FOOD HABITS OF INSTITUTIONALIZED AND NON-INSTITUTIONALIZED ELDERLY OF SURAT CITY, GUJARAT, INDIA

Dr. V. N. Solanki [1] and Mr. R. P. Patel [2]

INTRODUCTION

Well-being of elderly has been mandated in the National Policy for Senior Citizens (2011). Nutrition plays a critical role in *healthy* ageing. There are various factors which affect the dietary intake of the elderly compromising their health and well-being. The living arrangement of the elderly is one of the factors affecting their well-being.

OBJECTIVES

The present study explored the foods consumption pattern among elderly dwelling in community with family (non-institutionalized) and dwelling in old age homes (institutionalized).

METHODOLOGY

A cross-sectional study was undertaken with two-stage stratified random sampling for selection of 1000 participants from non-institutionalized and institutionalized elderly residing in Surat city, Gujarat.

RESULTS

The study showed that a significantly higher percentage of non-institutionalized (63.0%) elderly consumed fried foods such as samosa, kachori, bhajia, although occasionally, as compared to institutionalized (30.8%) elderly ($p<0.001$). Two-fifth of the non-institutionalized elderly were consuming junk foods such as pizza, burger, etc occasionally as compared less than one-tenth of the institutionalized elderly ($p<0.001$). Biscuits, wafers and other dry fried snacks such as *chevda, sev*, were also consumed by significantly higher proportion of non-institutionalized (68.6%, 56.8%, 65.6%) elderly as compared to institutionalized (54.5%, 38.4%, 36.0%) elderly ($p<0.001$).

Figure 4.9: Distribution Of Elderly According To Consumption Of Various Foods & Beverages According To Gender

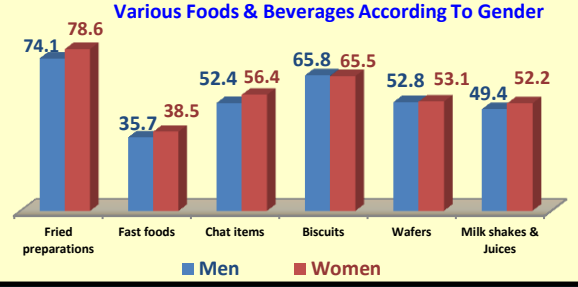
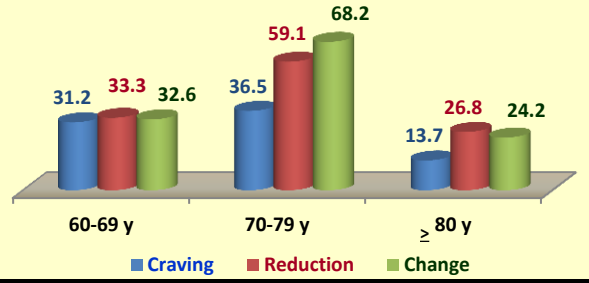


Figure 4.12: Craving Of Foods, Reduction And Change In Food Intake Among Elderly Of Different Age-Groups







CONCLUSION

High-calorie, non-nutritious junk foods were consumed more among non-institutionalized elderly. This might be probably because of irregularity in procuring and preparing food in the family living set-up as compared to fixed regime in institutions. There is a need to create awareness about healthy diets and ensure easy access to ready-to-eat nutritious foods for elderly.

1. Dr. V. N. Solanki, Associate Professor, Department of Food Science & Nutrition, Sheth P. T. Mahila College of Arts & Home Science, VNSGU, Surat, Gujarat.
2. Prof. R. P. Patel, Senior lecturer, Department of Food Science & Nutrition, Mahila Gram Vidhyapeeth, Nardipur, Gujarat University, Ahmedabad.

Click headings to Further view content

BIBLIOGRAPHY

INTRODUCTION

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OBJECTIVES
METHODOLOGY
RESULTS
CONCLUSION
TITLE
BIBLIOGRAPHY
END

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INTRODUCTION
METHODOLOGY
RESULTS
CONCLUSION
TITLE
BIBLIOGRAPHY
END

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INTRODUCTION
OBJECTIVES
CONCLUSION
RESULTS
TITLE
BIBLIOGRAPHY
END

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INTRODUCTION
METHODOLOGY
CONCLUSION
OBJECTIVES
Figures & Photos
BIBLIOGRAPHY
TITLE
END

Weight measurement :

A bathroom weighing scale was used to measure weight of all elderly participants. They were asked to stand erect on the scale without touching anything with no heavy cloths or footwear and looking straight ahead. Two consecutive readings were taken for all subjects for accuracy and recorded to the nearest 0.25 kg.

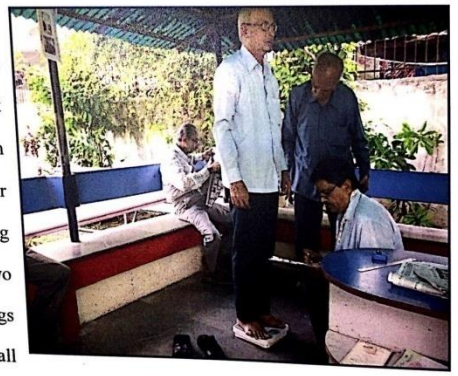


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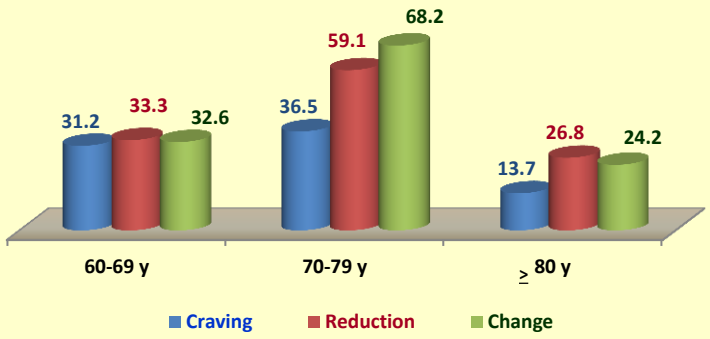
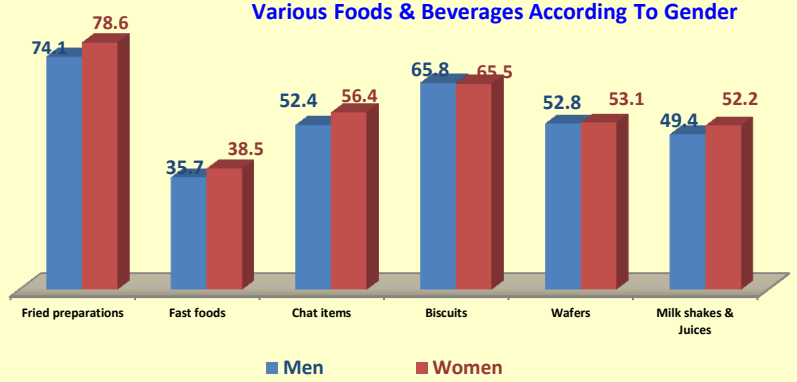


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❖ **Health and Morbidity profile**

As part of the health profile information collected included condition of eyes, way of walking, speech, condition of skin and teeth, memory status, condition of ears, condition of bones, condition of hair, flavor perception, condition of throat and social behavior. A



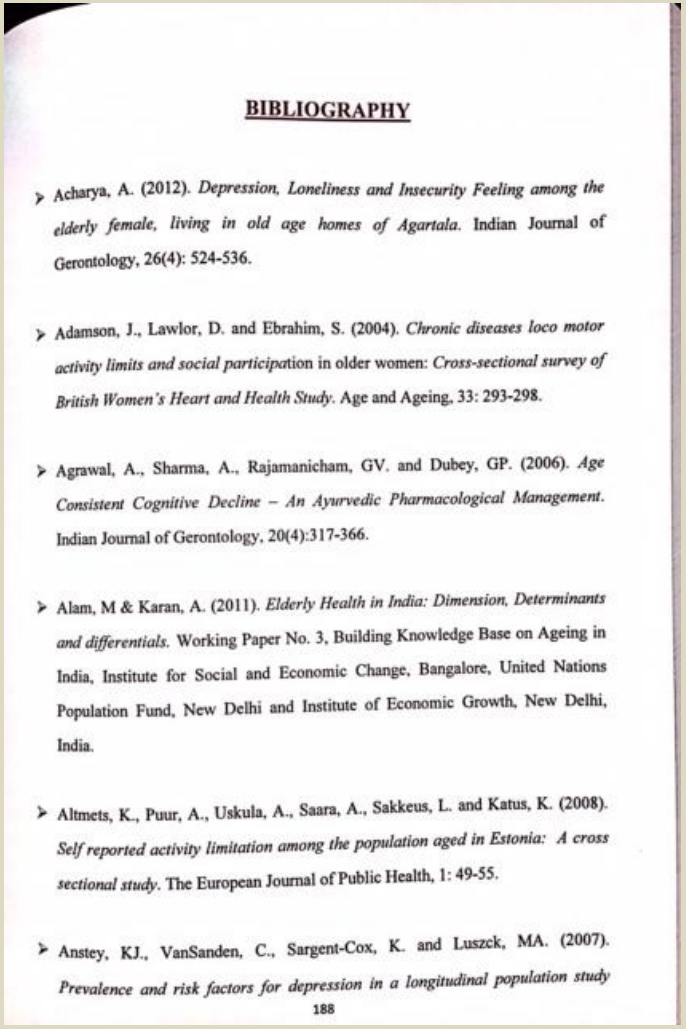
INTRODUCTION
METHODOLOGY
CONCLUSION
OBJECTIVES
RESULTS
BIBLIOGRAPHY
TITLE
END

CONCLUSION

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INTRODUCTION
OBJECTIVES
METHODOLOGY
RESULTS
TITLE
BIBLIOGRAPHY
END

BIBLIOGRAPHY



BIBLIOGRAPHY

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188

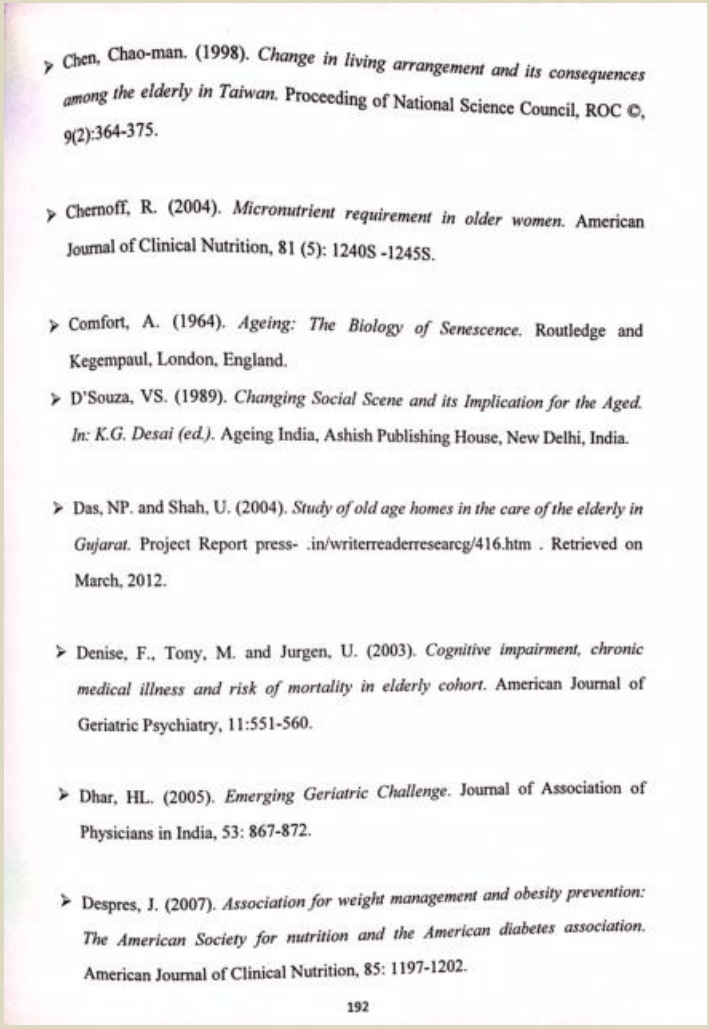
INTRODUCTION

OBJECTIVES

METHODOLOGY

RESULTS

CONCLUSION



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192

TITLE

Continue...

END

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208

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198

INTRODUCTION

OBJECTIVES

METHODOLOGY

RESULTS

CONCLUSION

TITLE

BIBLIOGRAPHY-1

END