde" ("Healthy eating for the elderly: A manual for health professionals"),¹⁹ which aimed to aid healthcare professionals with respect to guidelines for achieving a healthy diet for elderly people and their families.

It should be reiterated that the documents that were presented, which heretofore will be referred to in abbreviated form as "Guia Alimentar" ("Dietary Guidelines"),¹⁶ "Dez Passos" ("Ten Steps")¹⁸ and "Manual" ("Manual"),¹⁹ are intended to be guides for the adoption of healthy eating habits for the entire elderly population of the country. Based on these documents, the current study aimed to consider the meaning and significance of healthy eating initiatives aimed at the elderly within the context of the Brazilian government's agenda.

METHODOLOGY

This study presents research of a qualitative, documentary nature. The research made use of various techniques and a set of documents (written and unwritten, such as films, pictures and posters) in the discussion of certain aspects the understanding of which requires historical and sociocultural contextualization. This study differs from bibliographic research in that it makes use of direct sources, which are original documents that have not yet been systematically analyzed by any scholars.²⁰ The aim was to seek not only what is expressed in the documents as truth, but also to interpret what exists "between the lines".

Cellard²¹ proposes that the documentation be critically evaluated in accordance with five dimensions: 1) the context in which they were produced, "the political, economic, social and cultural background that engendered the publication of a certain document"; 2) the identity, interest and motives of the author, if he or she is writing on his or her own behalf, or on behalf of some group/institution; 3) authenticity and reliability; 4) the nature of the text, taking into account the field of knowledge that produced it; and, finally, 5) the key concepts and the internal logic of the text, with the aim of understanding the meanings of the terms and concepts that were adopted. It should be observed whether or not the document employs terminology that can be viewed as professional, regional, as slang as well as argumentative basis that was constructed. The idea is to not "fetishize" the documents, believing that they can "say" everything that is held as true, but to "controversialize", if you will, these sources.

RESULTS

An initial evaluation indicated that these documents highlight the point of view of the individual and have a strong ascetic component with respect to the control of oneself.

The provisions of the "Dietary Guidelines"¹⁶, which aim to provide guidance for the population, are structured into phrases that are normative and prescriptive, of the variety "do this" and "do not do that". Verbs that are in the imperative tense, such as "consume", "decrease", "value", "choose", "eat more", "eat at least" and "reduce" are a sign that the individual must abide by the rules set forth and control his own destiny. For example: "Eat at least three meals (breakfast, lunch and dinner) and have two healthy snacks per day. Do not skip meals."¹⁶

From this point of view, the message that is presented to the individual is that he or she must follow the established rules, which are aligned with a moral, Christian construct. Science seems to take on the role that is traditionally

held by religion, which sought to impose its law in detriment to sin and the fear of consequences as they relate to a spiritual life. The “Ten Steps”¹⁸ is reminiscent of the “Ten Commandments” (Exodus 20, from the Bible), of the “12 steps towards salvation” (Igreja Universal do Reino de Deus - Universal Church of the Kingdom of God) or to the “Ten Steps” towards curing oneself, proposed by the Irmandade Sociedade dos Alcoólicos Anônimos (Alcoholics Anonymous).

Furthermore, a second element of analysis can be detected: the central themes of the documents are *disease* and the *risk of becoming ill*. The biomedical field, supported by the discipline of epidemiology, deals with the risk of falling ill by quantifying it. The objective statistical data transform the mathematical probability of becoming ill into the concept of risk, which is, in turn, transformed into behavioral rules.

The “Dietary Guidelines”,¹⁶ in its preface, justifies its existence from the perspective of the prevention of three types of diseases: chronic (non-transmissible disease), nutritional deficiencies and infectious diseases.

Today, scientific evidence exists that unequivocally indicates the influence of a healthy diet on the prevention of premature death, which is caused by heart disease and cancer. In addition, the provisions of the guide are appropriate for the prevention of other chronic non-transmissible diseases, such as diabetes and hypertension. These most certainly help comprise the set of actions for the prevention of obesity, which, in and of itself, increases the risk of contracting the other serious diseases mentioned previously.¹⁶

Moreover, in part 3, the handbook presents a detailed overview of Brazilian epidemiology. It outlines the data characterizing the Brazilian population's diet as well as scientific evidence, making use of criteria that are proposed by the WHO that are related to convincing, probable, possible and insufficient evidence. This evidence forms the foundation for the guidelines proposed in the “Dietary Guidelines”¹⁶ and, as a result, provides the structure for the “Ten Steps”¹⁸. The following passage is quite illustrative of the

handbook's contents: “The frequent ingestion of large quantities of fat, sugar and salt increases the risk of diseases such as obesity, high blood pressure, diabetes and heart disease.”¹⁶

On the other hand, the “Manual”¹⁹ proposes a set of “practical measures for the preparation and ingestion of food that can contribute to promoting greater pleasure, well-being and safety during the daily meals of the elderly individual”. Disease, therefore, becomes hidden, obscured even, although essentially present by means of the presentation and description of the “Ten Steps”¹⁸, with a strong component of prevention of infectious diseases, which will be examined more thoroughly below.

Coming back to the risk of infectious diseases, as described in the “Manual”,¹⁹ which can also be found in the “Dietary Guidelines”¹⁶ as a special provision, a new line of analysis opens itself up: the importance of *hygiene*, which discusses healthy eating initiatives as they are related to safety from a sanitary perspective. Food, the body, the kitchen - all of these aspects should be controlled. After all, from this perspective, food is for the individual that lives with the objective of not falling ill.

Food items should not be chilled for too long before they are consumed in order to avoid the occurrence of conditions that are favorable to the growth of bacteria or the production of toxins that can cause disease.¹⁹

To be safe, fruits and vegetables should be washed and scrubbed. These items should be cleaned very well, even those that are not eaten with their peel.¹⁶

The result is sterile food and a clean kitchen, which are reminiscent of a hospital environment. It is possible to note that the germ is an enemy to be avoided and that hygiene prevails over one's life story and his or her culture and social context. The precepts of hygiene should serve to control a person's eating habits. The individual, as such, is removed from his senses, taste, vanity, history and recollections: “The area where food is prepared should be clear of unnecessary objects, such as ornaments.”¹⁹

Another aspect that should be analyzed is the idea that the *process of aging* and the *elderly being*, are marked by homogeneity. The elderly individual is viewed as being fragile, sick, incapable of making decisions and cannot care for his or her own diet. The differences are justified simply through a biological perspective.

*The different rhythms of aging help to explain the motive by which, when two people of the same age in years are compared, one seems to be younger or in better physical or mental condition than the other.*¹⁹

In addition to the small “detail” of mentioning that a certain individual can be “younger” than another and not the opposite, which could correspond to a manner in which old age is negated, subjectivity is therefore removed from the discussion, the singular perception about the very process of aging and the social and cultural aspects that surround it. And, by means of this line of thought, even the smallest details become the object of control: “The table cloth should preferably be on only one shade of color, devoid of patterns or embroidery.”¹⁹

Lastly, the final point to be considered is the primacy of *nutrition*, of the scientific nature that is attributed to healthy eating habits within the documents that are the focus of this paper. The concept of nutrition is closely related to the importance that is given or not to food and nutrients: on one hand, those that should be avoided (fat from meat, sugar, salt, pepper, canned goods, cold-cuts and sweets); and on the other, those that should be consumed (milk and skim dairy products, vegetable oils, fruit, vegetables and whole grains). As such, these nutrients are necessary for the body - from the biological point of view of nutrition, which, in turn, is eminently cultural and social - so that it can function properly without disease.

*A healthy diet should include water, carbohydrates, proteins, oils, vitamins, fiber and minerals, which cannot be substituted and are indispensable to the proper functioning of the body.*¹⁶

Fruit and vegetables are rich in vitamins, minerals and fiber, and should be consumed on a daily basis, forming

*an integral part of each meal and snack, since they help to maintain proper bowel functioning, contribute to one's overall health and reduce the risk of the emergence of various diseases.*¹⁹

The existence of references that call one's attention to diet, which is sensitive to the cultural aspects that characterize it, should also be noted: “Since diet exists as a function of the consumption of food and non-foods, a healthy one should be based on the eating habits that have social and cultural significance.”¹⁶

However, as defined by Provision 1, the recommendation for families is to “value your culture's nutritional history and maintain good eating habits”,¹⁶ which suggests that culture should be preserved, provided that it has been evaluated and is considered appropriate in accordance with scientific precepts. This issue is more directly examined in Provision 4, which refers to a dish that is typical of Brazilian culture: “Feijoada and other dishes that are prepared with beans and meats that have high fat content, cold-cuts, bacon and other kinds of meat have high concentrations of saturated fats and sodium, which are not healthy; such dishes should be consumed only occasionally.”¹⁶

Furthermore, Provision 4 also discusses sweets:

*cakes, cookies, desserts and sweets should be avoided as a dietary rule. They should be eaten less than three times per week (...). Avoid daily consumption of these products and explain to children and teenagers that these foods are not healthy and should only be consumed on special occasions.*¹⁶

*The provision also states that carbonated beverages and industrialized juice, cakes, cookies, sweet desserts and other foods, such as candy, should be avoided as a dietary rule. These items should only be consumed, at most, twice per week.*¹⁹

DISCUSSION

The perspective of individual control and morality is the first point that should be noted. Sfez,⁵ in analysing the North-American model of

health, claims that “the control of the body is not a technical subject, but one of politics and morality”. This model arises from the premise that it is the individual, and he alone, that should be held accountable for his decisions and society expects that he can create a new discipline, one that involves the morality of eating well.

This is characteristic of the modern age, where individualism is elevated to new heights. Dumont²² argues that in traditional, holistic societies, the bigger picture is emphasized, where each individual is responsible for the overall order of things. In modern Western societies, the notion of the individual is dominant and society represents the means by which he can satisfy his needs through the constant pursuit of liberty, exclusivity and the responsibility for oneself. Elias²³ also highlights the perspective of the increasing emphasis on the individual in modern society, in his actions that are guided by rationality and the control of his emotions. As such, the social and cultural contexts are placed under the aegis of the history of individuality in life, as claimed by Beck,²⁴ we are called to search for “biographical solutions for systematic contradictions”.

Regarding asceticism, we can turn to Weber²⁵ in his analysis of the Protestant ethic and the spirit of capitalism. To Weber, worldly pleasures should be avoided and the individual should be disciplined, austere and exercise moderation, perseverance, temperance, prudence and be virtuous. The guidelines regarding eating habits should be congruous with this model of the individual. These traits lie within the realms of morality and religion. The individual has the moral obligation with respect to worldly issues and should use reason, not emotion, to control the management of his or her life.

It is this ascetic imposition that articulates control over life, i.e. biopower, as stated by Foucault.²⁶ It is the pretension of proposing strategies for controlling one's life, in each of its facets, not only in confined spaces, such as schools, prisons and hospitals, but also in regulating one's life and eating habits in accordance with a set of rules that should be followed.

The pillars of Christian life are based on three theological virtues: faith, love and charity, and on four cardinal virtues: justice, prudence, temperance and fortitude. These are related to the search for human perfection, considering that the former are supernatural, i.e., conceded by God, whereas the latter are acquired or guided by our good behavior. We can affirm that, in order to comply with the innumerable rules that are set forth today regarding healthy eating habits, at least three of these virtues are necessary: prudence, i.e., making an effort to control each of one's behaviors in accordance with his or her moral conscience; the exercise of moderation in the enjoyment of temporal goods, such as food, drink, sex, entertainment and luxury, which should be enjoyed at the correct time and in the appropriate quantity, and, lastly, fortitude, the virtue of making the proper effort to perform good deeds, i.e., to resist temptation, personal weaknesses and keep oneself on track.

From this point of view, the historical and cultural aspects of eating habits are immaterial. It is necessary to consider how these aspects are received and internalized and which consequences they may have for life and with respect to how happiness is pursued, considering that this concept of a healthy diet is so strict and idealised that it does not allow for mistakes, weakness or excesses.

With regard to the analysis surrounding the central axis of disease and the risk factors that are associated with it, the statement that was proposed by Castiel et al. should be considered.²⁷ These scholars are critical of this approach, that it is based on “risk factors”, or “indicators”, that it even purports to predict future morbidity and death. These scholars consider that the risk that is related to the probability that something could occur can be understood subjectively, or intuitively, as an uncertainty that cannot be subjected to purely rational measurement; in addition, risk should not be viewed as an autonomous entity that exists independently from “complex social contexts within which people are active”.²⁷ This risk is not always easily identified, but the power of its presence and its

threatening characteristics underlie the discourse that surrounds it.

What is notable is that the perspective of the rational control of risk can be extended to human longevity: an array of services, products and specialists can be created that will be consumed in ever greater quantities; various behavioral rules can be proposed, from the point of view of prevention and the promotion of health that, ultimately, sustain and reinforce moral constructs. If to manage risk is to make decisions through rational thinking in terms of gains and losses, these authors ask, what does that mean in terms of human living/dying?

This question reflects a condition of worrying in excess that the Western world is engaged in at the moment, guided by a desire to postpone death and the onset of the signs of aging - a cruel paradox in an age in which many pockets of society have already reached old age (...), the fugue from such risks has become synonymous with a healthy lifestyle, which is "full" of moderation, prudence and a rational management of risk, when it cannot be outright avoided.²⁷

These issues regard the dimension of the power that science attributes to itself in terms of normalizing mankind's life and how this scientific influence inserts itself within individual's lives and their disease processes in an abusive manner.

From this perspective, healthy eating habits can be viewed within a medicinal context, which is characteristic of the construction and maintenance of life without disease that can be reached by means of a set of rules that, if complied with, can provide a state of *normalcy*. Canguilhem¹⁴ is critical of this perspective, stating that, in the majority of cases, what is considered *normal* is more associated with the idea of regularity, something that can be achieved through therapy and is closer to a type of ideal. As the author states: "The state of normalcy designates the habitual state of the organs and their ideal state at the same time, since the reestablishment of the habitual state is the usual therapeutic objective"¹⁴

With respect to the aggrandizement of hygiene, Douglas²⁸ views it from a context of

order and discipline. He affirms that absolute filth does not exist; it is in the eye of the beholder. Our aversion towards dirt, impurity and towards germs exists not only to avoid disease, but also as a ritual that helps go create order in people's lives. The symbolic interests that permeate the discourse regarding hygiene bottleneck to a point of bodily control and social control.

The heterogeneity of aging is a fundamental issue to be faced, in light of what Neri²⁹ discusses. This author places value on the importance of thinking through the process of aging from the perspective of diversity, warning with regard to the severe problem posed by generalizations that are frequently made, especially regarding the establishment of rules and conduct that are prescribed to senior citizens.

Within the documents that were analysed for this paper, food is a mere vehicle for the ingestion of nutrients; other aspects are not considered, such as: food that is available; purchased; received as a gift from a neighbor or friend; harvested from the backyard; that provides strength and pleasure; that reunites the family; that one eats alone; those foods that form an integral part of celebrations. Gracia-Arnaiz & Comelles³⁰ state that biomedical logic, which prevails with respect to the above, intends to substitute motives that are symbolic, that relate to identity, economics or even hedonistic ideals with points of reference that are purely dietetic. According to these authors, "*truly competent dietetics*", are required, i.e. *standards* and regulations are created that compel the individual to take care of himself and make him feel guilty of he does not. On one hand, the individual is expected to be critical of him or herself. However, on the other hand, it seems that these rules appear to be so numerous that they will lead one to eternal life devoid of disease, considering how many products and *marketing* strategies exist that vie for the attention of these individuals, who are now viewed as *consumers* and are surrounded by a myriad of symbols which are ever more powerful and associated with "food products" that offer endless happiness.

Delgado³¹ identified a critique of eating habits among "young people" and the aggrandizement

of the “old”, which challenges current medical knowledge. Food, beyond the sense of being simple nutrients, speak of “another time”. Pork fat, vegetables, yams and coffee with cachaça are cited as being integral items in a well-balanced diet. He adds the following: “The strength, simplicity and depth that are attributed to food are the qualities of a group, of place and of a time.”³¹

Imbassahy et al.³² encountered similar results in the narratives of the elderly. Their food exists simply to quell their hunger and is related to the concepts of sustenance, pleasure in tasting and to desire. On the other hand, they affirm that nutrition is related to balanced, technically standardized eating habits, i.e., a diet. As such, it is a concept that has no room for fats or sugar. Myriam Lana, an elderly woman, narrates the pleasure of eating and questions medical knowledge.

*Is it possible that someone more than 50 years ago sought guidance on how to maintain a healthy diet? To eat well, without damaging one's health? Of course not! [...] Pork ribs! Fried ribs! [...] The best! Só deliciosos! The nectar of the gods! The pleasure we had in nibbling the last morsels of meat off those little bones until they became white, white!*³²

Aside from that, maintaining a healthy body means to maintain oneself within adequate proportions. A body that is like a machine can be manipulated, fixed, perfected. Detached from the obligatory reflections about the relationship of the biological and cultural body,³³ we would like to highlight a passage from the document that illustrates this point of view, situated within the norms established by nutritional science: “To plan one's daily meals in order to promote the adequate supply of nutrients to the body, to maintain ideal weight”¹⁹

Finally, control of the ingestion of sweets should be noted, which is emblematic of the Brazilian situation. While Freyre³⁴ addresses the fact that Portuguese tradition and the harvesting of sugar cane made the creation of different recipes possible and the development of a taste for these dishes, Cascudo³⁵ highlights the

importance of sweets and the symbolic roles that they play socially.

*They were the most profound, significant and irreplaceable greeting. Offering, souvenir, award, homage, each were evoked by the platter of sweets (...). The sweets bestowed visits, made friends, wept and celebrated.*³⁵

Oliveira,³⁶ the author of a historiographic study concerning the culinary industry and gastronomic traditions of Brazil, dedicated a chapter to sweets and how they manifest themselves in the nation's kitchens. The author states that:

*Travelers that spoke of their experiences in Brazil mention sweets, at times finding the excessive quantity of them peculiar (...) and, at other times, praising the flavor or presentation of the sweets they encountered (...). However, it is possible to identify a common thread in these stories: the relevance of sweets in Brazilian society.*³⁶

CONCLUSIONS

It is important to think of a healthy diet in terms of its relationship with different aspects of life and consider if, as a function of a privileged view of biological aspects, we are not neglecting or disqualifying the importance of other aspects.

To contemplate the concept of a healthy diet implies, necessarily, that one should also consider nutrition and health. The overall tone of the scholarly documents that were assessed in this paper, however, discusses nutrition and disease.

In operating the transformation of the “nutritional recommendations for the prevention of disease” in “healthy eating habits” - within a movement that occupies practically the entire discussion with technical elements that are directed at individuals, relegating to an inferior plane the economic, social and cultural influences that structure living and becoming ill in the modern world - the entire responsibility of falling ill or not rests on each human being,

who is ultimately culpable for his suffering and deserves, morally speaking, the torments that assail him.

The proposals found within these documents expect prudence, self-control, temperance and moderation of the individual. Traditional social institutions, such as the family or religion, are substituted by science, which purports to have the power to control and regulate life.

One only needs to follow the “advice” and “recommendations” of the experts, who, based on calculations and statistics, define what is best in terms of diet.

One's diet, in practice, must be thought out in terms of its day-to-day construction and reconstruction, within the complex network of biological, social and cultural requirements. To engage the issue from the viewpoint of access, autonomy, participation in the decision making process, being careful, self-satisfaction and rethinking the process of eating are all important

concepts in reflecting about the idea of healthy eating habits among the elderly.

It is necessary to think about how these individuals deal with the complexities of daily living, starting with the proposal of external normative standards, established by science and disseminated by governmental agencies, health care professionals and by the media. To which degree will these standards impose themselves on individuals through some technical-scientific model, limiting, as such, their own creation of standard procedures, decreasing their autonomy and the exercise of their free will over their own lives.

A concrete possibility would be to consider the possible ways by which each agents could apply their efforts in contributing to the discussion regarding life, with all its challenges and contradictions, and by also acknowledging that the macrosocial changes aimed at favoring plans for life and happiness have value.

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