

Nutritional profile of Institutionalized Elderly Women

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Abstract- The study focused on understanding the background information and life style pattern of 300 elderly women residing in ten old age homes i.e. five paid and five unpaid category and to assess their nutritional status. The finding revealed that 69% were widows, 52% had no children. For 50% the main reason for entering into old age home was no body to take care of their little needs. Only 14% were satisfied with their financial needs and 4% psychological needs. The anthropometrics measurements revealed that majority of the women were in normal BMI. Except fat, the other nutrients intakes were found to be lower than RDA. The major health problems was anaemic and cataract. Bio-chemical profile showed that serum Hb level was lower

Key words: Elderly, oldage homes, Psycological needs, satisfaction, nutritional status.

I. INTRODUCTION:

Ageing puts women in India in a particularly disadvantageous position, a position where women in general get marginalised and are meted out a deplorable treatment [1]. Indian society was having traditional informal support system such as joint family, kin and community. The primary responsibility of the point family was to protect its dependent members, for instance, elderly, children, disabled by providing basic needs such as food, clothing, shelter, health and psychological support [2]. The aged in the traditional societies enjoyed unparallel sense of honour, legitimate authority in family, had decision -making responsibilities and were treated as repositories of experience and wisdom [3 and 4]. Despite the belief that children are the security of the aged, institutions for the aged are mushrooming since 1990's. In 1998, India has 728 old age homes catering to the needs of poor, destitute, widows, sick and handicapped [5].

Objectives:

- i. To understand the background information and life style pattern of 300 elderly women residing in ten old age homes i.e. five paid and unpaid homes.
- ii. To assess the nutritional status in terms of anthropometric measurements, dietary intake, health problem and bio-chemical profiles were assessed using standard procedure.

Methodology:

With the help of interview schedule data were collected from the edlderly women i.e. 150 samples from paid homes and 150 samples from unpaid homes, based on their willingness and co-operation.

Results and discussion:

1. Background Information of The Elderly Women

The table 1 Shows the background information of elderly women.

TABLE I. BACKGROUND INFORMATIONS OF ELDERLY WOMEN

Aspects	<i>Paid (N=150)</i>	<i>Unpaid (N=150)</i>
AGE	75-79 Yrs - 24%	70-74 - 31%
MARITAL STATUS	Married - 72%	Married - 76%
NO.OF OFFSPRING	None - 42%	None - 63%
EDUCATIONAL STATUS	Illiterate - 18% High School - 35%	Illiterate - 30% Middle School - 25%
OCCUPATIONAL STATUS	No. Job - 74% Teacher - 16%	No. Jobs - 72% House hold chore - 24%
INCOME LEVEL	No Income - 74% Less than 1000 - 15%	No Income - 72% Less than 1000 - 28%
SOURCES OF INCOME	Pension - 15%	Contribution from Relative - 65%

Maximum age of the subjects were between 70-79 years. Forty two to 63% had no issues. This finding communicates that childless elders had an option to register into an old age home. A majority of 72-74% were not earning, but they were financially supported by their relatives and friends.

Reasons for residing in old age homes

The figure 1 shows the various reasons for which the elderly women were residing in old age homes.

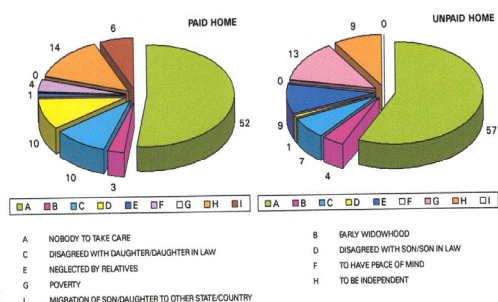


Figure 1. –Reasons for residing in old age homes

More than 50% of the elders, did not have anybody to take care of their little needs. Twenty one percent were disagreed with son/daughter/son-in law/ daughter-in law. For 12% poverty in unpaid homes and 13% in paid homes wanted to be independent without being burden to their children.

Satisfaction About The Needs Of The Elders

The table 2 shows the satisfaction about the needs of the elders.

TABLE II. SATISFACTION ABOUT THE NEEDS OF THE ELDERS

Activities	Paid (N=150)		Unpaid (N=150)	
	No.	%	No.	%
Food	127	97	150	100
Shelter	128	98	149	98
Clothing	150	100	150	100
Safety	123	94	147	96
Finance	31	24	12	7
Psychological Feelings	8	6	3	2

Though both paid and unpaid elders were satisfied with their basic needs the table clearly shows that only 2-6 percent of the elders were satisfied with psychological needs and 7% of unpaid elders with financial needs.

II. NUTRITIONAL STATUS OF THE ELDERS

Body mass index of the elders

The table 3 shows Body Mass Index of the elders.

TABLE III. BODY MASS INDEX OF THE ELDERS

BMI Range	Paid (N=150)	Unpaid (N=150)
Underweight < 18.5	14	26
Normal 18.5 - 24.9	100	109
Overweight 25-29.9	27	13

Grade I obesity 30-34.9	9	2
Mean ±SD	23.3 ± 4	21.5 ± 3.3

A majority of the elders were in the normal BMI of 18.5 - 24.9 followed by normal weight in paid home and underweight in unpaid home.

Nutrient Intake

The table 4 shows nutrient intake of elders.

TABLE IV. MEAN NUTRIENT INTAKE OF THE ELDERS

Nutrients	RDA	Paid		Unpaid	
		Mean ±S.D	γ'	Mean ±S.D.	γ'
Energy (K.Cal)	1400	1203 ±131.6	1.47 Ns	1242 ± 131.6	1.18 NS
Protein g	50	33.8 ± 6.5	2.43 *	35.5 ± 3.5	3.97**
Fat (g)	20	22.1 ± 4.9	0.4 NS	21.61 ± 4.3	0.37 NS
Calcium (mg)	400	376.4 ± 115.3	0.2 NS	336.7 ± 63.6	0.98 NS
Iron (mg)	30	14.1 ± 3.6	4.3**	12.39 ± 2.6	6.5**
β-Carotene (µg)	2400	687.5 ± 169.6	9.9**	740.1 ± 69.6	23.4 **
Thiamine (mg)	0.9	0.7 ± 0.3	0.4 NS	0.6 ± 0.1	2.5**
Riboflavin (mg)	1.1	0.7 ± 0.3	1.17 NS	0.8 ± 0.2	1.17 NS
Niacin (mg)	12	7.3 ± 1.2	3.7 **	7.3 ± 1.2	3.7 **
Vitamin (mg)	40-	34.6 ± 15.3	0.3 NS	27.2 ± 6.7	1.87 NS

NS - Not Significant ** - 1% Level * - 5% Level

The intake of all nutrients except calcium, iron, thiamine and vitamin C was lower among women in paid homes than in unpaid homes.

Though the food served was adequate in quantity and quality the food intake of the elders in both the homes was below the recommended level, which attributed to loss of appetite, poor health status, psychological status and loss of teeth.

III. HEALTH PROBLEMS:

The main nutritional deficiency disorder seen among the selected elders was anaemia. Dental disorders especially partial edentulous was most common. About 12% of the elders complained of constipation and upper abdominal discomfort. The main reason might be due to the lack of adequate amount of vegetables and fruits in their diets. Among the disorders of the sensory organs, cataract was common. General weakness was reported by more than 20% of the elders followed by diabetes and hypertension.

Bio-Chemical Profile:

There was no significant difference for the bio chemical analysis except for total cholesterol at 5% level. The

haemoglobin level was found to be lower than the normal range of 11-16 g/dl . Lipids profile and protein, albumin and globulin were within the normal range. Serum calcium level was below the normal range of 9-10.3 mg/dl.

IV. CONCLUSION:

To conclude, much of the misery that attends elderly women is due to their powerlessness, lack of financial assets and a regular source of income. This combined with existing social prejudice towards them, has made their position precarious. Therefore what is needed to rectify situation is social and economic empowerment of elderly women.

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