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A descriptive study to assess the prevalence of malnutrition among older adults residing in GR Palayam village, Usoor block, Vellore

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Abstract

The aim of the study was to find out the prevalence of malnutrition among older adults residing in G.R. Palayam village, Ussoor block, Vellore.

The research design selected for this study was descriptive design with non-probability purposive sampling technique was chosen for the study. The sampling size is 120 older adults selected based on the inclusion and exclusion criteria in G.R. Palayam village, Ussoor block, Vellore. Tool used was Mini Nutritional Assessment (MNA) to assess the levels of malnutrition. The findings of the study showed that 77 (64.2%) older adults were at risk of malnutrition, 32(26.6%) older adults were at normal nutritional status and 11(9.2%) older adults were malnourished. There is a statistically significant association between occupation and family monthly income with level of malnutrition among older adults at $p < 0.05$ level.

Keywords: Assess, prevalence, malnutrition, older adults

Introduction

World-wide, the elderly population is increasing, and with it, the prevalence of malnutrition. Despite significant medical advances, undernutrition remains a significant and highly prevalent public health problem of developing and developed countries. Estimates of the prevalence vary, as methods for detection are not standardized. However, In India the prevalence of malnutrition is undeniably high: the overall prevalence is 22.6%. Nearly 40% of hospitalized elderly and 50% of those in rehabilitation facilities are malnourished, and 86% are either malnourished or at risk for malnutrition. Up to 67% of elderly in nursing homes are malnourished or at risk for malnutrition. Of elderly living the community, 38% are malnourished or at risk of malnutrition (Kaiser *et al.*, IAGS). Malnutrition significantly increases morbidity and mortality and compromises the outcomes of other underlying conditions and diseases. Malnutrition may delay recovery and prolong hospitalization, lead to increased susceptibility to infection, impede individuals' independence and quality of life, and even increase the risk of death in many patients. Malnutrition poses a huge economic cost to society. The malnourished elderly are more likely to require health and social services, have more hospitalizations, and cause a burden on caregivers. Nutrition plays an essential part of human life. The human body requires a certain amount of macro-nutrients to maintain good health. Malnutrition is a condition which occurs when there is a deficiency of certain vital nutrients in a person's diet. The deficiency fails to meet the demands of the growth, physical health, mood, behavior and other functions of the body. Malnutrition can be defined as a state in which an inadequate supply of nutrients occurs due to impaired metabolism, mal absorption (or) an inadequate supply of food. - (Dimaria-Ghalili-2014).

Statement of the problem

A descriptive study to assess the prevalence of malnutrition among older adults residing in GR Palayam Village, Usoor Block, Vellore.

Objectives

- To assess the levels of malnutrition among older adults residing in GR Palayam village.

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- To determine the association between the levels of malnutrition among older adults with selected demographic variables.

Methodology

The research approach easy quantitative approach. The design selected was descriptive design. Non-probability purposive sampling technique was chosen for the study. Sample size consists of 120 samples and the study was conducted in Govindha Reddy Palayam Village, Vellore. The tool designed for this study consists of two sections in order to achieve the objectives.

Section A: It deals with selected demographic variables such as age, sex, education, religion, occupation, type of family, monthly income, food habits, any health problem.

Section B: Standardized tool was adopted to assess the older adults risk of malnutrition -Mini Nutritional Assessment tool. It consists of two sections screening and assessment, Total score is 30 points

- 24-30 points - normal nutritional status
- 17-23 points - at risk of malnutrition
- <17points - malnourished

Data Collection Procedure

After received formal permission from institutional head, data collection was started. The period of data collection was seven days. Totally 120 samples were selected using purposive sampling technique duration of data collection period was one month. The purpose of the study was explained and verbal consent was obtained from all the samples. The data was collected by structured interview technique on one to one basis. Duration of thirty minutes for each sample was spent to collect data. Adequate privacy and confidentiality was maintained throughout all the study samples.

Plan for Data Analysis

Each item in the tool was scored and result was tabulated by using descriptive and inferential statistics. Frequency and percentage were used to analysis the selected demographic variables. Mean Standard deviation and percentage were used to assess the levels of malnutrition. Chi-square test used determine the association between levels of malnutrition with selected demographic variables.

Major Findings of the Study

Table 1: Frequency and percentage distribution on level of malnutrition among older adults, n=120.

S No	Malnutrition indicator score(mis)	Frequency (n)	Percentage (%)
1	Normal nutritional status 24-30 points	32	26.6
2	At risk of malnutrition 17-23 points	77	64.2
3	Malnourished <17 points	11	9.2

The study findings revealed that out of 120 samples 77(64.2%) of samples are at risk of malnutrition, 32(26.6%) of samples are normal nutritional status and 11(9.2%) of samples are malnourished.

In relation to occupation 60% coolie worker, 27.6% pensioner, 9.1% self-employment, 3.3% skilled worker. In relation to monthly income 72.6% upto 3000, 21.6% 3001-5000, 5.8% 5001-10000. The demographic variables of occupation and monthly income had significance with the level of malnutrition among older adults but there is no significance with age, sex, education, religion, type of family, food habits.

Conclusion

Malnutrition poses a huge economic cost to society. The malnourished elderly are more likely to require health and social services have more hospitalization and cause a burden on care givers. Dietary management plays an important role in controlling malnutrition among older adults. Therefore, routine nutritional screening is recommended on all older adults to identify those who are malnourished and those who are at risk for developing malnourishment.

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