



Assessment of Knowledge Regarding Nutrition Among Elderly in Rural Area, Akola, Maharashtra

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Abstract

Due to the multiple detrimental impacts of malnutrition on older people's overall health, wellbeing, and autonomy, nutrition in the elderly has become a concern. Maintaining health for people of all ages depends on diet, lifestyle, and keeping a healthy weight. By preventing some diseases and managing others, nutrition helps us live long, healthy lives. Analyze the older population's understanding of nutrition in rural Akola, Maharashtra. This study was conducted using a descriptive design. The study used a purposive sample of 60 older participants who met the requirements for participation in the study. Data collecting equipment: Data were gathered using a standardised interview questionnaire. The study's findings indicate that the majority of older people had very little knowledge about nutrition, according to data collection and statistical analysis. It was also advised to create a nutrition education programme tailored to the age, social situation, and educational background of the elderly.

Keywords: Elderly, Knowledge, Nutrition

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Introduction

Every person, in every nation on earth, ought to be given the chance to live a long and healthy life. Yet, the places in which we reside can either be beneficial or destructive to our health. Our behaviour, our exposure to health dangers (like air pollution or violence), our ability to access services (like health and social care), and the opportunities that come with ageing are all greatly influenced by our environments.

Due to the multiple detrimental impacts of malnutrition on older people's overall health, wellbeing, and autonomy, nutrition in the elderly has become a concern. For people of all ages, including those who are ageing healthily, diet and lifestyle are crucial components of health maintenance, along with maintaining a healthy body weight. Significant health and wellbeing benefits can be obtained from maintaining a healthy nutritional status, such as delaying and lowering disease risk, preserving functional independence, and promoting continued independent living.²

The link between successful ageing and a healthy diet. Good eating practices have been associated with better ageing and overall wellbeing in the elderly, as well as improved mental and cognitive function, reduced cardio metabolic risk, physical and bone health, and enriching experiences. Healthy eating practises can also have a range of advantageous effects when they are practiced as part of an overall healthy lifestyle. A good diet is an essential part of a healthy lifestyle, which raises the chances that someone will age effectively.³

Maintaining health is mostly dependent on eating a balanced, nutrient-dense diet, especially as people get older. According to several studies, eating a diet high in antioxidants and anti-inflammatory substances like those in fruits, nuts, vegetables, and seafood may lessen the chance of acquiring numerous neurodegenerative disorders as well as age-related cognitive decline. Throughout the past ten years, a lot of research on nutrition and its effects on health has been published.

Reviewing the evidence relating diet and nutrition to ageing and age-related cognitive impairment is the main goal of the current paper. We go into detail on the functions of micronutrients and macronutrients and give an overview of how nutrition, the gut microbiota-gut-brain axis, and brain function in general are impacted by ageing, particularly with regard to cognitive activities. We suggest that dietary changes made to maximise the levels of macro- and micronutrients and the microbiota-gut-brain axis may be beneficial for treating cognitive dysfunction, especially in older people.⁴

It has been demonstrated that malnutrition among elderly people increases while they are in the hospital. Malnutrition risk factors come in a wide range and can be categorized into three categories: medical factors such as poor appetite, weight loss, mobility issues, diseases, drug interactions, lifestyle choices, social factors such as ignorance of food, cooking, or nutrition, poverty, isolation, and the inability to 50% of Alzheimer's patients are no longer able to feed themselves. A number of studies have presented evidence to imply that depression is a

Significance of the study:

The elderly are frail individuals who suffer from numerous ailments simultaneously. Individuals experience numerous age-related physical, psychological, and social changes that

Problem Statement

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Objectives of the Study

To assess knowledge of elderly regarding nutrition.
To determine the relationship between specific

Hypothesis

H1: Elderly will have inadequate knowledge regarding the nutrition.

H2: There will be significant association between

Research Methodology

The research approach adopted in the study

Study Design

The descriptive design.

Duration of Study

6 weeks.

Setting

The study was conducted in selected areas at

go food shopping or prepare meals, and psychological factors such as confusion, dementia, depression, bereavement, or anxiety.⁵

Poor appetite, weight loss, inactivity, an abnormal body mass index, psychological stress or acute illnesses, and cognitive issues are the most frequent risk factors for malnutrition. Malnutrition is likely primarily caused by a lack of appetite, which is mediated by a number of conditions such as inadequate dentition, dysphagia, and loss of taste and smell. Compared to stroke patients without swallowing issues, those with swallowing issues had worse nutritional status.⁶

The link between nutrition and cognition has been studied extensively. According to their reports, uncontrolled weight loss is almost certain in later phases, regardless of the quality of care, as a result of cognitive and physical degeneration, which causes a progressive decline in feeding and alimentation skills. Eight years after diagnosis,

relatively frequent cause of weight loss and malnutrition in the elderly.⁷ Modified food intake is a sign of depression.

can impact appetite, nutrient intake, and nutrient absorption, increasing the risk of malnutrition and compromising their nutritional status.

Maharashtra.

sociodemographic factors and elderly knowledge regarding nutrition.

knowledge regarding the nutrition for elderly with their selected sociodemographic variables.

was evaluative research approach.

Akola Maharashtra.

Sampling technique

Purposive Sampling technique

Population and sample

60 elderly aged 60 years or above

Plan for Data Analysis:

The systematic gathering, arranging, and synthesizing of research data as well as the use of those data to test the study hypothesis are all parts of analysis. The data will be analysed using frequency, percentage, mean, standard deviation, descriptive, and inferential statistics. The data will be presented with the

following headers:

Part I: Socio Demographic Data

Part II: Knowledge Score of the elderly regarding the nutrition

Part III: Association between Knowledge Score and Selected Demographic Data

Ethical Clearance:-Interview Schedule was used to collect demographic and baseline data after receiving permission from the authority.

Result:-

Part :1 – Socio demographic data

Table 1:-Frequency and percentage distribution of demographic variables.

(N=60)

S.No	Demographic Characteristics	Frequency	Percentage
1.	Age		
	a) 60-65 Years		50%
	b) 66-70 Years	30	33%
	c) 71-75 Years	20	10%
	d) Above 75 Years	06	7%
		04	
2.	Sex		
	a) Male	25	42%
	b) Female	35	58%
3.	Educational Status		
	a) Illiterate	17	28%
	b) Primary education	21	35%
	c) Secondary Education	10	17%
	d) Graduate and more	12	20%
4.	Religion		
	a) Hindu	28	47%
	b) Muslim	12	20%
	c) Christian	05	8%
	d) Others	15	25%
5.	Occupation		37%
	a) Retired	22	17%
	b) Service	10	33%
	c) Business	20	13%
	d) Labor	08	
6.	Type of Family		
	a) Joint Family	36	60%
	b) Nuclear Family	24	40%
7.	Family Income		
	a) Rs.5000/- to Rs.10000/-	21	35%
	b) Rs.11000/- to Rs.15000/-	24	40%
	c) More than Rs.20000/-	15	25%
8.	Medical Illness		
	a) Yes	26	43%
	b) No	34	57%

Findings related to demographic data:

Regarding age majority 50% of the sample was between 60-65 years, 33% belongs to 66-70 years, 10% belongs to 71-75 years and least 7% was in between above 75 years . Regarding sex 42% were male and 58% were female. Related to educational status 20% of the sample was between 21-25 having secondary education, 20% belongs to primary education, 12% were graduate, 17% were completed their secondary education only ,35 % were primaririly educated and 28% was illiterate .

Majority 47% of the sample were Hindus,

while 20% of the sample were Muslims, 8% were belongs to Christian and 25% were belongs to other religion. Regarding occupation 37% were retired, 17% were in service 33% were doing business and 13% were labour. Regarding type of family 60% of the samples belongs to joint family and 40% of the samples were belongs to nuclear family. Most of the 40 % of family monthly income was Rs 11000/- to Rs. 15000, 35% had their family income monthly income Rs 5000-10,000/-, 25% of the family income were more than Rs. 20000/-.

Part: II – Assessment of level of knowledge of mothers regarding nutrition for under five .

Table2.Knowledge Score of the elderly regarding the nutrition

(N=60)

s.no	Knowledge score	Frequency	Percentage
1.	Adequate (21-30)	22	36.66%
2.	Satisfactory (11-20)	28	46.66%
3.	Inadequate (1-10)	10	16.66%

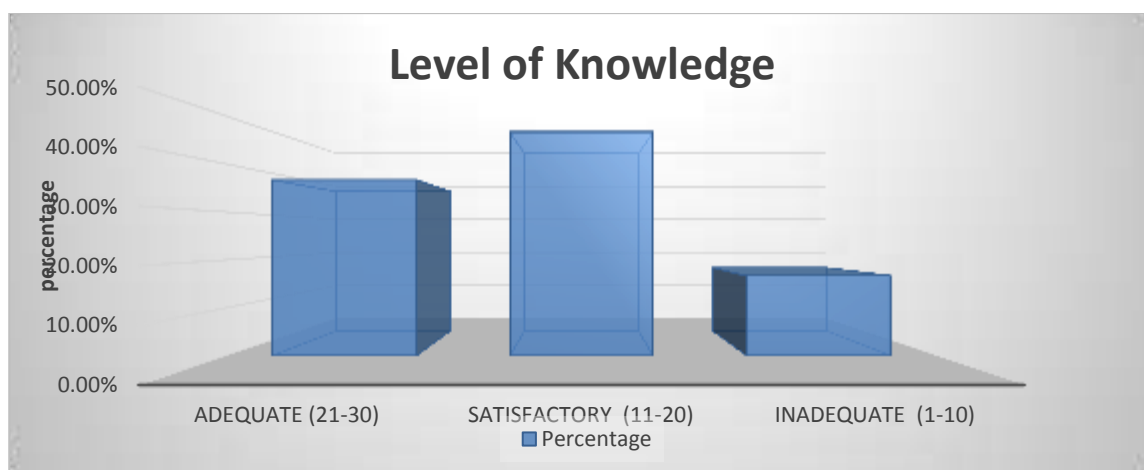


Figure1.Bargraphshowingthelevelofknowledge

Elderly' Knowledge Scores Regarding Nutrition :The survey reveals that, on average, 46.66% of elderly had satisfactory knowledge, 16.66% had inadequate information, and 36.66% had adequate knowledge.

Part III: Association between Knowledge Score and Selected Demographic Data

Discussion

In general, only about one-fifth of the seniors

There will be a significant correlation between elderly knowledge of nutrition and a few accepted sociodemographic factors, including age, educational level, occupation, religion, the type of, the total the family's monthly income and previous illness.

evaluated had adequate nutritional knowledge,

which was clearly a big knowledge gap revealed by the current study. The senior participants in this study had unsatisfactory knowledge, which may have been caused by a number of circumstances, including the fact that the study was conducted in a remote location with few resources for health care and health education.

Conclusion

This survey clearly shows that the majority of

Confidentiality of Data

The input forms filled out by mothers are kept private. These records are only accessible to the

Conflict of Interest:None

Funding:- Self

References

1. <https://www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability>

2. NajlaaFawziJamil, Alaa A. Salih, Mayasah A. Sadiq, Sarah Hamid Shaker. Assessment of Nutritional Status of Elderly People in Baghdad. *Annals of the Romanian Society for Cell Biology*. 2021;4457–65.

3. Colin R. Martin VRP and RR. *Assessments, Treatments and Modeling in Aging and Neurological Disease*. 10th ed. 2021.575–582 p.

4. Melzer TM, Manosso LM, Yau SY, Gil-Mohapel J, Brocardo PS. In Pursuit of Healthy Aging: Effects of Nutrition on Brain Function. *Int J Mol Sci*. 2021;22(9):5026.

older people have inadequate dietary understanding. Age had a negative link with nutritional knowledge score; demographic parameters like degree of education and age are related to nutritional knowledge. Conversely, there was a favourable association between nutritional awareness scores and education level.

principal investigator.

5. Torbahn, G., Strauss, T., Sieber, C.C. et al. Nutritional status according to the mini nutritional assessment (MNA)[®] as potential prognostic factor for health and treatment outcomes in patients with cancer – a systematic review. *BMC Cancer* 20, 594 (2020).

6. Jebb SA. Incidence and recognition of malnutrition in hospital J. P. McWhirter and C. R. Pennington *BMJ* 1994; 308: 945-948. *ClinNutr*. 1994;13(4):267-268. doi:10.1016/0261-5614(94)90087-6.

7. Hickson, M. (2006). *Malnutrition and ageing*. *Postgraduate Medical Journal*, 82, 2 - 8.