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Meal Management for the Aged by Brafem Geriatric Foundation in Ilorin South Local Government Area, Kwara State

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Abstract

The study assessed nutritional management for aged by Brafem Geriatric Foundation in Ilorin South Local Government Area, Kwara State. The total population comprised of 6000 aged accommodated in the foundation. Simple random sampling was used to select 120 respondents. Data was collected using a questionnaire, and were analyzed using descriptive and inferential statistics. Results showed that the aged agreed to eat three times daily, taking balance diet, eating early in the morning. Also, the aged agreed to take much of fruits and water when eating and during their regular day activities. The aged also agreed that Brafem Geriatric Foundation managed all the nutrient intake in their meals. The study concluded on the role of nutrition in the maintenance of aged health and that they should adopt diets and lifestyle habits that will minimize risk to diseases.

Keywords: Nutrition, Management, Aged, Mealtime, Pattern.

Introduction

Proper nutrition is important for good health to every individual including the older population. It affects the aging process and is one of the most determining factors of longevity. Nutritional needs change throughout life. For the elderly, these changes may be related to normal aging processes, medical conditions, or lifestyles. It is therefore important for the aged to adopt a diet and lifestyle habits that minimize the risk of morbidity and maximize the prospects for healthy ageing (WHO, 2002). Ageing is a natural phenomenon that everyone across the globe has to

face within the incessant years of their lives. According to Ogbuyi and Iwuagwu (2014), Igbo (2009) and Harman (2001) aging starts at birth and ends at death encompassing physical, social, psychological and spiritual changes. The changes can be influenced by genetic, environmental and lifestyle factors. The three main nutritional issues in older people are frailty, sarcopenia, cognitive decline which leads to malnutrition related to dependency. During aging, eating well can be the key to positive outlook and staying emotionally balanced, a variety of colourful fruits and vegetables, whole

grains, and lean protein will make them feel vibrant and healthy, both inside and out (Olusanya, Bala, Eyisi and Olojola, 2010). A proper diet reduces the risk of wart disease, stroke, high blood pressure, hypertension, diabetes, bone loss, cancer and aneamia. Also, eating sensibly means consuming fewer calories and more nutrient tense foods, keeping weight to function very well, as this will improve memory and mental alertness as they age (Anyakoha, 2015).

Mealtime pattern is a universal concept understood across societies and culture, although the symbolic meaning of meals differ for groups and individual (Fjellstrom, 2004). For Elderly, mealtime pattern may change either by virtue of disease, caregiving or even shifts in the living environment (Asalage and Amella, 2009). There are also changes in patterns of diet composition and reduction in the variety of foods consumed in the aged population that further reduces the energy intake. Eating three times a day, utilization of nutrient intake of aged vary. Consumption of carbohydrates, protein, minerals and vitamins and manage quantity of nutrients. Also, Fluid intake in form of eating fruits, drinking water while eating and drinking water regularly. (Groot, Verheijden, De Henauw, Schroll and Staveren, 2004). Collective mealtimes in nursing homes and long term care hospitals provide an opportunity to integrate an implement good nutritional care. A pleasant and social environment during mealtimes may add a sense of security and satisfaction. Meeting the needs of the aged is essential for their

health. Some of the needs of aged include: proper diet rich in protein, calcium and vitamins, safe environment, moderate exercises, good hygiene, decreased sun exposure, sleep and rest, periodical medical checkup and treatment of sores and injuries, protection from cold, suitable housing, interaction with people, special counselling among others (World Health Organisation (2014) and Balami, Vurha and Ojoba (2012).

Geriatric Care Management involves planning and coordinating care of aged and others with physical and mental impairments to meet their long term needs, improve their quality of life and maintain their independence for as long as possible. It entails working with person of old age and their families in managing, rendering and referring various types of health and social care services.

Brafem Geriatric Foundation is a Non-Governmental Organization formed locally in 1998 by Mrs. Beatrice O. Oyegbade. It became officially registered in July, 2010 with cooperate affairs commission Abuja. Brafem geriatric foundation was conceptualized out of deep love and passion for the care of the elderly and aged people in the society. The objectives are to: decrease the effect of aging in the body, to care for the aged people within and outside their home, to prevent boredom and neglect at old age, to create an avenue for old people to relate and chat together and to assist the working class people to take care of their aged ones.

The increasing number of aged is leading to an increase in demand on

health care. Aged individuals are often vulnerable to many illnesses, they are frail, and they have disabilities in self-care tasks (Fried 2004). The role of nutrition in the maintenance of aged health, management of chronic conditions, treatment of serious illness and rehabilitation of functional limitations has risen to the top of the agenda for public interest and research during the last decades (Niji, 2006; Fiatarone, 2004; Vellas, 2006).

Purpose of the Study

The purpose of the study is to assess the nutritional management for aged by Brafem Geriatric Foundation in Ilorin South Local Government Area, Kwara State.

Specifically the study to determine:

1. socio-economic characteristics of the aged in Brafem Geriatric Foundation.
2. mealtime pattern of the aged in Brafem Geriatric Foundation.
3. fluid intake of the aged in Brafem Geriatric Foundation.
4. nutrient intake of the aged in Brafem Geriatric Foundation.

Research Questions

1. What are the socio-economic characteristics of the aged in Brafem Geriatric Foundation?
2. What is the mealtime pattern of the aged in Brafem Geriatric Foundation?
3. What is the fluid intake of the aged in Brafem Geriatric Foundation?
4. What is the nutrient intake of the aged in Brafem Geriatric Foundation?

Methodology

Design and Area of Study: Descriptive survey research design was used. The study was carried out in Brafem Geriatric Foundation Ilorin South local Government Area, Ilorin, Kwara State. It is a Non-Governmental Organization.

Population of the Study: The population of the study consists of 6000 aged (male and female) who were accommodated at Brafem Geriatric Foundation in Ilorin South Local Government Area, Ilorin, Kwara State.

Sample and Sampling Technique: Simple random sampling was used to select respondents, one hundred and twenty (120) Aged were selected.

Instrument of Data Collection: The instrument for data collection was a structured questionnaire which was used as interview schedule. Variables that were measured include; socio-economic characteristics, indicators of mealtime pattern, fluid intake and nutrient intake of the aged. Mealtime pattern and fluid intake was measured on a 3 point scale of Yes (3), No (2) and Undecided (1). Mean of 2.00 was used for deciding the level of acceptance. Also, nutrient intake was measured on a 5 point Likert scale of Strongly Agree (5), Agree (4), Strongly Disagree (3), Disagree (2) and Undecided (1). Mean of 3.00 and above was used for deciding the level of acceptance.

Data Collection and Analysis: A total of 120 questionnaires were administered with the help of a research assistant. The collection of all copies were by hand. Data were analyzed

using descriptive and inferential statistics.

Findings of the Study

The socio-economic characteristics presentation showed that (27.5%) of the respondents were less than 85years, Close to half (49.2%) were between ages 85-89, (16.7%) were between ages 90-94 and (6.7%) were above age of 95 implying all the respondents were in

their old age. Majority (52.3%) of the respondents were females while the remaining (47.5) were males, (59.2%) of the respondents were Christians, (37.5%) were Muslims and (3.3%) were Traditionalist. Majority (53.3%) of the respondents has tertiary education with (38.3%) as public servant and they earn above ₦35,000 as their monthly income.

Table 1: Responses of the Aged on Mealtime Pattern in Brafem Geriatric Foundation

S/N	Indicators of mealtime pattern	Mean	Remark
1.	B.G.F provides meals three times daily	2.24	Agree
2.	There are days I do not eat at B.G.F because of loss of appetite	2.16	Agree
3.	B.G.F has time table for my food schedule on each day	2.05	Agree
4.	B.G.F provides adequate diet in order to ensure sound health	3.41	Agree
5.	I like to eat very early in the morning at B.G.F	3.03	Agree
6.	I like to eat early at night at B.G.F	1.31	Disagree
7.	I take sugar in my food at B.G.F	0.83	Disagree
8.	I take much of salt in my food at B.G.F	1.45	Disagree
9.	I take proteinous food at B.G.F	2.15	Agree
10.	B.G.F combines different classes of food in a meal	2.13	Agree
	Grand mean	2.07	Agree

Table 1 above reveals the mealtime pattern of the aged in Brafem Geriatric Foundation, seven items out of ten items were agreed by the aged with the mean rating above 2.00 while the other

three items had a mean rating less than 2.00. The grand mean for the responses on mealtime pattern is 2.07. This implies that the respondents agreed with the mealtime pattern of the foundation.

Table 2: Responses of Aged on their Fluid Intake in Brafem Geriatric Foundation.

S/N	Indicators of fluid intake	Mean	Remark
1.	Do you take much fruits	2.35	Agree
2.	Do you like drinking water while eating	2.35	Agree
3.	Do you drink water regularly in a day	2.41	Agree
4.	Apart from water, do u take carbonated drinks	1.93	Disagree
5.	Do you enjoy drinking pap (ogi) every morning	1.12	Disagree
	Grand Mean	2.03	Agree

Table 2 above shows the fluid intake of the aged, three out of five items were agreed, with the mean rating of 2.00. The grand mean score of fluid intake is

2.03. The grand mean score is higher than 2.00. This implies that majority of the respondents agreed with the statements.

Table 3: Responses of Aged on their Nutrient Intake of in Brafem Geriatric Foundation.

S/N	Indicators on nutrient intake	Mean	Remark
1.	regulates the intake of carbohydrate foods	3.91	Agree
2.	manage the quantity of protein intake	3.75	Agree
3.	cautious of fat intake given to the aged	3.63	Agree
4.	regulates intake of minerals and vitamins	3.55	Agree
5.	manages the quantity of nutrients intake for all meals	3.87	Agree
6.	gives calcium supplement after each meal	3.25	Agree
	Grand Mean	3.66	Agree

Table 3 above reveals the nutrient intake of the aged at Brafem Geriatric Foundation, each of the item listed were agreed by the aged to be managed by the foundation, where the rating mean score is 3.00 and the grand mean score is 3.66. This implies that all the items were accepted by the respondents.

Discussion of Findings

Findings of the study based on the response of aged, who agreed to having a pattern in which they take their meals at Brafem Geriatric Foundation such as; eating three times daily, they do not eat sometimes because of loss of appetite, they take balance diet to ensure sound health, they eat very early in the morning, to taking proteineous food and combining different classes of food. Amella (2007) asserted that mealtime pattern of aged changes as a result of frailty or sarcopenia or cognitive decline, which if not properly monitored can lead to a cycle of malnutrition in aged. Karen, Olivia and

Sandra (2015) also opined that meals should be planned and organized for the aged to encourage proper meal consumption with varieties by prioritizing choices over food which in turn can impact the quality of life.

Fluid intake of aged in Brafem Geriatric Foundation, the aged agreed to taking much of fruits, drinking water while eating and during the course of their regular day activities, they disagreed to taking carbonated drinks. Fluid intake is necessary for the aged to prevent dehydration and it helps to keep the urinary tract and kidney healthy (Tabloski, 2006). This also agreed with the work of Hodgkinson, Evans and Woods (2003) who reported the importance of hydration for the older people and risk factors that are caused by lack or inadequate fluid intake by aged.

The responses on nutrient intake of aged in Brafem Geriatric Foundation, the foundation agreed to manage the quantity of carbohydrates, protein, fat,

minerals and vitamins intake, they also agreed to manage all the intake of meals and giving calcium supplement after each meal, this findings is in consonance with Asalage and Amella (2009); Christenson (2001), who agreed that meals of the aged should consist of their energy needs (20-30kcal/day), protein needs (4kcal/day), fluids and macronutrients which includes the intake of foods with adequate fibre content. Also, they asserted that collective mealtime pattern in nursing homes provide an opportunity to integrate and implement good nutritional care.

Conclusion

Good nutrition and physical activity are health promoting lifestyle approaches in the aged population, the role of nutrition in the maintenance of aged health provides lots of benefits. Generally, aged who are placed in care of caregivers receives better treatment, are able to manage the nutritional intake and eat when necessary and meals are made available at all times.

Therefore the study concludes on the fact that food is important for healthy living and that it is important for the aged to adopt a diet and lifestyle habit that will minimize the risk of diseases that will endanger them to give them long stay period in the hospital.

Recommendations

Based on these conclusions, it was recommended that;

1. In cases of loss of appetite, meals should be well garnished as to arouse their appetite of the aged.

2. The aged should have caregiver or place in nursing homes, so that their nutritional needs can be properly met.

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