

A Study of Various Socio-Psychological Factors on Health of Gwalior's Elder People

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Abstract

Today, the number of inhabitants in old (matured 60 years or more) contributes about 6% of the all-out populace of India & approximately 56 million in total number. In 20years time, the number would be 158 million & their level of the all-out populace will be generally 10%. Sustenance might be characterized as the science & its connection to wellbeing it is concerned essentially with the part played by supplements in body development, improvement, and support. The word supplement or "food factor" is utilized for determined dietary constituents, for example, protein, starches, fats, nutrients & minerals.

Keywords: *Nutrition, Health, disease, elder people, occupation, food habit, literacy.*

Introduction

As a populace, more established grown-ups are progressively inclined to diseases which are age-related, useful debilitation, & physical powerlessness that may meddle with the support of a decent wholesome status. Maturing alludes to a multidimensional procedure in people, the procedure of physical, mental, and social changes. The cutoff for maturity can't be characterized precisely on the grounds that the concept of seniority does not have a similar significance in all social orders. The legislature of India received the "National Policy on Older Persons" in January 1999. The arrangement characterizes "senior native" or "elderly" as an individual who is 60 years old or more established; be that as it may, the age of senior native contrasts in different pieces of the world. According to the definition given by the National Policy on Older Person (Government of India), the old gathering is stratified based on age Demographically, maturing is the development of the matured population (60+ years) in extent to the all-out populace over some stretch of time. A nation is said to age if the extent of individuals over 65 years old achieves 7%. The older populace is the quickest developing fragment all through the world. In the following 30 years, there will be an ascent in the older populace of up to 300% in Asia and Latin America. The future during childbirth in created nations is over 70 years. As indicated by the worldwide estimation, 605 million individuals are older than 65 years. Aging of the total populace is the aftereffect of two factors: a decrease in ripeness and an expansion in life expectancy. There has been a decrease in richness rates in creating countries during the former 30 years and in created nations all through the 20th century. In developed countries, the largest gain ever in future during childbirth happened during the 20th century, averaging 71% for females and 66% for males. Life anticipation during childbirth in created nations currently goes from 76 years to 80 years. Life hope has likewise expanded in creating nations since 1950, although the measure of increment has fluctuated. A higher future during childbirth for females contrasted and guys are practically general. Advances in restorative science improved medicinal services, and improved standard of living have helped individuals to remain sound and prolong their life. From the wellbeing point of view, the goal is to keep individuals alive and solid to the extent that this would be possible. Wellbeing training and wellbeing star movement assume significant jobs in keeping up great wellbeing, good mobility, and free useful status in the older [1].

Nutrition & Health

Health and well being of any individual depend on various factors like physical, social, psychological and nutritional factors. Nutrition plays an important role as a determinant in contributing to the well being and quality of life of an individual. It can be stated that the health of the population at large is determined by the economic and human development of the place where they live. Similarly, the economic development is determined by the health of the individual proving it to have a cause and effect relationship. The Centres for Disease Control (CDC) and other groups have carried out substantial research for proving a significant relationship between nutritional choice (intake) and health ailments like hypertension, coronary heart disease, hyperinsulinemia, dyslipidemia & diabetes type 2. This proves that nutrition is now acknowledged as an important aspect of determining the health status of the individual [2].

Literature Review

Result demonstrates that practically 90% older had low Mini Nutritional Assessment (MNA) scores. Thinking about the high commonness of poor dietary status among old, more spotlight on eating regimen and conceivable healthful mediations are required. Lower salary gathering ought to get specific regard to meet their extraordinary needs. The advancement and usage of minimal effort, avoidance based activities, for example, wellbeing, nourishment, and physical instruction could fundamentally upgrade the likelihood of keeping up great wholesome status for the old.

The point of the investigation introduced here was to evaluate abstract prosperity in an example of occupants of the Metropolitan zone of Naples, so, when the city is experiencing a troublesome time of its long history. As far as anyone is concerned, this is the main overview on this point, and our information speaks to a suggestive baseline.[3]

The present examination has been intended to investigate the conceivable relationship between social and social interest and prosperity, which our outcomes evidently support. A lot bigger and more inside and out examinations than our own neglected to locate a causal connection among social and social interest and prosperity and wellbeing. Be that as it may, the affiliation is well-archived and evidently is appealing to the point that few governments incorporate a commitment to social and social exercises among their techniques to improve prosperity and wellbeing. Since welfare expenses are one of the real wellsprings of open account shortages in the EU, putting resources into "social welfare," moderate wellbeing preventive and advancing methodology for sound living and maturing, could result in a considerable sparing of open assets. [4]

We visit psychosocial and social elements related to adult fitness. With the help of various level recovery tests for the estimation of the time required for static and statistical attributes, we have seen that members have better social relations announcement, higher feeling of control, outline of a small midwife and more prominent physical movement in Time 1, spontaneous physical fitness and less physical intervention The reason for the disclosure of partners After 9 years. Moreover, huge co-operation shows the more significant physical movement in Time 1 is related to age-related growth in physical disorders. [5]

Material & Method

The research methodology is basically concerned with the remark of facts, explaining the issues & dimensions of issues, and subsequently a strategic strategy in the direction of the analysis of the issues, info interpretation & drawing some conclusion. So, basically by this procedure, a researcher attempts to acquire knowledge & issues understanding & create concrete in solution direction.

Result & Discussion

Table 1: Demographic Profile

S. No.	Study Area	No. of Subjects	Distribution of subjects according to gender		
			Male	Female	Total
1.	Lashkar	100	50	50	100
2.	Gwalior	100	50	50	100
3.	Morar	100	50	50	100
	Total	300	150	150	300

Table 1 shows the demographic profile of subjects under study. The study group comprised of 300 subjects. As the study area was greater Gwalior, which is composed of three regions namely Lashkar, Gwalior, and Morar, therefore an equal number of subjects from each of these areas were included in the sample. Among the total 300 subjects, 150 were males and 150 were females.

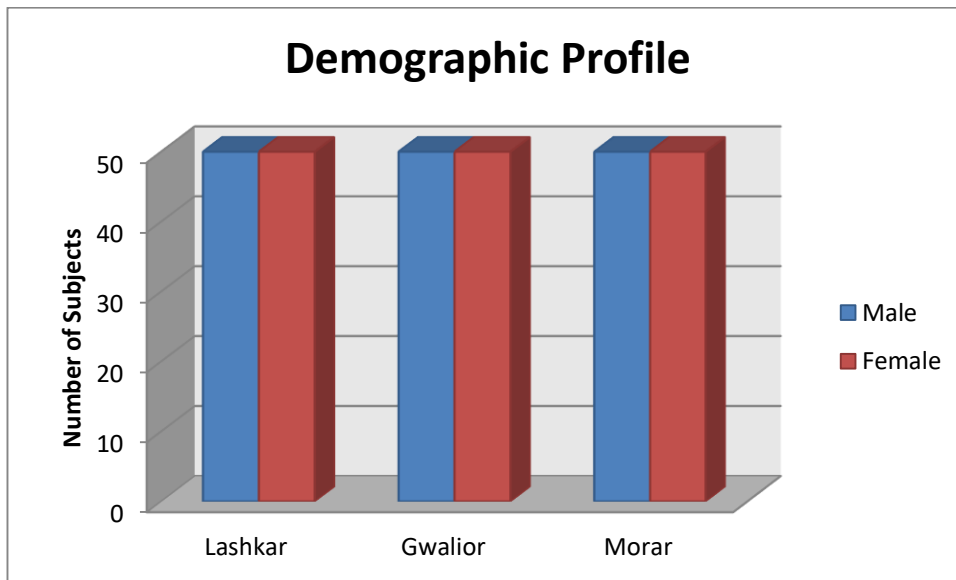


Table 2: Distribution of subjects according to present occupation

S. No.	Present Occupation	Subjects			
		Male	Female	Total	%
1.	Working	20	5	25	8.33
2.	Non Working	130	145	275	91.67
	Total	150	150	300	100

This table indicates the present occupation of subjects. In 300 samples (8.33%) subjects were working and (91.67%) were non-working. Out of the working subjects, one fifth were females while rest were males, depicting that in most families it is the males who continue to work even when they enter the age of the elderly. Most subjects (males as well as females) stop working as they enter this age group.

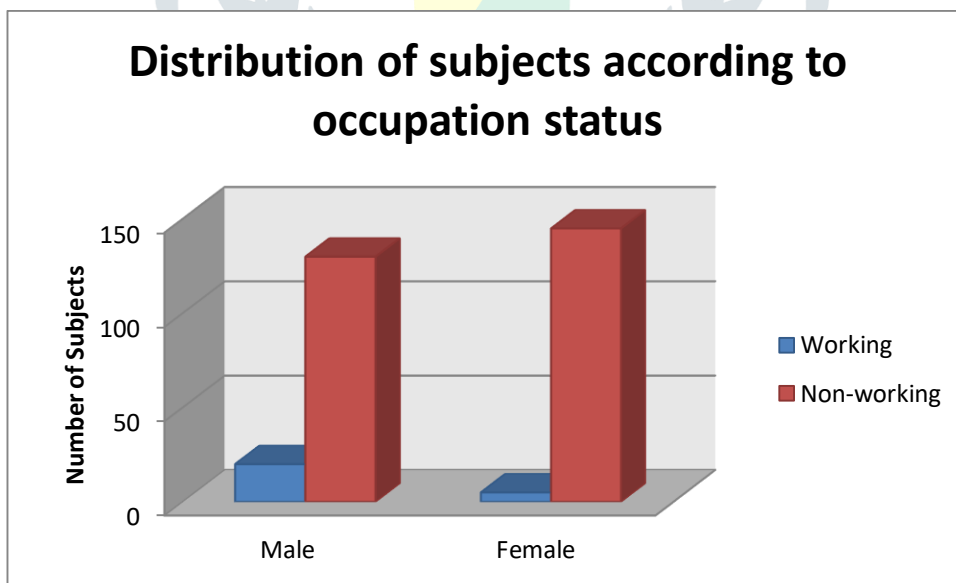


Table 3: Distribution of subjects according to the type of family

S. No.	Type of Family	Subjects	
		No	%
1.	Joint	100	33.33
2.	Nuclear	200	66.67
	Total	300	100

family types of subjects presented in the above table. It is clear that (33.33%) subjects belong to the joint family and (66.67%) belong to the nuclear family. Some subjects want to live in a joint family but because of their children’s study, jobs and to earn the money they have to live separately from their family. Sometimes it is also due to some social problem like daughter-in-law and son want to live separately. Financial problem is the main cause of living separately. A part of this freedom and independent life is also one of the causes. Whatever the cause, it ultimately affects the elderly members of the family.

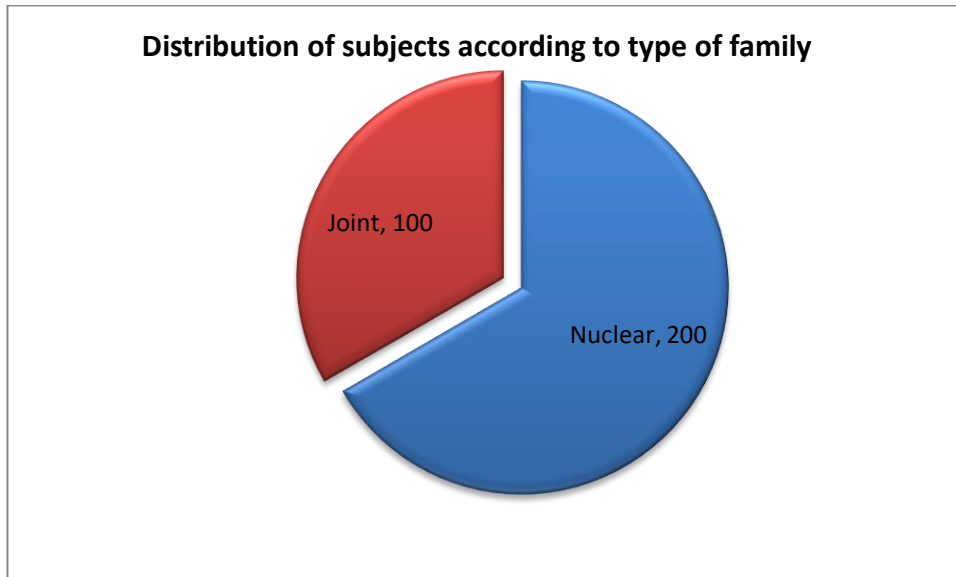


Table 4: Distribution of subjects according to food habits

S. No.	Food habits	Subjects			
		Male	Female	Total	%
1.	Vegetarian	25	80	105	35
2.	Non-vegetarian	25	20	45	15
3.	Ova-vegetarian	100	50	150	50
	Total	150	150	300	100

Above table shows the food habits of subjects. In 300 subjects (35%) were vegetarian, (15%) were non-vegetarian and (50%) were ova-vegetarian.

Some elderly subjects at their young age liked eating non-vegetarian food, but because of religious matters and social matters they had to switch over to vegetarian diet. On the other hand, some subjects who were purely vegetarian just because of their diseases had to turn in to ova-vegetarian.

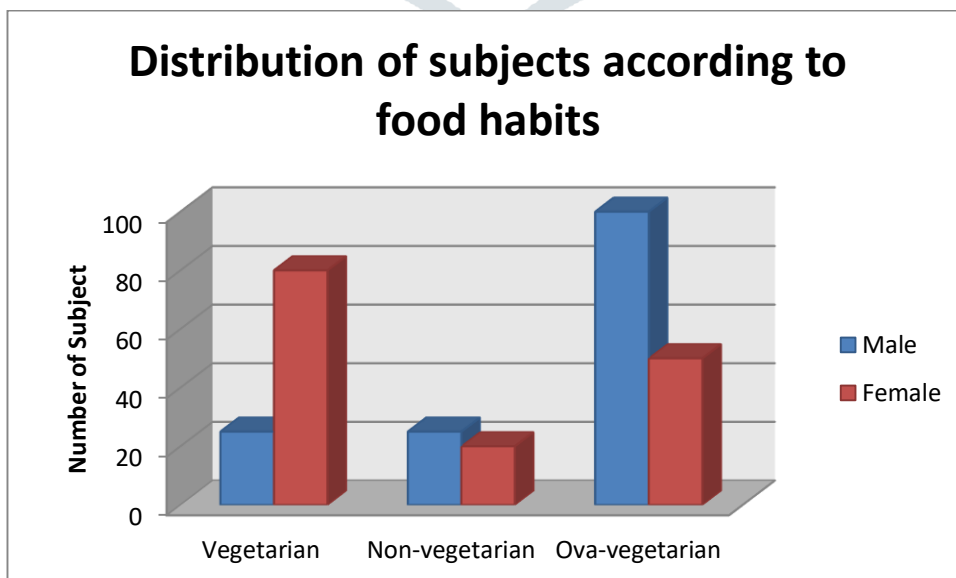


Table 5: Distribution of subjects according to literacy status

S. No.	Literature Status	Subjects			
		Male	Female	Total	%
1.	Middle certificate school	50	60	110	36.67
2.	High school certificate	20	30	50	16.67
3.	Graduate	40	20	60	20
4.	Post graduate	20	25	45	15
5.	Other higher education	20	15	35	11.67
	Total	150	150	300	100

Above table shows the literacy status of the subjects, which is an important factor to be considered for their nutritional and health status. The table clearly shows that out of the sample of 300, most subjects 36.6% were middle-educated while at least 11.67% had a qualification higher than the postgraduate degree. Rest others were higher secondary 16.67%, graduates 20% or postgraduate 15%. This shows that the general literacy status of the sample was not very high, and the results of the study would be affected by this factor.

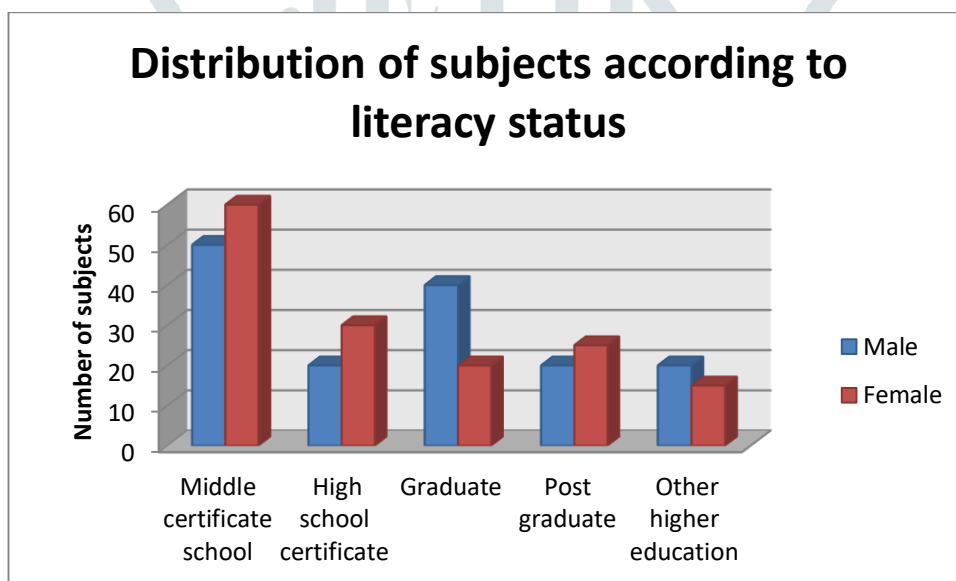


Table 6: Distribution of subjects according to the pattern of meal consumed

S. No.	The pattern of meal consumed	Subjects			
		Male	Female	Total	%
1.	Breakfast+lunch+tea+dinner	80	110	190	63.33
2.	Breakfast+lunch+dinner	40	10	50	16.67
3.	Lunch+dinner	10	-	10	3.33
4.	Extra intake in between meals	20	30	50	16.67
	Total	150	150	300	100

Above table shows the meal pattern of sample subjects it can be seen that maximum subjects 63.33% take four meal i.e. breakfast + lunch + tea & dinner, while 16.67% take three mealtimes i.e. breakfast + lunch + dinner, & 3.33% take only two meal i.e. lunch & dinner; a small no. 16.67% take some extra intake in between meal. In general, females were found to be more concerned about their meal pattern rather than males.

Meal pattern is an important aspect which determines the nutritional and health status of any human being. Status of the dietary level has the scoring of a meal with nine foods group.

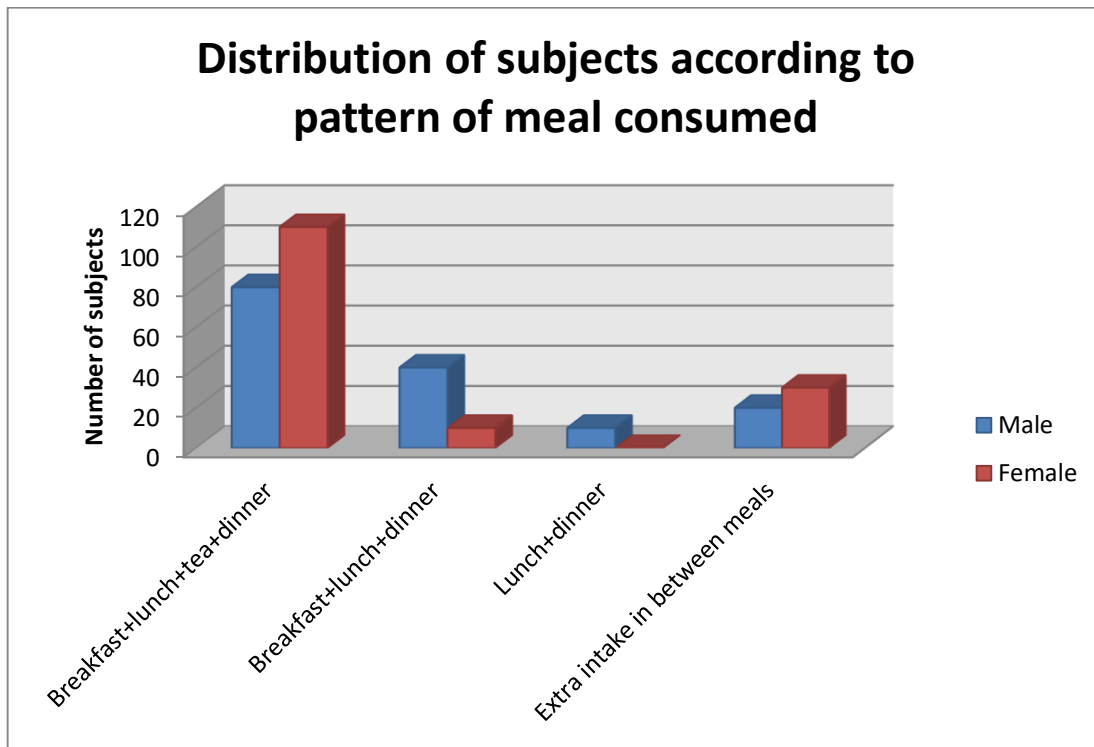


Table 7: Distribution of subjects as per income group

S. No.	Social economic class	Subjects	
		No	%
1.	Upper	30	10
2.	Upper middle	60	20
3.	Lower middle	160	53.33
4.	Upper lower	40	13.33
5.	Lower	10	3.33
	Total	300	100

classification of the socio-economic class of the subjects presented in the above table. It is clear that maximum subjects belonged to lower middle class 53.3%, 10% of them to upper, 20% to upper middle, 40% upper lower and 3.33% belonged to lower socioeconomic class. Those elderly people who are getting money in some of the other ways, either by pension or by doing some work or business, they are also the most respected people of their family, and if in a joint family they are also the head of the family and enjoying life to their satisfaction.

The socio-economic status of a person also plays a major role in the overall health and psychological status of a person.

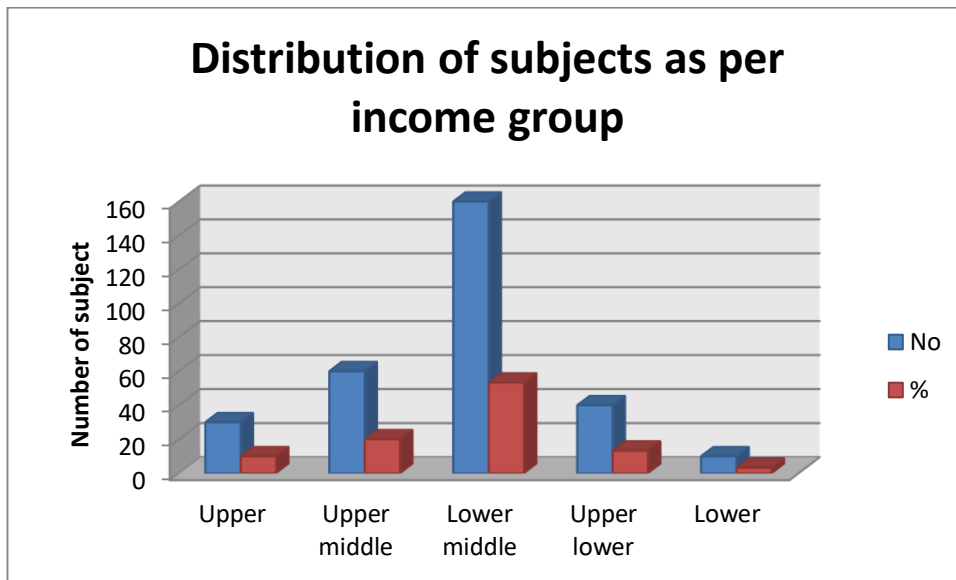
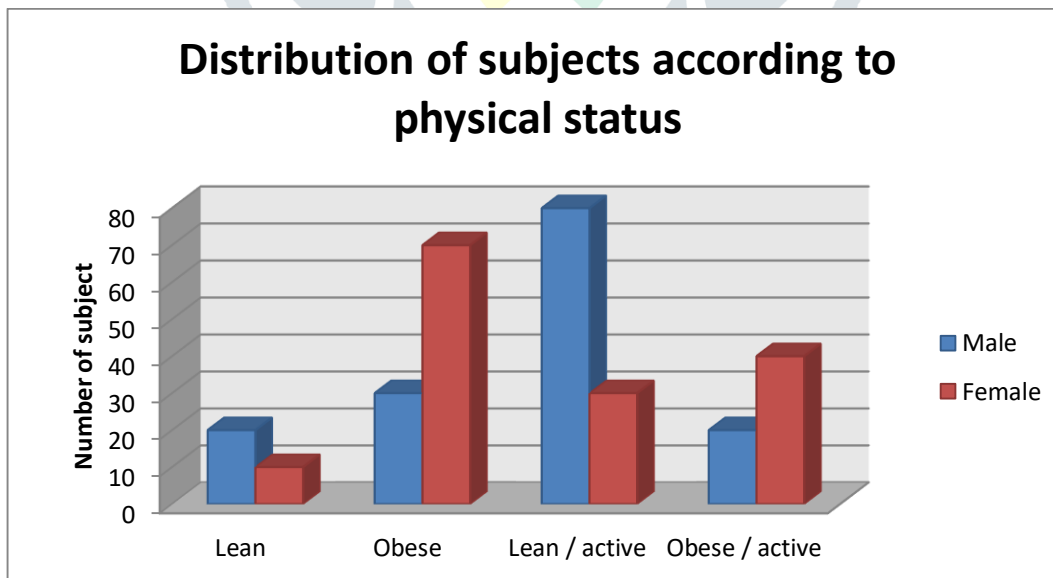


Table 8: Distribution of subjects according to physical status

S. No.	Physical status	Subjects			
		Male	Female	Total	%
1.	Lean	20	10	30	10
2.	Obese	30	70	100	33.33
3.	Lean / active	80	30	110	36.67
4.	Obese / active	20	40	60	20
	Total	150	150	300	100

Above table indicates the physical status of all the subjects, out of all subjects, 10% were lean, 33.33% obese, 36.67% were lean and active and 20% were obese and active. Physical status depends on diet and food habits. The people who are taking a proper and balanced diet, they are lean in their looks but can perform any kind of work even after the age of 60 years. And people who are suffering from obesity can also perform the work if they take a proper and balanced diet. It can be observed that more females fall in the category of obese; perhaps because they are not involved in much of physical activity.



Summary

The present study was focused on the impact of conduct the socio-psychological factors on health & elderly nutritional status (aged >60 years) in Gwalior. For the purpose of study, a total of 300 aged people of age 60 yrs, and above were selected as a sample from greater Gwalior (M.P.). Stratified random sampling method was adopted for survey in three sectors, which was decided on the basis of the interview (door to door visit). The selected houses were visited considering the age of 60 yrs or above

both for men and women. While numerous older adults are more established grown-ups stay sound & eat well, those in less fortunate wellbeing may encounter troubles in gathering their dietary needs. Meeting the eating regimen & nourishment needs of more seasoned individuals are urgent for the support of wellbeing, useful freedom & personal satisfaction.

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