

Nutritional Status and Its Related Factors in Elderly in Kashmar

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Aging population and its consequences is one of the most issues in a lot of countries. Iranian population is in the transition in young population to the aging population and elderly population growth is higher than total population growth, therefore programming for control and solving elderly population issues is necessary in the future [1]. On the other hand, the status of health promoting behavior isn't in a desirable level and the situation is becoming more unfavorable and its consequences and issues will be very challenging [2]. One of the most important of elderly issues is malnutrition, thus elderly nutritional status is an important subject that less attention has been done in developing countries. Nutrition has an important role in death, disability and quality of life in the elderly [3]. On the other hand, importance of elderly issues is very important so that the motto of World Health Organization in 2012 is dedicated to the elderly and the subject was highlighting the problem. According to importance of the subject, the current study was designed and done with the aim of determining the status of nutrition and its related factors in the elderly in 2012. This is a descriptive- analytical study that was done in 2012. Under studied population were Aging people of under supported of Kashmar health centers that were selected by using classification sampling.

The elderly that have Alzheimer disease and were not able to response to the question were excluded. Data were collected by using a reliable and valid questionnaire through visiting house and via interview. The questionnaire was included demographic and nutrition question. The range of scores was between 14 to 57, so that scores between 14 to 28 were consider as undesirable nutrition, 29 to 42 moderate nutritional

status and 43 to 57 as desirable nutrition. Data were analyzed using SPSS-15 software and Pearson, Mann Whitney *U* and Kruskal Wallis. Mean age of under studied elderly was 69.03 ± 6.22 . 52.4% of the elderly were men. 62.9% were illiterate and 74.9% lived with their spouses. Nutritional status of 13.5% was undesirable, 82% moderate and 4.5% desirable. There wasn't significant relation between nutritional status with gender. There was significant relation between nutritional status with living with family ($p < 0.001$) and hypertension ($p = 0.035$). There was significant relation between nutritional status with living with spouse). There was negative correlation between nutritional status with age ($p = 0.048$). There was significant relation between nutritional status and educational level. Low percentages of elderly have desirable nutritional status and nutritional status of alone elderly, more aging elderly, low education elderly is poorer than other elderly. So we recommended appropriate intervention, especially educational intervention for improving nutritional status of elderly, especially more vulnerable elderly.

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