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Original Research Article

Dietary and Sporting Practices of Older Adults: A Confrontation between Medical Discourses and Lived Experiences

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Abstract: This study examines the interactions between medical discourse on diet and physical activity and the actual practices of senior citizens in Côte d'Ivoire, revealing the adjustments, negotiations and resistance that result. The aim is to analyse how these institutional prescriptions relate to the everyday experiences of older people in a context of nutritional change and redefined public health frameworks. Methodologically, a triangulated qualitative approach involves semi-directive interviews with senior citizens from a variety of backgrounds, ethnographic observations in catering and physical activity areas, and an analysis of institutional discourse on ageing and health. The results show that medical recommendations are adopted in different ways: some are adapted to local constraints, while others are circumvented because of socio-economic, cultural and symbolic factors. The discussion highlights the ways in which older people reinterpret health standards. In conclusion, it appears necessary to adopt a contextualised approach to rethink support for the elderly in Côte d'Ivoire.

Keyword: Dietary Practices, Senior Sports, Medical Discourse, Lived Experience.

INTRODUCTION

Empirical observations reveal a pronounced tension between medical prescriptions concerning diet and physical activity and the actual practices of elderly individuals in Côte d'Ivoire. Institutional discourses advocate for active ageing premised upon balanced nutrition and regular physical exercise. Yet, the nutritional and sporting choices of seniors are embedded within multifaceted logics, intertwining economic constraints, cultural inheritances, and access to infrastructure. While some partially embrace these medical injunctions, others adapt or disregard them in accordance with their quotidian realities.

A paradox emerges: although medical norms are promulgated as universal and beneficial, their application remains fragmented and differentiated. On the one hand, the medicalisation of ageing imposes standardised prescriptions; on the other, the practices of seniors are shaped by pragmatic considerations, wherein negotiations between cost, taste, habit, and physical capacity continuously redefine these norms. How, then, do these tensions mediate the appropriation and reinterpretation of dietary and sporting recommendations among the elderly in Abidjan?

This study seeks to analyse the processes of adaptation, circumvention, and negotiation of medical prescriptions by senior populations. It interrogates how these recommendations are perceived, translated, and at times subverted within everyday practices. Particular attention is devoted to the interplay among actors within the medical field, sites of sociability, and familial dynamics to comprehend how such adjustments are constructed.

From a scientific standpoint, this research situates itself within the sociology of ageing and embodied practices in an African context, critically examining the imposition and reception of health norms. Epistemologically, it challenges the universality of biomedical models confronted with local realities. By illuminating discrepancies between official prescriptions and lived experiences, it offers a contextualised reading of active ageing in Côte d'Ivoire.

According to Crosnier (2005), marginally over half (53%) of individuals aged fifty and above engage in physical and sporting activities. Age emerges as a determinant factor influencing sporting habits, although other sociodemographic variables such as gender, educational attainment, and income also exert influence.

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Nonetheless, the magnitude of these influences approximates that observed in the general population.

A discernible inflection occurs around the sixties, marked by a decline in sporting engagement, especially pronounced among women. Men exhibit a similar trajectory, albeit with an approximate decade's delay. Analogous to younger cohorts, seniors favour activities such as cycling, walking, and swimming, without specialising in any particular discipline. Conversely, they tend to eschew team sports, combat disciplines, and martial arts. Their sporting practice is characterised by greater autonomy, largely attributable to diminished participation in official competitions. Yet, when engaged in regular physical activity, seniors often demonstrate a commitment surpassing that of their younger counterparts.

Michot (2021) posits that motivations underlying individuals' participation in physical and sporting activities are manifold and idiosyncratic. Sport fulfils diverse societal functions—including educational, social, and integrative roles and maintains close ties to public health policies. Moreover, elite sport contributes significantly to national prestige and economic stakes, both through the practice itself and the burgeoning spectacle of sport. Nevertheless, deleterious phenomena such as doping and unethical conduct necessitate regulatory and punitive intervention by public authorities (Cour des comptes, 2013). Hence, the meaning attributed to sporting engagement warrants analysis from multiple perspectives.

The functions of sport are variegated and, despite the absence of absolute consensus, a broad scholarly accord exists regarding its principal roles. One widely recognised dimension pertains to sport's salutary impact on health. This notion, now firmly established, derives from a protracted process associating physical exertion with corporeal benefit, supported by scientific and medical evidence (Defrance, 2011). The augmentation of population-wide sporting activity is perceived as a lever to curtail healthcare expenditure, underpinning initiatives such as "exercise prescriptions".

Derieux (2007) foregrounds the reconceptualisation of retirement as a period warranting full valorisation. This shift reflects the social transformation wrought by the cultural revolution of leisure time. Dumazedier (1988) elucidates that leisure affords individuals the opportunity to express their individuality through corporeal, affective, social, or intellectual modalities within a dedicated social sphere.

Retirement engenders a reconfiguration of temporality: professional obligations recede, familial responsibilities abate, thereby expanding personal time. This temporal upheaval precipitates a qualitative metamorphosis in leisure pursuits. Whereas during active working life leisure is relegated to a subordinate status, post-retirement it assumes centrality, serving not only as entertainment but also as a vehicle of identity affirmation.

This evolution is mirrored in conceptions of leisure. Corbin (1995) argues that leisure transcends standardised collective practices to become a pivotal element of self-invention, wherein individuals craft their own lifestyles. Leisure entails introspection and an apprenticeship in self-relations, diverging from its erstwhile group-oriented dynamics. Corbin illustrates this through activities such as fishing practised with temporal flexibility DIY, fulfilling an instinctive need for personal creation, and gardening, perceived as an individual signature through the selection and maintenance of one's allotment. These practices testify to an expansion of liberty in the utilisation of free time post-professional life.

1. Theoretical and Methodological Framework

This study mobilised two principal sociological theories to elucidate the dietary and sporting practices of senior citizens: Pierre Bourdieu's theory of fields (1979) and Peter Conrad's theory of medicalisation (2007). The former facilitated an understanding of how seniors' practices are embedded within relations of domination linked to economic, cultural, and social capital, thereby influencing their access to sport and balanced nutrition. The latter illuminated the manner in which medical discourses have shaped seniors' representations of their bodies and health, through the imposition of specific normative frameworks. The application of these theoretical lenses proved scientifically significant insofar as it demonstrated that alimentary and physical activity behaviours transcend mere individual choice, being structurally conditioned by power relations and, at times, constraining medical imperatives.

Nevertheless, these theoretical frameworks present epistemological limitations. Bourdieu's approach tended to privilege social structures, thus potentially underestimating individuals' agency in actively redefining their practices in accordance with their personal trajectories. Conversely, Conrad's theory has been critiqued for its occasionally reductive view of medicalisation, insufficiently accounting for the differentiated ways in which seniors may appropriate, resist, or reinterpret medical discourses. Such limitations necessitated a more nuanced analytical posture, integrating both the influence of social structures and the subjectivity of seniors in the adoption or rejection of medical prescriptions.

Methodologically, the study was anchored in a triangulated qualitative approach, combining semi-structured interviews, participant observation, and documentary analysis. The selection of Abidjan as the empirical site was justified by the heterogeneity of its medical and sporting infrastructures, alongside the coexistence of traditional and modern lifestyles, thus

enabling the observation of seniors navigating diverse sociocultural influences. The participant cohort comprised seniors engaging regularly in physical activity, individuals affected by pathologies influencing their diet, and healthcare professionals including physicians, nutritionists, and sports educators. This heterogeneity permitted a dialectical confrontation between individual experiences and institutional health discourses.

Sampling adhered to a purposive strategy, selecting participants based on criteria including age, physical condition, and socio-economic status to ensure diversity. The investigative instruments comprised detailed interview guides and observation logs. Snowball sampling was employed to reach seniors less visible within institutional circuits. Finally, data analysis proceeded via thematic coding, elucidating tensions between medical norms and seniors' lived experiences, alongside the adaptive strategies enacted within their quotidian practices.

2. RESULTS

2.1. The Discrepancy between Medical Recommendations and Cultural Dietary Habits

Ivorian seniors receive numerous medical exhortations concerning healthy eating advocating reduced salt, fat, and sugar intake yet such injunctions frequently conflict with entrenched culinary traditions and quotidian practices.

Empirical Example (Excerpt from Interview):

"The doctor told me to avoid eating too much palm nut sauce, but that is what I like. Since childhood, I have eaten it. If I change, will I truly live longer? I prefer to eat what pleases me."

This extract poignantly underscores the tension between medical recommendations that seek to curtail consumption of specific foods, such as palm nut sauce, and the profound attachment of elderly individuals to their customary dietary patterns. As Claude Fischler (1990) posits, alimentation resides at the core of both cultural and individual identity. Dietary habits, forged since early life, are central to self-construction and communal belonging. Consequently, the demand to alter such practices may be perceived as an affront to identity, rendering behavioural change arduous to accept.

Moreover, Muriel Darmon's (2003) research elucidates that eating practices emerge from protracted and complex socialisation processes. Habits are consolidated over time, reinforced by particular sociocultural milieus. For seniors, modifying these routines entails contesting decades of ingrained behaviour, often provoking resistance even in the face of pressing health imperatives. This resistance is amplified by the intimate connections between food, memory, affect, and social relations, whereby any alteration threatens to destabilise the individual's lived experience.

Additionally, the article *"Identity on the Plate: Food Activities Helping Seniors Maintain Their Identity"* (2019) emphasises that nourishment serves not merely to sustain the body but also to uphold or reconstruct seniors' individual and social identities. Food-related activities enhance self-esteem and foster a more positive ageing experience, thereby sustaining communal, ethnic, and gender identities. Health deterioration or other age-related changes jeopardise the social context of food activities, potentially precipitating social isolation and identity crises.

Finally, Robert Havighurst's seminal concept of *successful ageing* (1961) stresses adaptation to age-related changes while maintaining fulfilling activities. Within this framework, deriving pleasure from consuming familiar and cherished foods is integral to elderly well-being. Accordingly, a judicious balance between medical guidance and respect for personal preferences is paramount to ensuring an optimal quality of life.

2.2. Economic Hardships as Impediments to Adopting "Healthy" Diets

Foods recommended by medical professionals such as fish, vegetables, and fruits are frequently priced beyond the reach of many seniors.

Empirical Example (Excerpt from Interview):

"They say we must eat fish and vegetables, but with what money? I take what is cheapest, often rice with a sauce laden with oil. We cannot follow the doctor's advice if we cannot afford it."

This statement highlights the friction between nutritional prescriptions and individuals' economic realities, exemplifying how social inequalities shape dietary behaviours. Charles Tilly (1998) analyses how social structures perpetuate inequalities via mechanisms such as exploitation and opportunity capture. Such processes sustain categorical disparities, including those grounded in socio-economic status, manifesting in differential access to healthy foods. Hence, economically constrained individuals are compelled to prioritise less expensive, often nutritionally inferior, foodstuffs thereby exacerbating health inequities.

A 2020 study by UFC-Que Choisir revealed that adherence to French nutritional recommendations entails an additional daily cost of €0.91 per person, amounting to approximately €110 monthly for a family of four. This heightened food budget represents a significant barrier for low-income households, which consequently resort to more affordable but less balanced options, such as rice accompanied by fatty sauces. This exemplifies how economic constraints circumscribe individuals' capacity to comply with medical nutritional advice.

Pierre Bourdieu's (1979) work further evidences that cultural practices, including dietary choices, are structured by individuals' economic and social capital. Food preferences are not solely personal but reflect social positioning. Therefore, injunctions to consume fresh fish and vegetables may be perceived as unattainable demands by those with limited financial resources, thereby reinforcing health disparities.

Moreover, the 2024 *Le Monde* article *"In Canada, Households Living on Credit"* underscores the mounting financial precarity of numerous families, compelling dietary choices dictated more by cost than health recommendations. This reality accentuates the urgent need for public policies to enhance the affordability of healthy foods, enabling equitable access irrespective of socio-economic status.

2.3. The Perception of Sport as a Burdensome or Inaccessible Activity

Despite the endorsement of physical exercise, certain elderly individuals regard it as onerous due either to diminished energy or the absence of suitable spaces for practice.

Empirical example (excerpt from interview): *"They say we should walk, exercise… But at my age, everything aches. I used to walk a lot, but now I prefer to stay home. If I had friends to walk with, perhaps I would."*

This statement highlights the complex interplay between ageing, physical pain, and engagement in physical activity, whilst emphasising the crucial role of social bonds in encouraging such behaviours. Nicolas Renahy's (2024) research illustrates how retired former workers maintain intense, solidaristic sociability despite age-related physical challenges. These retirees sustain mutual support through activities such as DIY and communal firewood gathering, evidencing that community ties are instrumental in preserving physical activity among seniors.

Furthermore, a 2020 study published in the *Journal of Aging and Physical Activity* demonstrates that social interactions motivate seniors to sustain regular physical activity. Older adults living with partners or maintaining close relationships with family and friends exhibit higher likelihoods of physical engagement. Such social connections act as motivating forces, helping surmount age-related physical and psychological barriers.

However, social isolation constitutes a significant impediment to physical activity among the elderly. According to a 2022 study by DREES, 71% of persons aged 60 and over maintain regular contact with family and 73% with friends. Though these figures suggest overall robust sociability, marked disparities exist. Seniors aged 80 and above more frequently retain family contact than friendships, and the latter diminish progressively with increasing dependency levels. This attenuation of social interaction may precipitate decreased physical activity, exacerbating sedentary health issues.

In conclusion, social networks play a decisive role in promoting physical activity among older adults. The absence of companions for shared physical pursuits may discourage seniors from remaining active despite well-established health benefits. Therefore, fostering community initiatives to strengthen elderly social networks is imperative to encourage sustained physical engagement and improve overall quality of life.

2.4. The Influence of Social and Familial Circles on the Adoption or Rejection of New Practices

Medical recommendations are occasionally heeded when endorsed by family members, particularly children or grandchildren. Empirical example (interview excerpt): *"Before, I did not pay attention to what I ate. But my son explained to me that too much sugar is harmful. Now, he buys sugar-free tea for me. Since he takes care of me, I make the effort."*

This excerpt highlights the transformation of dietary habits in an elderly individual, prompted by the intervention of her son, who encourages her to reduce sugar intake for health reasons. This scenario exemplifies the pivotal role of intergenerational relationships in the adoption of novel nutritional practices. Fatou Sow, a Senegalese sociologist specialising in gender and family issues, has extensively studied familial dynamics in West Africa. She emphasises that family ties are crucial in transmitting norms and behaviours, including those pertaining to diet. The son's influence on his elderly mother reflects this dynamic, whereby younger generations actively contribute to the evolution of their elders' dietary customs.

Furthermore, Daouda Doukouré's 2014 study elucidates the impact of religious and cultural prohibitions on the dietary habits of older adults. According to this research, food taboowhether religious or cultural significantly shape the eating practices of the elderly, thereby influencing their health and longevity. Within the context of the above excerpt, the reduction of sugar consumption can be understood as an adaptation to emergent health norms, whilst simultaneously respecting pre-existing cultural and religious dietary restrictions.

In addition, an article published in *Espace Territoires Sociétés et Santé* (RETSSA) examines the influence of dietary patterns on the prevalence of diabetes mellitus in Abidjan. Bakary Koné highlights that the carbohydrate-rich diets typical of Abidjan residents contribute to rising diabetes incidence. This study underscores the pressing need for increased awareness and nutritional education to modify high-risk eating behaviours. In the interview extract, the son

assumes the role of an educator by informing his mother of the dangers associated with excessive sugar intake, thereby illustrating the critical importance of familial education in preventing diet-related illnesses.

Finally, the adoption of new dietary habits among the elderly also depends on their capacity to integrate such changes into daily life. The son's proactive provision of sugar-free tea facilitates this transition by making healthier choices more accessible. This approach underscores the essential role of familial support in encouraging the uptake of salutary behaviours, particularly among seniors who may otherwise resist change. Thus, intergenerational relationships and family support emerge as vital levers for promoting healthy eating habits and mitigating diet-associated diseases in older populations.

3. DISCUSSION

The findings underscore a differentiated appropriation of medical recommendations, revealing an inherent tension between prescribed health norms and the socio-economic, cultural, and symbolic realities of the populations concerned. In certain contexts, individuals adapt medical advice to local constraints, taking into account limited economic resources, entrenched cultural traditions, and prevailing familial structures. For instance, within the healthcare catchment area of the Community and University Health Centre in Ségué, divergent perceptions of family planning were observed: some communities view it as beneficial for maternal health and familial stability, whilst others perceive it as incompatible with religious precepts or as a threat to African cultural values.

Moreover, some medical prescriptions are circumvented due to socio-economic and cultural factors. In Benin, despite the availability of efficacious antimalarial treatments, self-medication remains prevalent in rural areas owing to limited healthcare accessibility and entrenched cultural beliefs. Furthermore, traditional African medicine continues to constitute a primary therapeutic resource for a significant portion of the population, owing to its cultural proximity and economic accessibility. These dynamics illustrate the complex interplay between medical directives and local contexts, accentuating the necessity for public health approaches that integrate the socio-cultural and economic specificities of targeted populations.

In light of the aforementioned results, a synthetic analytical approach was favoured to exhaustively delineate the entirety of the data extracted from the analytical matrix. This methodological choice was epistemologically motivated by a desire to prioritise clarity and curtail redundancies that might impede analytical fluidity. Accordingly, our reflection pivots principally on one axis: "Economic difficulties as an impediment to the adoption of so-called 'healthy' diets."

The analysis of economic hardship as a barrier to healthy eating aligns with scholarship on social health inequalities and the structural determinants of dietary behaviours. Michael Marmot (2015) demonstrated that access to balanced nutrition follows a social gradient, whereby individuals from disadvantaged classes are disproportionately exposed to poorer quality diets due to economic constraints. This perspective elucidates the study's findings, which reveal the challenge faced by certain populations in acquiring foods deemed healthy, owing to high costs, scarcity of accessible supply chains, and an absence of supportive policies attuned to local realities. The results thus highlight that food choices transcend mere individual preference, being conditioned by structural logics of inequality.

From the vantage point of European sociologists, Jean-Pierre Poulain's (2017) work emphasises the salience of cultural and economic representations in shaping dietary practices. Poulain argues that injunctions towards healthy eating, often promulgated through globalised nutritional norms, are frequently discordant with the economic and social realities of working-class populations. The present study corroborates this tension, revealing that while individuals are cognisant of dietary recommendations, they often prioritise financially accessible foods, even when these are perceived as less salutary. This evidences a process of 'dietary negotiation,' wherein individuals must arbitrate between limited economic means and dominant health prescriptions, often regarded as elitist or unattainable.

Within the African context, Roch Yao Gnabeli (2019) explored dietary practices in relation to precarity and the adaptive strategies employed by populations confronting socio-economic constraints. His analysis illustrates that Western nutritional models, frequently imported via public health policies, do not always align with local eating habits or household financial capacities. The current study corroborates these insights, showing that constrained incomes compel populations to resort to food substitution strategies, favouring inexpensive yet energy-dense items, thereby exacerbating risks of nutritional imbalance. Additionally, the lack of structured institutional support to ensure equitable access to quality products has intensified disparities in the adoption of so-called healthy diets.

Lastly, Anthony Giddens' (1991) theoretical framework situates this issue within broader transformations of consumption patterns in the era of globalisation. Giddens contends that in societies characterised by ever-shifting consumption norms, individuals must continuously adjust practices based on available resources while integrating prevailing cultural and health imperatives. The study's results reveal this adaptive dynamic, whereby populations redefine dietary practices pragmatically and economically, yet remain influenced by dominant discourses on health and

nutrition. Nevertheless, these adaptation strategies fail to bridge disparities between social groups, thereby underscoring the imperative for inclusive and contextualised food policies capable of articulating the economic, cultural, and health dimensions of dietary behaviour.

4. CONCLUSION

Situated within the sociological domains of health and ageing, this study interrogated the interplay between normative medical discourses and the lived experiences shaping the dietary and physical activity practices of Ivorian seniors. Its principal aim was to scrutinise how institutional prescriptions concerning nutrition and exercise have been assimilated, reinterpreted, or circumvented by older adults in accordance with their social trajectories and quotidian constraints. Employing a rigorously qualitative, triangulated methodologycomprising semi-structured interviews, participant observation, and documentary analysis this research elucidated the subjective logics of appropriation and resistance vis-à-vis contemporary health imperatives.

The findings disclosed a palpable tension between the escalating imposition of medical norms, which valorise active and autonomous ageing, and the tangible realities of seniors, characterised by economic limitations, embodied habitus, and differentiated sociability networks. While some individuals conformed to recommended practices, others negotiated their health behaviours through compromises dictated by living conditions, cultural inheritance, and uneven resource access. The ensuing discussion foregrounded the socially situated nature of these practices, revealing that biomedical discourses, often promulgated as universal, encountered localised logics of knowledge transmission, corporeal management, and wellbeing perception. From a scholarly perspective, this inquiry contributes a critical reading of public health policies in Africa, challenging the congruence between imported preventive models and the socio-cultural specificities of the Ivorian context. Geopolitically, it repositions these issues within the broader frameworks of epidemiological transition and the evolving modalities of ageing care.

Institutionally, the results underscore the imperative to reconceptualise public health programmes through a more contextualised and participatory lens. Recommendations advocate for the strengthening of support mechanisms for seniors by endorsing dietary and physical activity practices attuned to local realities, as opposed to imposing exogenous models that are frequently inaccessible or ill-suited. The establishment of dialogical platforms uniting health professionals, anthropologists, and communities emerges as a vital lever for the co-construction of active ageing policies that duly account for the social and cultural dimensions of health engagement. Lastly, enhanced structuration of infrastructure and sensitisation initiatives is urged to ameliorate disparities in resource accessibility, thereby fostering a balanced and inclusive ageing process.

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