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A Comparative study on nutritional and health status of elderly living in old age homes and residential homes aged 60+

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Abstract

The present Study was conducted to assess the nutritional Status of elderly living in old age home and residential homes aged 60+. Old age consists to ages nearing or surpassing the life expectancy of human beings, and is thus the end of human life cycle. Ageing is associated with the decline in number of physiological function that can affect nutritional Status, including reduced lean body mass, change in cytokine and hormonal levels, delayed gastric emptying, change in fluid electrolyte regulation, and diminished senses of smell and taste.

In this present study 100 respondents were selected from Modinagar City. The sample population was selected by simple purposive random sampling method. Questionnaire comprising of definite, concrete and well-defined question were used for collecting the information regarding their nutritional status, nutritional assessment, health conditions and health check-up information's of elderly. The data collected was coded and tabulated.

The results shows the dietary intake of home based elderly people was higher as compare to old age home based elderly people. Simultaneously nutritional knowledge of elders living in home higher than old age home based elderly people. Nutritional Status was higher of home based elderly people as compared to old age homes. Nutritional and overall care of elderly living in homes was better than old age home based elders.

Keywords: Nutritional assessment, old age homes, residential homes, nutritional status, elderly people.

Introduction

Ageing is an ongoing process, part of the cycle which begins at conception and end with death. Old age is the age of retirement, and there are some combined effects of ageing, social changes and disease are likely to cause a downfall in the health.

Old age consists to ages nearing or surpassing the life expectancy of human beings, and is thus assumed as the end of the human life cycle. Ageing is associated with a decline number of physiological functions that can affect nutritional status, including reduced lean body mass, changes in hormonal levels, delayed gastric emptying, changes in fluid electrolyte regulation, and diminished senses of smell and taste. Pathological causes such as chronic illness, depressions, meditation and social isolation can all play a role in nutritional inadequacy.

Old people often have limited regenerative abilities and are more susceptible to disease, syndrome and sickness than younger adults. The organic process of ageing is called senescence (the medical study of the ageing process is called gerontology, and the study of disease that afflict the elderly is called geriatrics. The elderly also face other social issues around retirement, loneliness and ageism. The chronological age denoted as "old age" varies culturally and historically. Thus, old age is "a social construct" rather than a definite "biological stage".

After age 60 years there are many metabolic and physiological changes in elder's ability to balance food intake and energy needs. Moreover physical activity decreases with ageing in results in overall lower caloric intake and to reduced intake of essential nutrient.

Methodology

A total of 100 subjects above 60 years of age were studied over a period of 10 days. In this present study 100 respondents were selected from and Modinagar city old age homes and residential homes.

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The study subjects were constituted by 50 inmates of old age homes and 50 people who were residing at their houses. The old age homes inmates were studied from VRADH ashram, Suchetapuri from Govindpuri, Modinagar. The sample population was selected by simple purposive random sampling methods. Questionnaire comprising of definite, concrete, and well-defined questions were used for collecting the information regarding their nutritional status, nutritional assessment, health conditions, and health checkup information's of elderly. Weight and height of old age people were taken with the help of weighing machine, respectively and clinical assessment was done. The mean and standard deviation for all measurements were calculated and compared with ICMR and WHO Standard.

Research Findings and Discussion

The collected information was tabulated, statistically analyzed and discussed below.

Table 1: BMI Calculation of the Respondents (N=100)

BMI	Elderly living in old age homes	% Old age homes	Elderly living in Homes	% Homes
Under weight	13	26	17	35
Normal weight	15	30	20	40
Over weight	5	10	10	20
Obese	7	14	3	6
Total	50		50	

Table 1 reveals that 26% of respondents are underweight in old age homes, while 35% of respondents are underweight in homes. 30% of respondents are normal weight in old age homes, while 40% of respondents are normal weight in homes. 10% of respondents are overweight in old age homes, while 20% of respondents are overweight in homes. 14% of respondents are obese in old age homes, while 6% of respondents are obese in homes.

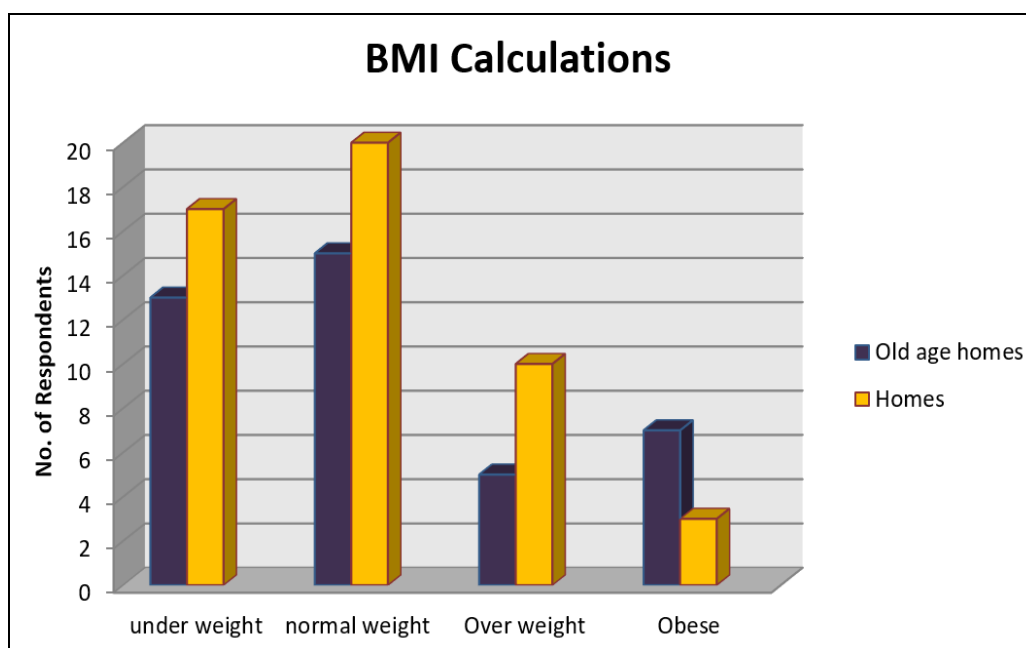


Fig 1: Bar chart displaying the BMI distribution among elderly residents in old age homes and those living in homes, showing percentages for underweight, normal weight, overweight, and obese categories.

Table 2: Types of diet taken by the respondents (N=100)

Types of Diet	No of elderly in Old age homes	% Old age home	No. of Elderly In Homes	% (Home)
Soft diet	25	50	17	34
Semi-solid diet	15	30	23	46
Solid diet	5	10	10	20
Liquid diet	5	10	0	0
Total	50		50	

Table 2 reveals that 50% of respondents taking soft diet in old age homes, while 34% of respondents taking soft diet in homes, while 30% of respondents consumed semi-solid diet in old age homes, while 46% of respondents taking semi-solid diet in homes while, 10% of respondents take solid diet in old age homes, while 20% of respondents take solid diet in homes.

Table 3: Consumption of fried food taken by the respondents (N=100)

No. of Consumption of fried foods	No of Elderly in Old age homes	% Old age homes	No. of Elderly in homes	% Homes
7 or more times per week	13	26	33	66
5-6 times per week	12	24	7	14
2-4 times per week	25	50	6	12
0-1 times per week	0	0	4	8
Total	50		50	

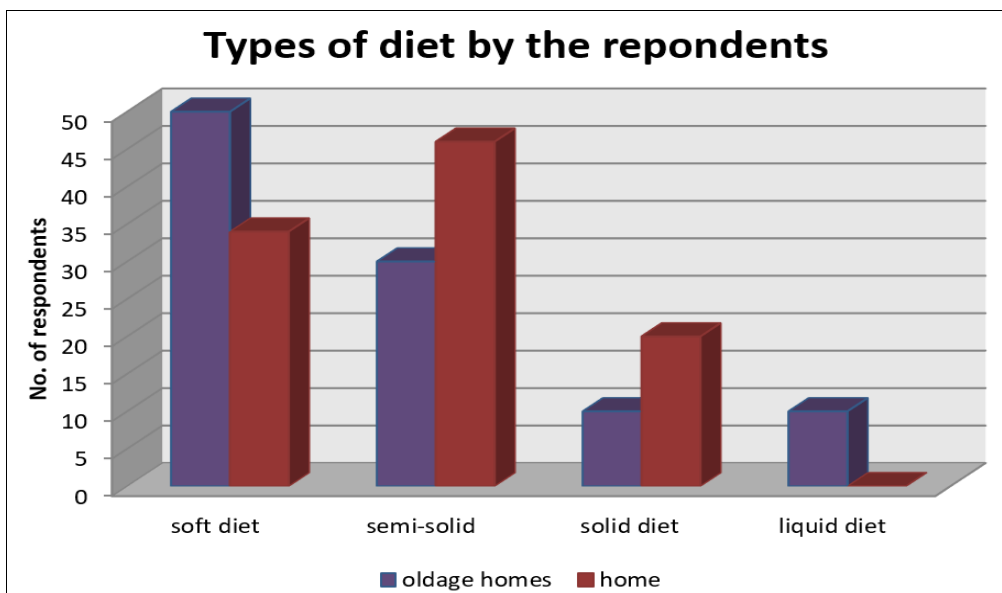


Fig 2: Bar chart illustrating the types of diets consumed by elderly residents in old age homes and those living in homes, including soft diet, semi-solid diet, solid diet, and liquid diet

Table 3 reveals that 26% of respondents taking fried foods 7 or more times per week in old age homes, while 66% of respondents take fried foods 7 or more times per week in homes. 24% of respondents consumed fried foods 5-6 times per week in old age homes, while 14% of respondents gave

preference to fried foods 5-6 times per week in homes. 50% of respondents liked to take fried foods 2-4 times per week in old age homes, while 12% of respondents consumed fried foods 2-4 times per week in homes and 8% of respondents consumed fried foods 0-1 times per week.

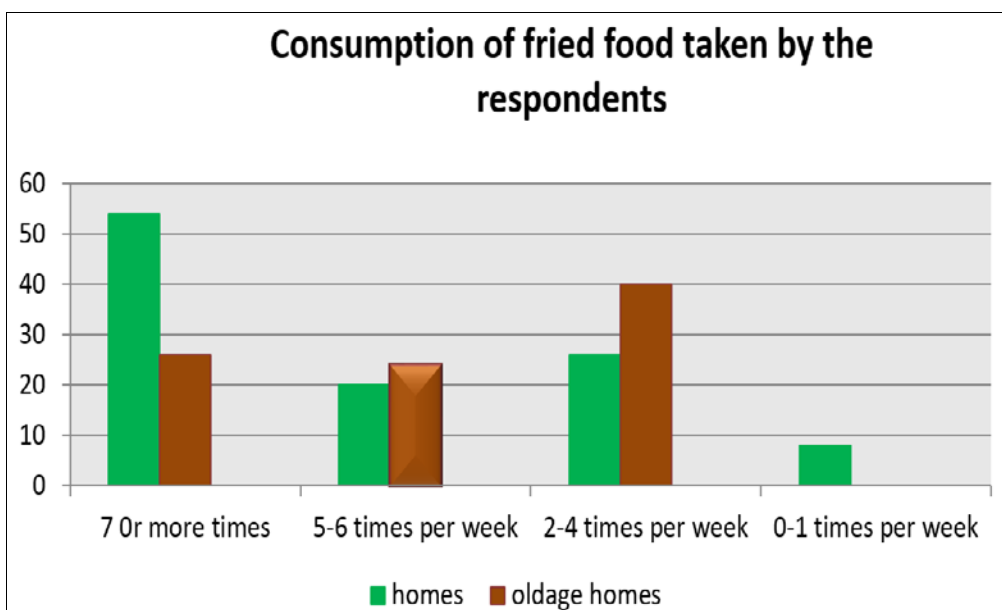


Fig 3: Bar chart comparing the frequency of fried food consumption among elderly residents in old age homes and those living in homes, categorized by weekly consumption rates.

Conclusion

It was concluded dietary intake of home based elderly people was higher as compare to old age home based elderly people. Simultaneously nutritional knowledge of elder people living in home higher than old age homes based elderly people. Nutritional status was higher in home based elderly people as compare old age homes. Care of elderly living in homes was more than old age homes based elder. Nutritional needs of the older individual living in old age homes are faced by specific health problems and related organ system compromise; an individual's level of activity, energy expenditure, and caloric requirements rather than living in homes.

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