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Nutritional assessment and prevalence of health problems during old age period in rural area of Muzaffarpur district

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Abstract

The aged (60+) represent about seven to eight percent of the population, most of them living below the poverty line. The aged in the unorganized sector like agriculture workers, casual workers and landless labourers are in economically family responsibilities and unharmonious relations are the major problems needs of the family and their personal requirements they have to work as long as they live. Moreover, the problems become more complicated when their children start neglecting them and elderly people face phycho-social problems coupled with economic and health problems. The present study was carried out in Muzaffarpur rural areas. 150 respondents (70 men and 80 women) in the age group 60-90 years were selected randomly. The structured schedule was used to collect information regarding name, age, date of birth, their marriage age, education, occupation, income, caste and address. The basic measurements of elderly people are weight and height for anthropometric assessment. Overweight were found more in women while obese were seemed more in older men. It is also clear from the table that majority (n=52) of the older suffering from sleep disturbance, It is also found that blood pressure and sugar problem is the other major health/weight problem. 32.86 percent of them suffering from aging process, while 41.43 percent and 25.71 percent suffering from body composition and metabolism process respectively. It is concluded that sleep disturbances among older persons are frequently reported and are associated with increasing number of respiratory symptoms, physical disabilities, non-prescription medications, depressive symptoms and poorer self-perceived health.

Keywords: Nutritional assessment, elderly, health, problem

1. Introduction

At present one in every 12 Indians is elderly and this ratio is likely to be one in every five in 2050. This means that while the total population over the period climbs to five times, the increase in the number of elderly would be 13 times. The state wise population density as per the 2001 census further revealed that among the 28 states and 8 union territories in India, Kerala ranked first with the highest percentage of elderly people forming about 9.79 percent of the total population (Rajan, 2004) [4]. As stated by Venkaraman (1998) [6] It is a gradual developmental process that effects biological, psychological, sociological and behavioral changes which begins at the moment an individual is born. As people age there tend to be a concomitant increase in the presence and number of chronic conditions and complications of both physiological and psychological nature. There will be a great dependency on the caretakers. Infections and illnesses, which are common problems of elderly, add to the severity of the condition. The reasons include impaired defense system of the body, late diagnosis and malnutrition. Besides older people are prone to chronic diseases of heart, blood vessels, brain, kidney, liver etc. and also have complications of diseases like diabetes.

Elderly people are also seen to suffer from physical disabilities, financial insecurity and loneliness resulting from ostracism by the family and society. Owing to their economic dependency, social deprivation and change in behaviour towards diet and health care, they become more vulnerable to malnutrition and ill health. Studies have shown that diet and nutrition play a crucial role in maintaining good health and functional status of elderly. But the data collected by National Nutrition Monitoring Bureau (NNMB) over a period of time on total population including elderly, found that under nutrition in India continues to be a public health problem. Keeping in view the above said, the present study was

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carried out to assess nutritional status and prevalence of health problems during old age period in rural area of Muzaffarpur district.

2. Methodology

The present study was carried out in Muzaffarpur rural areas. Two blocks were selected (Motipur & Gaighat) purposively after analyzing the data base factors of Muzaffarpur District that make it an important research place. 150 respondents (70 men and 80 women) in the age group 60-90 years were

selected randomly. The structured schedule was used to collect information regarding name, age, date of birth, their marriage age, education, occupation, income, caste and address. The basic measurements of elderly people are weight and height for anthropometric assessment. The interview questions were analyzed using descriptive narrations. Further, appropriate statistical techniques were applied to derive the results of the present study.

3. Results & Discussion

Table 1: Socio-economic status of respondents

Sr. No.	Socio-economic Status	Male		Female	
		n=70	%	n=80	%
Age					
1	60-70	43	61.43	46	57.50
	71-80	22	31.43	31	38.75
	81-90	05	07.14	03	03.75
Caste					
2	Gen.	32	45.71	28	35.00
	OBC	21	30.00	41	51.25
	SC/ST	17	24.29	11	13.75
Religion					
3	Hindu	48	68.57	51	63.75
	Muslim	20	28.57	27	33.75
	Sikh	01	01.43	01	01.25
	Christian	01	01.43	01	01.25
Family Income (Rs./Month)					
4	<5000	40	57.14	31	38.75
	5001-10000	24	34.29	37	46.25
	>10000	06	08.57	12	15.00
Marital status					
5	Married	37	52.86	48	60.00
	Widow/divorce	33	47.14	32	40.00

Table-1 revealed the data on socio-economic and general profile of the respondents. According to the data, majority of the respondents (61.43% of the men and 57.50% of the women) were between 60-70 years old. Majority of the respondents were OBC followed by the general caste & SC/ST. 68.57% of the old age men were Hindu while 28.57% of them were Muslim, similarly 63.57% of the elderly women

were Hindu and rest of them were Muslim (33.75%), Sikh (1.25%) and Christian (1.25%). Majority of the old age people's family earned below Rs. 5000. However, near about one third of family earned between Rs. 5001-10000. Table also indicates that the 47.14% of the older men were widow/divorced while 40% of the old age women were widow.

Table 2: Distribution of respondents according to BMI

BMI	Respondents				Chi-square value	P-value
	Male BMI		Female BMI			
	Frequency (n=70)	%	Frequency (n=80)	%		
Underweight	11	15.71	09	11.25	7.84	.049436*
Normal	21	30.00	18	22.50		
Overweight	26	37.14	47	58.75		
Obese	12	17.14	06	07.50		

Significance Level = 0.05 * significant at $p < .05$

Table -2 revealed that 30% of the older men and 22.5% of the older women were found in normal BMI, overweight were found more in women while obese were seemed more in older men. The chi-square statistic is 7.84 and p -value is .049436, a significant association was observed between BMI and sex. Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health. Being underweight is often not taken as seriously as being overweight. Weight disorders have been a subject of

concern to most health practitioners over the years as this can affect the overall wellbeing of a person. Various fluctuations in the weight of individuals have known to occur due to an imbalance between energy input and energy output or due to various metabolic disorders. Sedentary lifestyles and excess calorie intake contribute to overweight and obesity, and the period between older adults and elders is accompanied by lifestyle changes that predispose elders to become less physically active.

Table 3: Respondents with health problem which cause them to reduce frequency of certain foods

Health problem	Respondents				Chi-square value	P-value
	Male		Female			
	Frequency(n=70)	%	Frequency (n=80)	%		
Sleep disturbance	21	30.00	31	38.75	2.0154	.732932
Salt problem	03	04.26	05	06.25		
Sugar problem	19	27.14	19	23.75		
Decreased appetite	09	12.86	07	08.75		
blood pressure problem	18	25.71	18	22.50		

Significance Level = 0.05 * significant at $p < .05$

Table - 3 shows that the elderly in the rural areas of Muzaffarpur district are suffering from health problem. It is also clear from the table that majority ($n=52$) of the older suffering from sleep disturbance, It is also found that blood

pressure and sugar problem is the other major health/weight problem in the older people of rural area. The chi-square statistic is 2.0154 and p -value is .732932. The result is *not* significant at $p < .05$.

Table 4: Distribution of respondents according to physiological and biochemical changes

Physiological and biochemical changes	Respondents				Chi-square value	P-value
	Male		Female			
	Frequency (n=70)	%	Frequency=(n=80)	%		
Aging	23	32.86	21	26.25	2.7916	.247639
Body composition	29	41.43	44	55.00		
Metabolism	18	25.71	15	18.75		

Significance Level = 0.05 * significant at $p < .05$

Table- 4 reveals that in male respondents 32.86 percent of them suffering from aging process, while 41.43 percent and 25.71 percent suffering from body composition and metabolism process respectively. In old age women 26.25 percent suffering from aging process, more than half (55 percent) of them suffering from body composition process. The chi-square statistic is 2.7916 and p -value is .247639. The result is *not* significant at $p < .05$.

4. Conclusion

Study also finding that the sleep disturbance and overweight were significantly more among females than males. Normal sleep is an important requirement for psychological wellbeing. Sleep disturbances among older persons are frequently reported and are associated with increasing number of respiratory symptoms, physical disabilities, non-prescription medications, depressive symptoms and poorer self-perceived health. Elderly people are also seen to suffer from physical disabilities, financial insecurity and loneliness resulting from ostracism by the family and society. Owing to their economic dependency, social deprivation and change in behaviour towards diet and health care, they become more vulnerable to malnutrition and ill health. Studies also find that diet and nutrition play a crucial role in maintaining good health and functional status of elderly.

5. Recommendations

The government should ensure that laws and policies prohibit age discrimination against older people in accessing health-related services.

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