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Comparing the diets of urban old people with those who lived in rural areas

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Abstract

Ageing is a normal process begins at conception and ends only with death. Individuals are known to age at different rates. Heredity and good nutrition may slow the ageing process so that the individual enjoys physical and mental vigour in his eighties. Goal of nutritional care should be to help the aged achieve a healthy, purposeful and independent living.

Key words : Compare, diet, nutrition, vigour

Introduction

Ageing is a developmental process, part of the cycle, beginning at conception and ending with death. Old age is defined as the age of retirement, for it is at that time the combined effect of ageing, social changes and diseases are likely to cause a break down in health. The ageing of the global population is one of the biggest challenges facing the world in the next century.

Methodology

The survey was conducted in urban and rural areas of Udham Singh Nagar district. Villages namely Jaspur Khurd, Saandkhera, Judka and Firojpur were selected for the rural area and urban area study constituted the survey in Anand Vihar Colony, Bhoke Singh, Gujratiman, Joshiman colony, Avas Vikas Colony localities of Udham Singh Nagar. A detailed questionnaire based on the dietary pattern and food habits was administered on selected elderly of the rural as well as urban areas. Sample size consisted of 200 elderly individuals : 100 from rural areas and 100 from urban areas. Data obtained was statistically analysed and result obtained were tabulated.

Results and discussion

Old age is best defined as the age of retirement that is, 60 years and above. Improvement in health care technology has resulted in increased life expectancy. The number of persons in old age has increased. In India, the elderly constitute about 7 per cent of the total population and by 2016, the number is likely to increase to 10 per cent per year.

Poor food habits that begin during old age can also present problems. Decreased income during retirement, physical disability and inadequate cooking

Table 1: Distribution of old age people according to age group

Age-group	Urban			Rural		
	Male	Female	Total	Male	Female	Total
60 – 70 years	32 (32.0)	43. (43.0)	75 (75.0)	33 (33.0)	42 (42.0)	75 (75.0)
70 – 80 years	14 (14.0)	7 (7.0)	21 (21.0)	15 (15.0)	8 (8.0)	23 (23.0)
80 – 90 years	3 (3.0)	-	3 (3.0)	2 (2.0)	-	2 (2.0)
90 & above	1 (1.0)	-	1 (1.0)	-	-	-
Total	50 (50.0)	50 (50.0)	100 (100.0)	50 (50.0)	50 (50.0)	100 (100.0)
x^2		6.45*			4.320*	

(Figures in parentheses denotes percentage value)
* Significant at 5 per cent level of significance

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Table 2: Distribution of respondents according to their food habits

Age-group	Urban			Rural		
	Male	Female	Total	Male	Female	Total
Vegetarian	22 (22.0)	32 (32.0)	54 (54.0)	28 (28.0)	36 (36.0)	64 (64.0)
Non vegetarian	18 (18.0)	13 (13.0)	31 (31.0)	8 (8.0)	9 (9.0)	17 (17.0)
Occasionally	10 (10.0)	5 (5.0)	15 (15.0)	14 (14.0)	5 (5.0)	19 (19.0)
Total	50 (50.0)	50 (50.0)	100 (100.0)	50 (50.0)	50 (50.0)	100 (100.0)
x^2		5.401			P > 0.05	

(Figures in parentheses denotes percentage value)

Table 3: Distribution of old age people according to average nutrients intake

Nutrients intake	Urban						Rural					
	Male			Female			Male			Female		
	Sedentary	Moderate	Heavy	Sedentary	Moderate	Heavy	Sedentary	Moderate	Heavy	Sedentary	Moderate	Heavy
Energy (Kcal/d)	2012±179.1	2313±166.3	2762±203.1	1809±128.6	1929±162.4	2002±141.6	1906±153.2	2121±136.6	2208±216.3	1800±129.9	1968±132.3	2112±139.8
Protein (g)	36±5.4	39±4.1	41±8.0	32±6.9	33±5.1	35±4.3	32±4.8	32±3.1	34±2.6	30±2.9	31±3.1	33±8.9
Fat & oil (g)	18±2.3	18±3.6	17±1.2	20±2.3	21±3.1	21±3.2	17±1.1	17±4.1	17±9.1	18±3.6	19±3.7	19±4.4
Fibre (g)	20±3.1	21±4.2	21±2.8	18±3.6	18±2.9	18±1.8	21±5.1	22±3.6	22±3.7	19±3.3	18±4.2	19±5.8
Calcium (mg/d)	325±69.1	310±80.0	311±90.1	271±111.2	266±112.8	259±169.1	298±76.2	299±89.8	311±99.2	267±102.4	262±119.2	258±121.9
Iron (mg/d)	21±5.4	22±6.1	21±0.4	19±6.2	18±7.1	18±8.2	20±6.9	21±2.2	21±3.9	16±4.6	17±0.8	17±6.8
Vitamin A (µg/day)	670±60	710±40	700±50	680±50	660±60	690±50	610±65	625±60	638±62	600±70	608±72	640±70
Vitamin B (mg/day)	1.1±0.3	1.1±0.2	1.1±0.2	1.0±0.3	1.0±0.2	1.0±0.1	1.1±0.2	1.1±0.1	1.1±0.1	1.0±0.1	1.0±0.1	1.0±0.1
Vitamin C (mg/day)	38±11	40±9	41±7	40±8	41±9	40±7	30±12	32±11	37±13	24±10	26±12	27±14
Vitamin D (I.U.)	170±12	172±18	178±20	168±20	169±22	170±22	161±18	166±20	168±22	152±22	156±24	160±18

Table 4: Special food items avoided by old age people

Age-group	Urban			Rural		
	Male	Female	Total	Male	Female	Total
Potato	2 (2.0)	4 (4.0)	6 (6.0)	2 (2.0)	1 (1.0)	3 (3.0)
Banana	2 (2.0)	-	2 (2.0)	1 (1.0)	2 (2.0)	3 (3.0)
Rice	3 (3.0)	3 (3.0)	6 (6.0)	2 (2.0)	1 (2.0)	3 (3.0)
Pumpkin	2 (2.0)	2 (2.0)	4 (4.0)	3 (3.0)	4 (4.0)	7 (7.0)
Meat/fish	3 (3.0)	4 (4.0)	7 (7.0)	11 (11.0)	13 (13.0)	24 (24.0)
Spicy food	12 (12.0)	10 (10.0)	22 (22.0)	9 (9.0)	6 (6.0)	15 (15.0)
Sweets	8 (8.0)	5 (5.0)	13 (13.0)	-	3 (3.0)	3 (3.0)
Curd	3 (3.0)	5 (5.0)	8 (8.0)	2 (2.0)	2 (2.0)	4 (4.0)
Bringal	3 (3.0)	2 (2.0)	5 (5.0)	1 (1.0)	-	1 (1.0)
Corn/groundnut	8 (8.0)	7 (7.0)	15 (15.0)	5 (5.0)	6 (6.0)	11 (11.0)
Total	46 (46.0)	42 (42.0)	88 (88.0)	36 (36.0)	38 (38.0)	74 (74.0)
No problem	4 (4.0)	8 (8.0)	12 (12.0)	14 (14.0)	12 (12.0)	26 (26.0)
Total	50 (50.0)	50 (50.0)	100 (100.0)	50 (50.0)	50 (50.0)	100 (100.0)
x^2		6.368*			P < 0.05	

(Figures in parentheses denotes percentage value)
* Significant at 5 per cent level of significance

facilities may cause difficulties in food selection and preparation. Anorexia caused by grief, loneliness, boredom or difficulty in chewing can decrease food consumption.

There are no specific nutrient requirements worked out for the elderly in India. However, one assumes some differences in the requirement of the elderly compared to those of young adults, because caloric intake is proportional to energy expenditure. In the case of minerals and vitamins, there are practically no differences.

The elderly prefer well cooked food in the soft form or semi-solid form. This may be due to the fact that elderly suffer from loss of teeth or wear dentures. Due to dental problems if the elderly are not able to eat common raw vegetables they can be used as grated vegetables or chutneys made with green leafy vegetables. Porridge can be prepared with unrefined cereals. Instead of chapatis, whole wheat rava upma can be given.

Conclusion

During old age people tend to be disinterested in cooking food every day and often not keen in opting for variety of foods. In some cases, food becomes monotonous and a few start skipping their meals, resulting in malnutrition. On the contrary, there is another group of elderly people who turn obese by over eating a variety of convenient and fast foods and become the victim of over nutrition. Hence, a survey conducted taking every aspect of the old age problem, emphasizing mainly the dietary pattern of the elderly people.

Recommendations

1. Analyse food habits carefully, Learn about the attitudes, situations and desires of the older persons. Nutritional needs can be met with a variety of foods, suggestion be made in a practical, realistic and supportive manner.
2. Encourage food variety, Mix new foods with familiar "comfort food". New tastes and seasoning often encourage appetite and increase interest in eating. Many people think that a bland diet is best for all elderly persons, but it is not. The decreased taste sensitivity of ageing necessitates added attention to variety and seasoning. Smaller amounts of food and more frequent meals also may encourage better nutrition.

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