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Transcending the Generation Gap in Nutrition

By Professor George Kent

My professional work has focussed on advocacy on behalf of children. Thus, the question of how to deal with nutrition problems of the aged brings to mind the challenge of choices. Resources for dealing with nutrition, health care, social services, etc. are always limited. To what extent should they be used for children, and to what extent should they be used for older persons? I have found several reasons for encouraging a bias in favour of children. However, as a good liberal, I acknowledge that, of course, we should also take care of our ageing population as well. I have some self interest in that.

I see conflict between the interests of the young and the interests of the old. They are competing claimants on scarce resources, and those who make public policy face a difficult dilemma in allocating those resources. There are several technical models that can be helpful. For example, one could allocate resources to maximize the number of DALYs — Disability Adjusted Life Years — saved. DALYs are a key analytic device in WHO's study of the global burden of disease, and the analysis of saved DALYs often helps to guide public health decision-making.

Along with my interests in children and in nutrition, I also work on conflict management. After many years, I have learned one fundamental point: as a practical matter, one should never accept the definition of a conflict as it is first given to you. Game theorists can devise their abstract zero-sum games, but social situations in the real world often can be re-constructed and 're-perspectived' so that what had appeared to be an irreconcilable conflict can be transcended. Traditional thinking about conflict resolution has the parties settle down to an uneasy compromise somewhere in the middle, each settling for something less than the optimum, the goal. Transcendent thinking about conflict says: let us find a way to reconfigure this situation so that all of you come out to something better than you had dared to imagine.

How can this approach be applied to the conflict between the interests of children and elders in obtaining nutrition services? The answer is simple: create conditions under which they can provide services to each other. The young and the old, who we have become accustomed to viewing as some sort of burden, should instead be viewed as resources. There have been experiments in which day care facilities for older adults are combined and integrated with day care facilities for children. It works marvellously well. Children interact with elders, and enjoy having many virtual grandparents. The capable elders interact with the children

and have meaningful interaction to fill their days. Even less capable elders, who can only observe, benefit from the brightened ambience of the place. Teenagers can be involved as well, providing care to both young and old, and thus find meaningful ways to spend their spare time. Everyone involved is likely to feel good about the experience.

This sort of thinking can be applied to nutrition. For example, in a joint care facility, older adults can help in cooking and feeding the children. Teenagers can help in serving meals and in feeding the elderly. Food preparation and cleanup can be joint activities. In each case, the basis for deciding who gives what and who gets what should be determined more by ability and needs and interests than by age. If there is land available (as there should be), everyone could work in the chicken coops and the vegetable garden together, maybe with the young doing more learning and digging than older persons.

We know now, better than ever, that care is an essential element in good nutrition, along with food and health services. While food products are consumable resources (obviously), care is a resource that somehow can multiply itself. In many cases of malnutrition, the major ingredient that is missing is care. Thus, through creative social arrangements, we may be able to transform what had been viewed as burdens into resources.

This approach closes the loop of the lifecycle approach, recognizing that each of us begins with high dependency and low capacity, we gradually increase our independence and our capacity, and then, in time, we see them diminish. We should give and get according to where we are in the cycle. This is how families work, and it is how strong communities work. It should be the same for social services. Social services -- including nutrition and many other kinds of services -- should not displace and dismember familial and community-based interactions, but should facilitate and reproduce those relationships to the extent possible.

Maybe talking about DALYs takes us in the wrong direction. That is certainly a cold way to think about grandma.

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