

Food Insecurity in families where the elderly is the main provider

Abstract

The present study addresses the issue of food security in families maintained economically by elderly users of the Bolsa Familia Program, and was conducted at the Bolsa Familia Program Unit, Jardim Ingá, in the city of Luziânia, state of Goiás, Brazil. It is a descriptive, qualitative study. Twenty-five individuals aged over 60 years participated in the research. The prevalence of food security was identified in 8% of households; 24% with mild insecurity; 40% with moderate insecurity; and finally 28% with severe food insecurity. The observed food insecurity highlights the continuing need for studies to monitor the food and nutritional status of Brazilian families, especially that of their elderly.

Keywords: food and nutrition, security nutrition, elderly, right to adequate food, bolsa familia program

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Introduction

The Food and Agriculture Organization of the United Nations (FAO) warns in its report *El estado de la seguridad alimentaria y la nutrición en el mundo* (2018), that there has been an increase in the number of individuals experiencing world hunger. According to the State of Food Security and Nutrition, 821 million people in the world, that is, about one in nine people were victims of hunger in 2017, which attests to an increase of 17 million individuals compared to the previous year. And, finally, a survey on food security in Latin America showed a serious rate of food insecurity, which increased from 7.6% in 2016 to 9.8% in 2017.¹

Food and Nutritional Security (FNS) is the guarantee that an individual will have access to adequate food, correlated with the quality, quantity and regularity of this food, according to the needs of each person, which implies following healthy eating routines and practices that respect their organic condition and particularities, that is, the taste for this or that food, gender, ethnicity, culture, beliefs, customs, the place where they live, without compromising other basic needs.²

The FNS is based on health-promoting food practices, and is related to the human right to adequate food; food that is a fundamental right of humanity, indispensable to the dignity of the human person and indispensable to the realization of the eminent rights of the Federal Constitution. These represent, in a Democratic State under the Rule of Law, a group of essential and necessary conditions for people, extended to all in an equal and non-discriminatory way, for the development of their skills and full participation of life in society.³ Based on the assumption of social rights in the 1988 Constitution of the Federative Republic of Brazil, article 6 states that "Social rights are education, health, food, work, housing, transportation, leisure, security, social security, maternity and childhood protection, and assistance to the helpless, in the form of this Constitution."⁴ Each and every individual has the right to a dignified life, being therefore a fundamental right to good food.⁵ In this sense, the goal of this article is to implement a social isonomy in the search for better and adequate living conditions for elderly people in particular.

Public policies are currently presenting diverse strategies for solving problems that can impact the quality of life of individuals aged

60 and over. To consolidate the National Policy for the Elderly (1994), Brazil needs to become a country that cares for the elderly population, affected by special needs, which require prompt referral. The public policies of the states must have the commitment to guarantee the right of the elderly and improve actions to this population segment (Brazil, 2010), more and more prevalent, therefore needing the elderly Brazilians a support and that their families have the possibility to offer them the desired support to have a more dignified end of life. In this way, social assistance to the elderly population is often fundamental in order to offer a better quality of life, with the transfer of income having to guarantee integral attention to the most needy families.⁶

In this sense, the Bolsa Familia Program (BFP) is an action of integration of public policies that aims at acting in the areas of social assistance, education, health and food and nutritional security.

The BFP, established in 2004, in its main objective, aims at promoting the fight against poverty and inequality in our country and, being an income transfer policy, it is established as one of the main programs for the eradication of hunger in Brazil. Social policies provide dignity to the elderly through actions for the promotion of quality of life to the longeva population; thus, in this age group, more than 751 thousand elderly people are assisted by the PBF seeking to offer the necessary autonomy for the elderly to live with the respect they deserve.⁷

The BFP is characterized, therefore, as a social policy that makes use of the cash transfer in order to improve the quality of life of poor Brazilian families. Thus characterized the Bolsa Familia Program, the purpose of this study is to assess food insecurity in families economically maintained by elderly people linked to the Bolsa Familia Program.

Material and methods

This is a qualitative descriptive study, carried out at the Bolsa Familia Program Unit in Jardim Ingá, Luziânia-Goiás, Brazil, from October to November 2018.

Twenty-five elderly individuals of both sexes, users of the PBF, aged 60 or over, participated in the survey. Elderly people who were not users of public policy programs and those who refused to sign the consent form were excluded.

Complementing the above about the PBF, depending on the characteristic of the family, it is granted the basic grant or the variable, depending on the number of children, adolescents, if the member of the family is a pregnant woman, nurturers, the number of people within the household, among other criteria. People who require this resource invariably belong to the low-income population stratum, from which it can be seen that their food purchases tend to be the last option at the end of the month. In this study, the types of scholarships offered and the level of food security the individual fits into were separated.

The U.S. Department of Agriculture’s (USDA) food insecurity questionnaire comes from the scale proposed by Radimer et al. whose document expresses great concern about food restrictions. This scale was later adapted and validated to the reality of the Brazilian population. For the national application, six research institutions in Brazil met in 2003. The validation process took place in four cities (Segall-Corrêa, et al., 2003), consisting of translating the questionnaire from English into Portuguese; experts as well as focus groups (community members) discussed food insecurity conceptions for a better understanding of the original questionnaire.⁸

The questionnaire in its revised version for Brazil was applied by this researcher; soon after, it was submitted for food insecurity classification.

The Escala Brasileira de Insegurança Alimentar (EBIA) was used, which contains 15 questions, with yes or no alternatives, referring to family food in the last 90 days, with the questions addressing the perception of the food situation experienced by a particular family involved here. According to the answers, there was the identification and classification of the degrees of severity, according to the situation of the family, which was from the concern of access to food to the lack of food during the day.⁸

Results

From the sample of 25 elderly people who agreed to participate in this survey, some of them refused, alleging mere apprehension. Regarding the real participants, the majority were female (84%), 16% male; and the average age was + 71.5. The number of residents per household was 1 to 3, or 88%; and 4 to 6 residents, 12%. When analyzing the questionnaires, a greater proportion of users was identified, separated by variable benefit, which was 83%, to the detriment of the basic benefit, 16%.

According to EBIA, it was observed that most of the elderly lived in some level of insecurity. Graph 1 below presents the data of this survey in relation to the levels of food insecurity of users of PBF, which covers 92% of the elderly: the food security was 8%; the prevalence of elderly people with mild insecurity was 24%; the proportion of residents with moderate insecurity was 40%; and finally, was classified as severe food insecurity, 28% of families.

Table 1, below, presents the relationship of food security of the elderly living with under-18s; and elderly living with individuals who have reached the age of majority; it was found that, in the presence of minors, a significant percentage of people are food insecure. Therefore, the age of majority is equivalent to 72%; and the age of minority was 28%, as shown in Table 1.

Given the distinctions of food insecurity levels, the most prevalent was moderate food insecurity with 40%, thus reflecting the quantitative reduction of food. Severe food insecurity was 30%, i.e., individuals spend the entire day not feeding themselves. The total of people who go through some kind of restriction is 70%, in Figure 1.

Table 1 Prevalence of food insecurity according to age and minority. Luziânia, GO, 2018

Levels of food insecurity	Domiciles with individuals < 18 years old		Domiciles without individuals < 18 years old	
	N	%	N	%
Food Safety	1	14	1	6
Light Insecurity	3	43	3	17
Moderate Insecurity	2	29	8	44
Severe Insecurity	1	14	6	33

Source: Survey data.

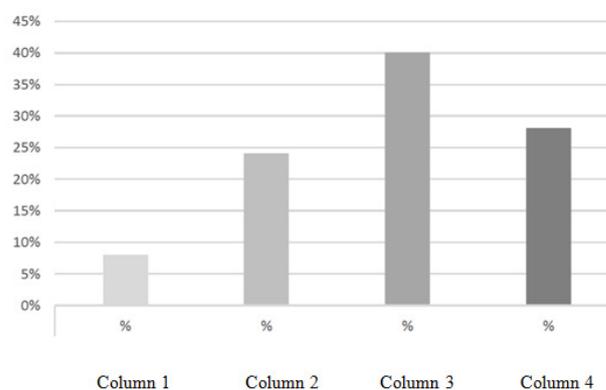


Figure 1 Prevalence of food security/insecurity among bolsa família program users. Luziânia, GO, 2018.

Source: Survey data

Column 1-Food security

Column 2-Mild food insecurity

Column 3-Moderate food insecurity

Column 4-Severe food insecurity

In Table 2, we present the characteristics of food insecurity related to the pocket that elderly users benefit from PBF. There is a significant difference between moderate food insecurity and other levels of food insecurity.

Table 2 Prevalence of food insecurity according to EBIA, characterized by elderly users of the Bolsa Família Program. Luziânia, GO, 2018

Levels of food insecurity	Basic		Variable	
	N	%	N	%
Food Safety	-	-	2	9
Light Insecurity	-	-	6	27
Moderate Insecurity	4	100	7	33
Severe Insecurity	-	-	6	29

Source: Survey data.

Table 2 characterized by scholarship benefits, shows that the basic scholarship mostly presents Moderate Insecurity; the variable

scholarship was at different levels of Food Insecurity, with a highlight on Moderate Insecurity, in which there is qualitative restriction of the food.

Conclusion

Knowing the degrees of food insecurity in Brazil, it was identified in this survey that most of the elderly are in a state of moderate or severe food insecurity, i.e., this population has had a quantitative restriction of food or is in a real situation of hunger.

Food and nutrition insecurity are directly related to hunger; to face this problem, the political programs that are implemented aim to improve the quality of life of people in such a situation of hunger, through actions that facilitate the acquisition of food, which itself meets requirements such as adequate quantity, quality, regularity and permanence, thereby ensuring food sovereignty and the human right to healthy food, whose principles underpin FNS.

Based on the assumption that each and every individual has the right to a dignified life, food consumption cannot be a daily concern to people. The system of income transfer, the so-called Bolsa Família Program, whose main proposal is to provide dignity to the elderly, has been seeking to provide them the autonomy to live with respect. It seeks to benefit the elderly through these social policies, since the demographic transition has been showing that Brazilian society is getting older and also living much more years in their old age, but with the respective social and economic consequences, besides the predictable comorbidities.

It is essential that more studies are developed, through the Brazilian Scale of Food Insecurity, to verify the nutritional state of Brazilians, directly related to social inequalities that become more acute in face of variables such as advance of age, monthly income, gender, ethnicity, body mass index (BMI), housing, level of education and work.

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Conflicts of interest

Author declare that there is no conflict of interest.

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