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J Santhi
The Gandhigram Rural
Institute, Deemed to be
University, Gandhigram,
Dindigul, Tamil Nadu, India

Assessment of health status and nutrition knowledge of selected geriatrics

J Santhi

Abstract

Aged people are the vulnerable group suffering from nutritional problems and non-communicable diseases. The objective of the study was to assess the health status, nutritional knowledge and dietary practices among the selected Geriatrics. Eighty (80) Geriatrics in the age group of 70-85 years were selected. An Interview Schedule was used to collect the information. Only 44 percent of the Geriatrics had normal BMI levels. Joint pain, dental, vision and hearing problems, diabetes, hypertension and cardiac disease were the major health problems noticed among the Geriatrics. Majority of them were diabetics but not aware of the dietary management. The selected Geriatrics had poor in nutritional knowledge, attitude and their practice. Hence, this research study concludes that awareness on good health and nutrition should be created among Geriatrics through nutrition education.

Keywords: Nutrition, geriatrics, health status, nutrition knowledge, dietary practices, nutrition education

1. Introduction

Health is an important factor of human resource development which plays a vital role in improving the qualities of human being. Good nutrition is the focal point for health and well being. Ageing is a normal, progressive and an inevitable process associated with significant changes in health and nutritional needs for those over 60 years of age. The basic feature of ageing is the programmed senescence of cells in various tissues and organs leading to their decline in function also known as Apoptosis. Nutrition plays a significant role of ageing. Nutrition is said to influence the age related rate of functional decline in a variety of organ systems. Nutrition is also found to be a key factor for successful ageing. The leading causes of death in individuals over 65 year of age, including heart disease, cancer and stroke are nutrition related. The importance of nutrition in maintaining health, self-sufficiency and quality of life in old age people.

The nutritional needs of seniors change with growing old age. Wear and tear of the tissues in the body affects the internal organs, muscles and bones. A large percentage of older men and women are malnourished. Aged people are the vulnerable group suffering from nutritional problems like osteoporosis, anaemia, goiter etc. and communicable disease like tuberculosis and non-communicable disease like diabetes, cardiovascular disease and kidney disease etc.. Consumption of nutritious food in early periods will have less problem in later period of life. Even though food is available, due to wrong choice of food during adulthood, later they will have many problems in their old age. A balanced diet, which provides essential nutrients to prevent disease and checks early damage to the tissues is necessary for the seniors.

In this context this research study was under taken to assess the health status, nutritional knowledge and dietary practices prevailing among the selected Geriatrics which may be of use to plan the nutrition education programme for the Geriatrics. Further the findings of this research study may help for the policy makers to plan and implement welfare programmes like regular health check-up, feeding programmes etc. for the Geriatrics.

1.1 Objective of the Study

To assess the health status, nutritional knowledge and dietary practices prevailing among the selected Geriatrics.

Corresponding Author:
J Santhi
The Gandhigram Rural
Institute, Deemed to be
University, Gandhigram,
Dindigul, Tamil Nadu, India

2. Materials and Method

The study was conducted in Athoor Block of Dindigul District, Tamil Nadu, India. The Dindigul District consist of 14 Blocks. The Athoor Block is one among the 14 Blocks. For this study in Athoor Block there are four villages namely Chettiyapatti, Kallupatti, Samiyarpatti and Annanagar was selected. Eighty (80) Geriatrics (20 Geriatrics from each village) in the age group of above 70 years were selected through Random Sampling Method for this study. In order to collect the required data an interview schedule was framed, pre-tested and finalized. The finalized interview schedule was used to collect the necessary data from the selected 80 Geriatrics. The Anthropometric measurements such as height and weight were taken and Body Mass Index was calculated and recorded for all the eighty Geriatrics. The collected data were edited, coded and tabulated. Percentages and frequencies were the statistical measures used for presenting the results.

3. Results and Discussion

3.1 Socio Economic Profile of the Geriatrics

- Among the selected respondents one third (33%) of them were belonged to the age group of 70-75 years, 24 percent of the respondents were in the age group of 76-80 years and 43 percent of the respondents were belonged to the age group of 81-85 years.
- Nearly half (48%) of the respondents were living with their spouse and Forty nine percent (49%) of them were widows/widowers and living alone. Only 3 percent of them were not married.
- Majority of the respondents (62%) were illiterates, 23 percent of them have studied up to secondary level and 15 percent of them have studied up to primary level.
- Fifty eight percent (58%) of them were retired persons. 23 percent of them were working as coolies as daily wage earners by attending the simple work like plugging flowers or taking onions in the field etc.. Nineteen percent (19%) of them were as self employed by doing small business or having petty shops.
- Fifty two percent (52%) of the respondents were belonged to nuclear family and 48 percent of them were lived in joined family system.

Table 1: Body Mass Index of the Geriatrics

Classification of BMI* (Kg/m ²)	Male		Female		Total	
	No	%	No	%	No	%
< 18.5 (Under Weight)	9	22.5	18	45.0	27	33.7
18.5 – 22.9 (Normal)	19	47.5	16	40.0	35	43.7
23.0 – 24.9 (Over Weight)	8	20.0	3	7.5	11	13.8
25.0 and Above (Obese)	4	10.0	3	7.5	7	8.8
Total	40	100.0	40	100.0	80	100.0

*(Health Ministry, 2008).

Table 2: Health Problems Reported by the Geriatrics

Health Problems	Number (No= 80)*	Percentage
Joint Pain	62	78
Tiredness	43	54
Dental Problems	76	95
Vision and Hearing	55	69
Breathing	35	44
Dry Cough	20	25
Indigestion	39	49
Constipation	41	52
Gas Trouble	26	33

* Multiple Answers

On the whole 34 percent of them were under weight and 44

percent of them were normal. Fourteen percent of them were over weight followed by 9 percent of them were obese.

From the data it is noticed that only below half (44%) of the respondents were in normal BMI levels. The rest (56%) of the respondents were either underweight or overweight and obese.

Ninety five percent of the respondents had dental problems followed by joint pain 78 percent. Vision and hearing problems reported by 69 percent, tiredness 54 percent, constipation 52 percent, indigestion 49 percent and breathing trouble 44 percent. From the table it is clear that among the selected Geriatrics the majority of the them had joint pain, dental problem, vision and hearing problems.

Table 3: Other Complications Reported by the Geriatrics

Complications	Number (No= 80)*	Percentage
1. Food Allergy		
Vomiting	25	35
Diarrhoea	40	50
Others	15	19
2. Climate Changes		
Fever	20	25
Headache	38	48
Cough and Cold	19	24
3. Major Diseases		
Diabetes	52	65
Hypertension	34	43
CVD	8	10
Others	10	13

* Multiple Answers

Fifty percent of the respondents reported of frequent diarrhoea followed by headache 48 percent, vomiting 32 percent, fever 25 percent and cough and cold 24 percent. Among the respondents 65 percent of them had diabetes, 43 percent of them had hypertension and 10 percent had cardiac disease. Fifty two percent of them had regular medical check up from the hospitals and the remaining 48 percent of them were under self medication.

3.2 Dietary pattern of the geriatrics

- Majority (85%) of them were non-vegetarians.
- Thirty five percent (35%) of the respondents had two meals per day.
- Seventy three percent (73%) of the respondents had the habit of taking tea/coffee. Twenty five percent had tea/coffee three times a day.
- Fifty seven percent of the respondents bought food from outside. Around 59 percent of them mostly they cook by themselves, 29 percent of them also received food from their relatives and their neighbours.
- More than 57 percent of them preferred boiled pulses.
- Ninety two percent liked left over rice water. 97 percent of them liked laddu followed by coconut bun 79 percent. Majority (82%) of them preferred green gram followed by red gram dhal (78%).

3.3 Geriatrics Views on Foods

- Thirty eight percent (38%) of the selected respondents expect that the food they consume should be easily digestible.
- Twenty five percent (25%) of them expect that the foods should be tasty.
- Only 37 percent of the respondents expect that the food should be nutritious.

3.4 Geriatrics attitude among certain foods

- About 22 percent of them pointed out that drinking soured butter milk reduced the intake of food.
- Eighteen percent (18%) answered eating tomato increase the joint pain.
- Majority of them answered taking papaya increase the body heat.
- Twenty two percent (22%) of them expressed drinking lime juice leads to cold.

3.5 Life style pattern of the geriatrics

- Majority (85%) of them had the habit of chewing tobacco, chewing betel leaves (45%) and the habit of smoking (48%).
- 76 percent of them reported walking as their exercise followed by 24 percent of them were doing yoga.
- Majority (89%) of them were well aware of exercise is good for health followed by 76 percent reported as it would control blood sugar and blood pressure.

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Table 4: Nutrition Knowledge among the Geriatrics

Nutrition Knowledge	Number (No= 80)*	Percentage
Knowledge on Balanced diet	17	22
Fibre helps to reduce constipation	22	27
Iron rich foods	18	22
Papaya rich in vitamin A	15	18
Nutritious food is essential for good health	20	25

* Multiple Answers.

From the above table it is clear that an average only 23 percent (below one fourth) of the Geriatrics possessed knowledge on balanced diet, advantages of consumption of fibre, iron and vitamin 'A' rich foods and essential of nutritious food for good health.

4. Conclusion

Only below half (44%) of the Geriatrics had normal BMI levels. Majority of the Geriatrics suffered from joint pain, dental, vision and hearing problems and constipation. Majority of them were diabetics but not aware of the dietary management. The selected Geriatrics had poor in their nutritional knowledge, attitude and their practice.

Hence, this research study concludes that awareness on good health and nutrition should be created among Geriatrics through nutrition education. Not only this stage but during adulthood and at the age of 60 years, so that the problems during Geriatric period either could be preventable or it may be minimized.

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