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## Dietary habits of elderly in rural areas of Koraput district

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### Abstract

In almost every country, the proportion of people aged over 60 years is growing faster than any other age group, as a result of both longer life expectancy and declining fertility rates.

This population aging can be seen as a success story for public health policies and for socioeconomic development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security. World Health Organization, (2015) The purpose of this study was to explore specific types of informal social relationships and to determine the diet habits of elderly how it affected the nutrient intake of the elderly, especially in the rural areas of Koraput district in Odisha.

**Keywords:** Dietary habits, rural areas, Koraput, declining fertility rates

### Introduction

India has around 100 million elderly at present and the number is expected to increase to 323 million by 2050, which will constitute 20% of the total population. Individual of 60 years and above constitute the elderly population (WHO). Old age is a period of paradox where ageing take place at a faster rate. Ageing is characterized by losses in almost every domain important for an individual's life. Almost everyone experience decline in physical and psychological functioning as grow old and ageing affects almost all the systems of the body and is associated with several physiological and metabolic changes. The changes include decline in physical activity, digestion, metabolism, bone mass and muscle mass. Failing eye-sight and impaired hearing may also occur. Low appetite as a result of loss of taste and smell perception, dental problems, atrophic changes in GIT, constipation and decreased physical activity could lead to overall decrease of food intake and poor absorption of nutrients. Inability to prepare food, economic dependency and other psycho-social problems adversely affects the health and nutritional status of the elderly. There is a decline in immune function with advancing age, which leads to decreased resistance to infectious diseases. The increased parathyroid hormone (PTH) secretion in the elderly leads to increased bone turn over i.e. osteoporosis. Similarly, elderly individuals are at increased risk of osteomalacia i.e. defective bone mineralization due to lack of exposure to sunlight and poor diet. Most of the problems at the old age occur due to unbalanced dietary habits or improper nutrition intake. When the dietary habits and nutritional food intake change undesirable, many health related problems arises and become acute for the elderly. Therefore, a proper understanding of elderly individuals' dietary habits and nutritional intake is required so that a proper planning and prescription can be made for better dietary habits and nutritional intake of elderly to avoid the undesirable health consequence at the old age. Keeping the above in mind a modest attempt has been made here to study the dietary habits of elderly in rural areas of Odisha.

### Objectives of the Study

The specific objectives of the study are as follows:

1. To find out the dietary habits of elderly.

### Data and Material

The data for the study has been collected from primary sources through a field survey in the rural areas of the Koraput district.

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The data for the study has been collected through a structured schedule containing both subjective and objective responses. A total of 100 elderly individuals have been contacted to elicit the information regarding the study. More specifically the sample size of the study is 100. The data from the sample units have been collected through field survey of three villages in the Koraput district which was conducted during third and fourth weeks of March 2019. The villages from where data have been collected are Rangabali Kumbha located under Koraput block, Sana Chindri, and Bada Chindri located under Semiliguda block.

## Review of literature

### 1. Asa B. (2008) <sup>[11]</sup>

The study was based on to optimise drug therapy in the elderly by identifying, resolving and preventing drug-related problems. Study was conducted in nursing homes in the county of Skane in Sweden. He concluded that Drug-related problems were frequently present in the elderly population, both for nursing home patients and for patients admitted to hospital. He identified that drug-related problems were adverse drug reactions, wrong drug and unnecessary drug treatment.

### 2. Ozer A. (2004) <sup>[1]</sup>

A study done by Ozer (2004) <sup>[1]</sup> stated that aging is presumed to be a process starting from infancy and continuing until death. Generally, the age of 65 or above is considered the beginning of elderliness. Being elderly is an unpreventable process that has biological, chronological and social aspects. The policy for health service users for improving care for older people states that, most elderly people are independent and active; however for some aging bring frailty and chronic illness. Older people are significant users of health services and in the coming years population growth continued with aging will mean that a greater number of older people will need access to health and community care services.

### 3. Bagchi K. (2000) <sup>[2]</sup>

He defined the concept of ageing has different connotation for the scholars of different disciplines. For demographers, it is the outcome of the declining birth rate and death rate and rise in the life expectancy at birth. Which also has its role in increasing the population and decreasing the average age of population. For gerontologists, it is a biological process, which is inevitable, irreversible, always progressive and always associated with decline of physical and mental functions.

### 4. Padma G. (1994)

The two concepts of ageing and old age are closely related. The old age is the effect, being the result of ageing which is a process of growing old. While the old age is a static motion, ageing is dynamic.

### 5. Annan K. (1999)

Gender is a part of the broader socio-economic context. The impact of gender differences and inequalities in education and employment opportunities increases through every stage of an individual life hitting hardest in old age. As a result, older women are poorer than older men.

### 6. Leela G. (1992)

He found that about 10 percent of women in India are widows, compared to only 3 percent of men. According to 1991 census, 54 percent of the women aged sixty and above are widows, whereas this is only 12 percent for the people in the group of age 35-39. Remarriage is exception, rather than a rule; only about 10 percent of widows marry again. Widowers, on the other hand don't suffer the social stigma, restrictions and taboos associated with widows. In this overall background, many scholars have inked their concerns.

### 7. HB Chanana and PP Talwar. (1986) <sup>[15]</sup>

The studied have attempted the socio-economic implications of the ageing population to determine the magnitude of the problems of ageing in India and its socioeconomic and health implications also examined. Improved mortality condition has increased the kins in ancestor generation and the support ratio obviously shows the ageing of population.

### 8. James W. Vaupel. (1998)

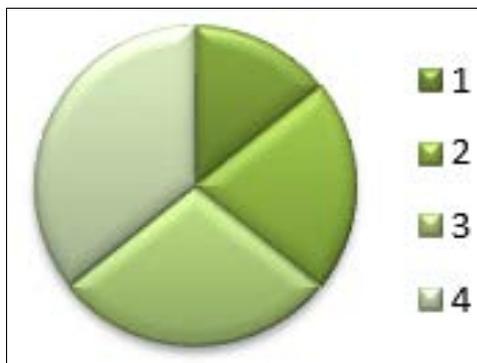
He proposed that the rapidly growing population of elderly is putting an unprecedented strain on societies, because new systems of financial support, social support and health care have to be developed and implemented.

### 9. William A. Jackson (1998)

Ageing can be considered as the sum of changes anatomical, physiological, biochemical and functionally that occurs in man with passage of time and lead to functional impairment and eventually death. The aged people undergo an ordeal at the far end of their life they are not only having bodily illnesses, but also emotional issues.

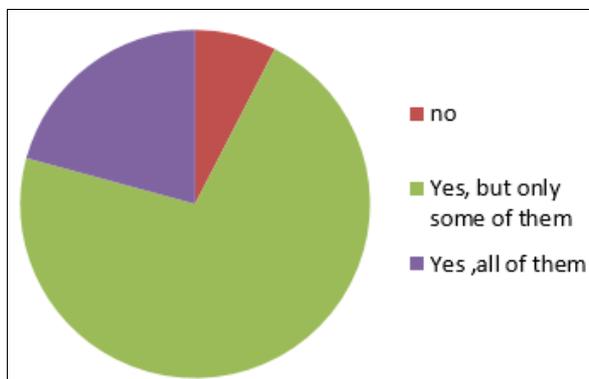
## Dietary habits of elderly

Dietary habits are actually the food choices preferred by persons in their daily life. They differ from person to person. A healthy dietary habit helps an individual to stay fit and well throughout his life. Healthy diet includes fruits, vegetables, cereals, water, low fat dairy products, etc. Dietary habits are the habitual decisions an individual or culture makes when choosing what foods to eat. The word diet often implies the use of specific intake of nutrition for health or weight-management reasons. Although humans are omnivores, each culture and each person holds some food preferences or some food taboos. This may be due to personal tastes or ethical reasons. Individual dietary choices may be more or less healthy. Dietary habits and choices play a significant role in the quality of life, health and longevity. It can define cultures and play a role in religion. Dietary habits are the regular decisions of individuals or any group of people regarding what food they eat. Dietary habits play a significant role in every individual's life. Dietary habits are actually the food choices preferred by the person in their daily life. Healthy diet includes fruits, vegetables, cereals, pulses, meat, milk and milk products. The present study was conducted in Koraput district. The data were collected from elderly persons. This research work was carried out through questionnaire method. The questionnaire was formatted on the dietary condition of the elderly. The reliability of this questionnaire which is based on dietary condition of the elderly.



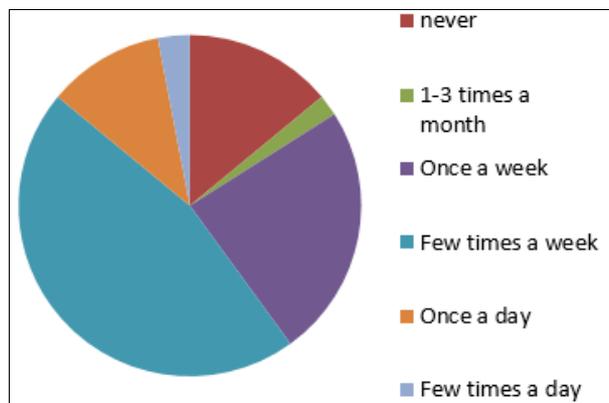
**Fig 1:** Distribution of Respondents as per the number of meals consume daily Number of meals per day

The analysis suggested that there were 4% elderly having 2 meals per day, 65% elderly were have 3 meals per day, 30% elderly have 4 meals per day and only 1% elderly have 5 meals per day. Most probably 3 meals per day was highly recommended to them. They believe that 3 meals per day is a healthy habit.



**Fig 2:** Distribution of Respondents as per the number of meals consume daily Number of meals per day

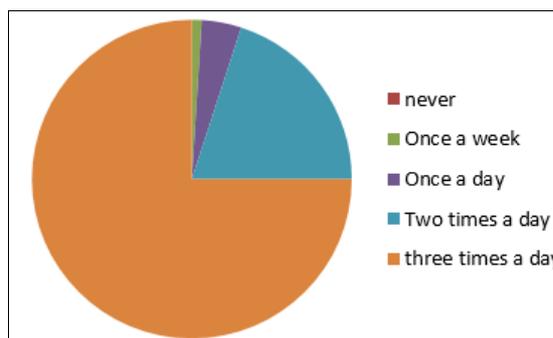
The analysis suggested that the meals consumed by the elderly at regular times. There were 8% of elderly who do not take their meals at regular times, 76% elderly have their meals but only some of them but only 22% elderly have their meals completely.



**Fig 3:** Distribution of Respondents as per the number of snakes consume daily Number of snakes per day

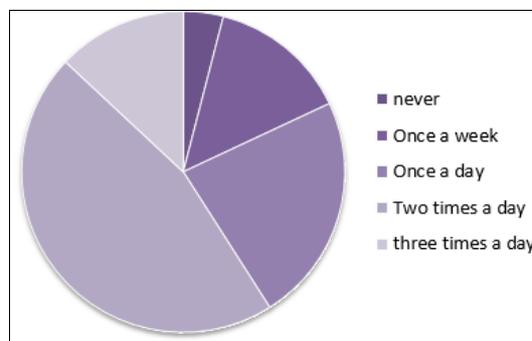
The analysis suggested that the 14% of elderly people do not have their snakes, 2% elderly have their snakes 1-3 times a month, 24% elderly have their snakes once a week, 46%

elderly have their snakes few times a week, 11% elderly have their snakes once a day and rest 3% elderly have their snakes few times a day. Most probably elderly people in villages do not take proper snakes at proper time.



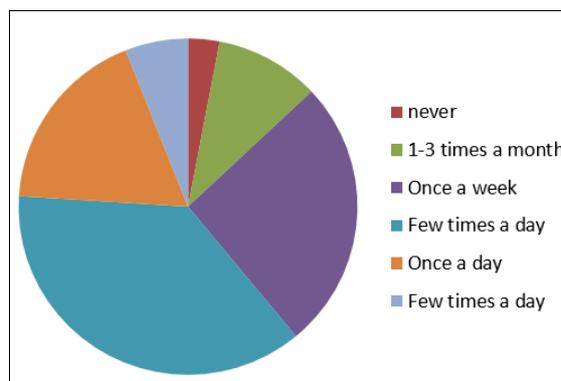
**Fig 4:** Distribution of Respondents as per the number of cereals consume daily Number of cereals per day

The analysis suggested that 75% elderly person eat cereals three times a day, 20% elderly at cereals two times a day, 4% elderly person once a day, 1% elderly once a week.



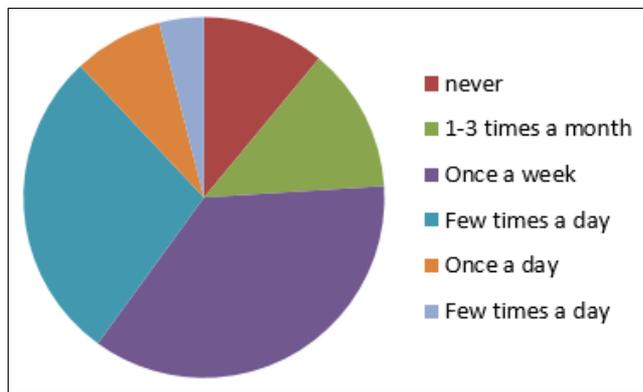
**Fig 5:** Distribution of Respondents as per the number of pulses consume daily Number of pulses per day

The analysis suggested that the 4% elderly never eat pulses, 14% elderly eat pulses once a week, 25% elderly eat pulses once a day, 46% elderly eat pulses two times a day and rest 13% elderly eat pulses three times a day.



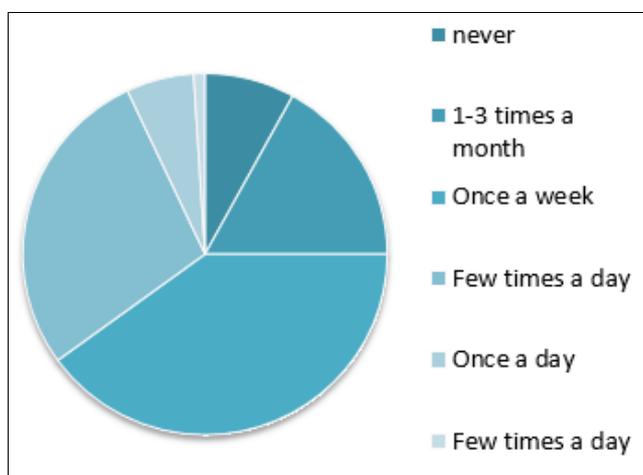
**Fig 6:** Distribution of Respondents as per the number of milk consume daily Number of milk per day

The analysis suggested that 3% elderly never drink milk, 10% elderly drink milk 1-3 times a month, 26% elderly drink milk once a week, 37% elderly drink milk few times a day, 18% elderly drink milk once a day and rest 6% elderly drink milk few times a day.



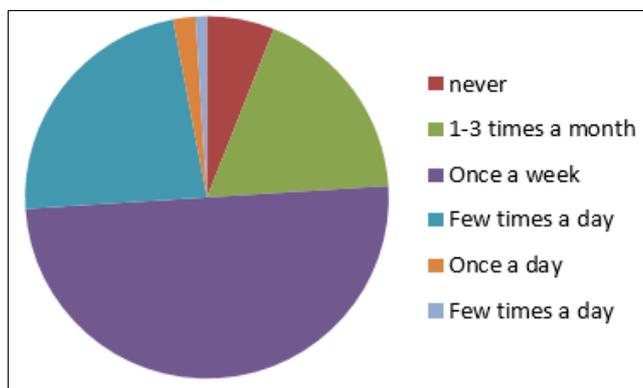
**Fig 7:** Distribution of Respondents as per the number of milk consume daily Number of milk per day

The analysis suggested that 11% elderly never eat milk products, 13% elderly eat 1-3 times a day, 36% elderly eat once a week, 28% elderly few times a day, 8% elderly once a day and 4% elderly few times a day.



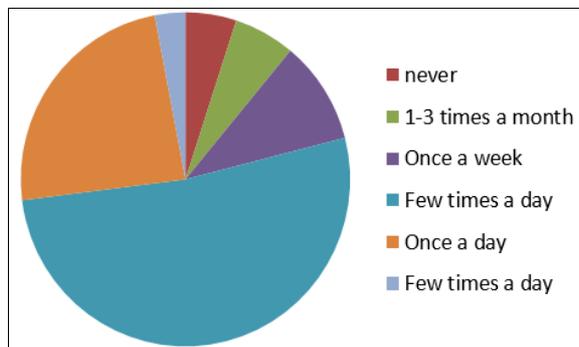
**Fig 8:** Distribution of Respondents as per the number of meats consume daily Number of meats per day

The analysis suggested that the 8% elderly never eat meats, 17% elderly eat 1-3 times a month, 40% once a week, 28% few times a day, 6% once a day, 1% few times a day.



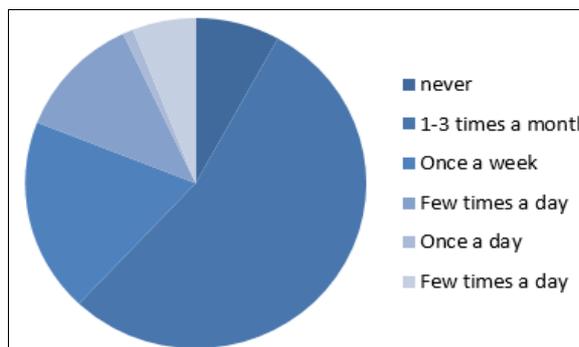
**Fig 9:** Distribution of Respondents as per the number of fish consume daily Number of fish per day

The analysis suggested that 6% elderly never eat fish, 18% elderly eat 1-3 times a month, 50% elderly eat once a week, 23% eat few times a day, 2% once a day, 1% few times a day.



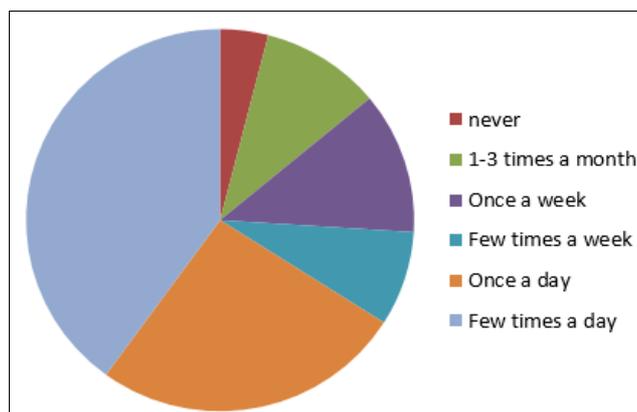
**Fig 10:** Distribution of Respondents as per the number of egg consume daily Number of egg per day

The analysis suggested that 5% elderly never eat egg, 6% eat 1-3 times a month, 10% eat once a week, 52% eat few times a day, 24% eat once a day, 3% eat few times a day.



**Fig 11:** Distribution of Respondents as per the number of fruits consume daily Number of fruits per day

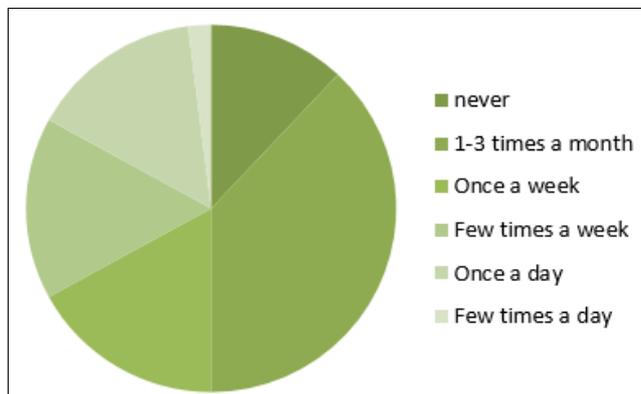
The analysis suggested that 8% elderly never eat fruits, 54% elderly eat 1-3 times a month, 19% elderly eat once a week, 12% elderly eat few times a day, 1% elderly eat once a day, 6% elderly eat few times a day.



**Fig 12:** Distribution of Respondents as per the number of vegetables consume daily Number of vegetables per day

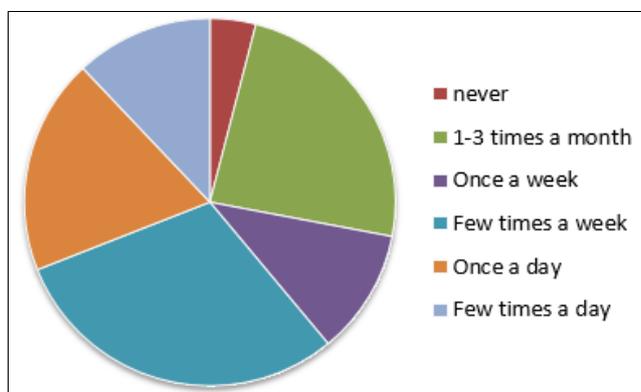
The analysis suggested that 4% elderly never eat vegetables, 10% elderly eat 1-3 times a month, 12% elderly eat once a week, 8% elderly few times a week, 26% once a day, 40% few times a day.

The analysis suggested that 6% elderly never eat sweets, 30% elderly eat 1-3 times a month, 20% elderly eat once a week, 14% elderly eat few times a week, 10% elderly eat once a day, rest 20% eat few times a day.



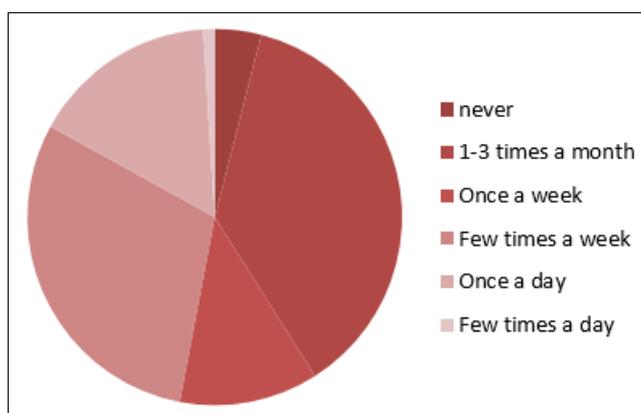
**Fig 13:** Distribution of Respondents as per the number of drinks consume daily Number of drinks per day

The analysis suggested that 12% elderly never drink fruit juices, 38% elderly drink 1-3 times a month, 17% elderly drink once a week, 16% elderly drink few times a week, 15% elderly drink once a day, 2% elderly drink few times a day.



**Fig 14:** Distribution of Respondents as per the number of sweetened beverages consume daily Number of beverages per day

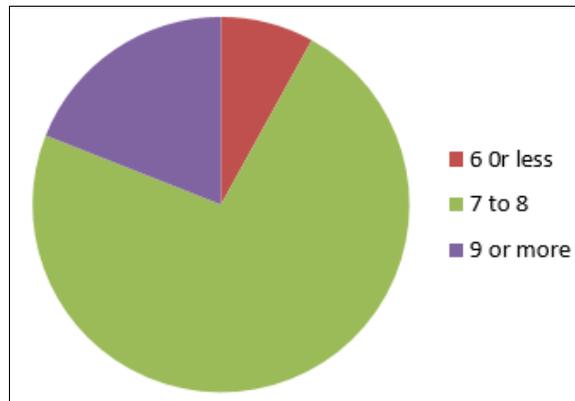
The analysis suggested that 4% elderly never drink sweetened hot beverages, 24% elderly drink 1-3 times a month, 11% elderly drink once a week, 30% drink few times a week, 19% drink once a day, 12% drink few times a day.



**Fig 15:** Distribution of Respondents as per the number of alholic beverages consume daily Number of alholic beverages per day

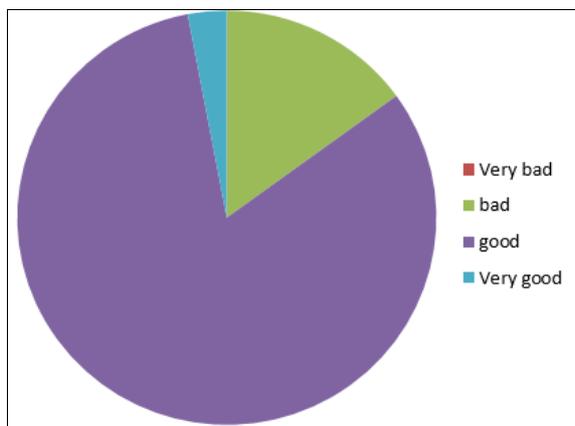
The analysis suggested that 4% elderly never have alcoholic beverages, 37% elderly have 1-3 times a month, 12% elderly have once a week, 30% have few times a week, 16% elderly have once a day, 1% elderly have few times a day.

THE analysis suggested that 27% elderly do not smoke and rest 73% elderly usually do smoking. Cigarette smoking and tobacco also affects the intake of food as it affects the taste.



**Fig 16:** Elderly sleeping habits daily

The analysis suggested that 8% elderly sleep 6 or less hours, 73% elderly sleep 7-8 hours, and rest 19% elderly sleep 9 or more hour sleep during weekdays.



**Fig 17:** Distribution of Respondents as per the number of diet habits daily Number of diet habits per day

The analysis suggested that 15% elderly describe that they have bad quality of diet habits, 82% think that they have good quality of diet habits. 3% elderly have think that they have very good quality of diet habits.

**Conclusion**

The aim of this study is to know the socio-economic position of the elderly in rural community of koraput district. The proportion of socio economic status and diet habits of the elderly of rual areas are not satisfactory. Their family is not high and some of them have maladjustment problems with family members.

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