

## **NUTRITIONAL PRACTICES OF THE ELDERLY IN GHANA: EVIDENCE FROM ATEITU AND WINNEBA ZONGO COMMUNITIES IN THE EFFUTU MUNICIPALITY**

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### **ABSTRACT**

Good nutrition is an important indicator of longevity and good health of the elderly. Hence, this study assessed the nutritional practices with regard to the consumption of breakfast, lunch and supper by the elderly in Ateitu and Winneba Zongo communities in the Effutu Municipality. Descriptive survey design was adopted for this study. A total of one hundred (100) elderly people aged 60 years and above, were selected via snowball and purposive sampling techniques for the study. A pre-tested and contextually prepared structured questionnaire (Cronbach's alpha reliability coefficient =0.78) and observation checklist were used to conduct the survey. The Statistical Package for Social Sciences (SPSS) version 22 was used to analyse the data quantitatively using frequency count and percentage. The findings indicate that although many elderly people in Ateitu and Winneba Zongo communities regularly ate nutritious and balanced meals for breakfast, lunch and supper at the right time; a few (4%) of them skipped lunch. It is, therefore, recommended that the Ministry of Gender and Social Protection (MoGSP) through the Effutu Municipal Assembly and Social Welfare Department should extend the Livelihood Empowerment Against Poverty (LEAP) programme to the elderly who are in abject poverty in these communities. Caretaker family members and social support networks should regularly feed the elderly with nutritious and balanced three square meals regularly at the right time.

**KEYWORDS:** Nutritional practice, breakfast, lunch, supper, elderly, longevity.

### **INTRODUCTION**

Many residents, especially the elderly in Ateitu and Winneba Zongo communities live below the poverty line. Lamptey and Donwazum (2014) made this observation during the 2010 Population and Housing Census (PHC). Accordingly, poverty is one of the factors that influences food availability and accessibility. The health and nutritional status of the elderly in these communities is largely influenced by poverty and poor social support systems. This means that the kinds of diet eaten by the people, including the elderly in these communities is partly influenced by poverty. The Jamaican New Zealand Ministry of Health (2013) added that the major causes of poor nutrition among the elderly are lack of money, loneliness, bad practices such as poor handling and storage of food and unsatisfactory disposal of rubbish and human waste. Aging as a process influences nutrient needs and nutritional status. This means that nutrition is one of the major determinants of successful aging and health of the elderly. Therefore as people age, eating well is a key to staying healthy. One of the most important ways to enjoy a healthy lifestyle and longevity is to adopt proper dietary, nutritional or feeding practices. In the views of Selivanova and Cramm (2014), health and longevity of elderly

people is associated with a good breakfast, regular meals, adequate sleep (7-hours long per day), weight control, regular exercise, not smoking “big cigarettes”, and moderate alcohol consumption. Poor nutrition is a serious challenge to the health of the elderly. Therefore, the elderly need good nutritional care as regards intake of nutritious, regular and timely breakfast, lunch and supper.

## **Statement of the problem**

Most elderly people in Ateitu and Winneba Zongo communities are nutritionally vulnerable and at risk of diet related health problems. The nutritional care that the elderly in these communities should be provided with, in some cases remain elusive. It has been reported by the National Ageing Policy [NAP] (2010) of Ghana that most often the elderly in society complain of health problems which are linked to the diet which they eat. Arguably, this phenomenon has been under-researched. This implies that little attention is paid to this phenomenon in Ghana. More importantly, there is absence of empirical data on the subject matter in the study settings, and this creates a knowledge and contextual gap which needs to be filled by the current work.

## **Purpose of the study**

The purpose of this study was to examine the nutritional practices of the elderly in Ateitu and Winneba Zongo communities in the Effutu Municipality.

## **Objective of the study**

This study found out the feeding practices with regard to breakfast, lunch and supper meals of the elderly in Ateitu and Winneba Zongo communities.

## **Research question**

The following research question guided this study: What meals are eaten for breakfast, lunch and supper by the elderly in Ateitu and Winneba Zongo communities?

## **Significance of the study**

Theoretically, this research would contribute to the on-going debate about nutritional practices of the elderly to fill the gap in contemporary literature. The study would provide nutritionists and social workers additional information on nutritional care for the elderly.

## **Hypothesizing nutrition in the elderly**

The New Zealand Ministry of Health (2013) hypothesized that elderly people have special need for nourishing food. The conjecture is that they are less active and do not need as many calories. Again, because of inactivity, they tend to be constipated. Although the elderly usually have poor appetite they need to eat a well-balanced diet. Longevity and the rate of ageing are associated with daily health habits and life style. This means that good food can help elderly people to stay healthy and active for longer periods and to resist infections. As much as possible, they must be given good food

to eat. However, Owusu (2005) cautions those looking after the elderly to seek professional advice to be sure of giving a balanced diet.

The diet of an individual is what they eat, which is largely determined by the availability, processing and palatability of foods. This implies that food can only be eaten when it is available and accessible. The kind of diet eaten by a person contributes immensely to the nutritional and health status of that particular individual or family (Adigbo & Maddah, 2011). Food habit also known as dietary practice is explained by Adigbo and Maddah (2011) as the way in which any group of people select, prepare, serve and eat food as well as the number of times meals are eaten in a day. In the perspectives of Amoako-Kwakye (2010), dietary practice as the typical behaviours of specific groups of persons or an individual in relation to food intake.

According to Barasi (2003), there is no reliable data about the specific nutritional needs of the elderly. Experts, however, proposed that every meal of the elderly must be balanced with elements from the five food groups (New Zealand Ministry of Health, 2013; Directorate of Public Health, 2002). The experts of the Dundee City Council Directorate of Public Health (2005) also proposed that breakfast for the elderly in nursing and private homes must be served early. Owusu (2005) also recommended that lunch for elderly citizens must be taken between 12 noon and 3pm. He also recommended that supper must be taken before 8pm to allow food enough time to digest properly. The elderly are also encouraged to consume adequate quantity of fluid, especially water to aid digestion and to control body temperature (Wardlaw & Smith, 2011). They indicated that the diet of the elderly should contain fibre as well as fruits to reduce constipation. Older people are at risk of certain nutrient deficiencies. These are vitamins C, folic acid, iron and vitamin D Deficiency of vitamin C. These deficiencies relate to a low intake of fruit and vegetables. Therefore, older adults require increased intake of folic acid, vitamins D, B12, and B6 and calcium which can be found in liver, pulses, fortified breakfast cereals bread, green leafy vegetables and citrus fruits. Of these, Culross (2008) recommends B12 exclusively to those over the age of 50 as a supplement because of the decreased absorption rate. Vitamins D supplements should be considered for those who are housebound and in long term care (Sahay & Sahay, 2012).

## **METHODOLOGY**

### **The research design**

The study adopted the descriptive survey design.

### **Population, sample and sampling techniques**

The target population was hundred and fifteen (115) elderly people aged 60 years and above resident in Atetitu and Winneba Zongo communities in the Effutu Municipality. The accessible population for this study was one hundred (100) which represents 85% of the target population. The choice of 85% of the target population is based on the assertion of Saunders, Lewis and Thornhill (2007) that a sample size of 5 to 30 percent is appropriate for a descriptive survey. Snowball and purposive

sampling techniques were used to sample 100 elderly people. In the first stage, snowball sampling technique was used to identify the 115 elderly people. The National Health Insurance (NHIS) card was used to crosscheck and confirm the ages. In the second stage, purposive sampling was used to sample 100 male and female elderly persons who were without health challenges such as diabetes, hypertension and stroke at the time of the study. This implies that 15 elderly persons with health problems were excluded from the study.

**Instrumentation**

The data collection techniques for this study were administration of questionnaire and observation. Thus, questionnaire and observation checklist were used as data collection tools to gather data for the study. The questionnaire was pilot tested on 10 elderly people at Kojo Bedu, a suburb of Effutu Municipality. The response from the pilot test of the questionnaire was subjected to Cronbach’s alpha reliability analysis method via Statistical Package for Social Sciences (SPSS) version 22 which yielded reliability coefficients (r) of 0.78.

**Data analysis and presentation**

The data were described using descriptive statistics (frequency count and percentage). The data is presented and analysed under the theme: nutritional practices of the elderly.

**RESULTS**

The nutritional practices of the elderly in Ateitu and the Winneba Zongo communities

**Table 2: Meal pattern of the elderly in Ateitu and Winneba Zongo communities (n = 100)**

Type of meal	Community		Total
	Ateitu(n = 55)	Winnbe Zongo(n = 45)	
<b>Breakfast</b>			
Tea and bread with milk	21(38)	5(11)	26(26)
Milo and bread with milk	19(35)	0(0)	19(19)
Coffee and bread with milk	5(9)	0(0)	5(5)
Hausa kokoand bread with milk	10(18)	10(22)	20(20)
Hausa kokoand koosewith milk	0(0)	14(31)	14(14)
Hausa koko and masawith milk	0(0)	8(18)	8(8)
Waakye and fish	0(0)	8(18)	8(8)
<b>Lunch</b>			
Kenkey and fish	28(51)	0(0)	28(28)
Kenkey and stew	12(22)	0(0)	12(12)
Banku and fried fish	10(18)	5(11)	15(15)
Waakye and fish	5(9)	15(33)	20(20)
Rice and vegetable stew	0(0)	25(56)	25(25)

<b>*Supper</b>	<b>n = 85</b>	<b>n = 83</b>	
<i>Fufu</i> and soup	25(29)	0(0)	25 (14.8)
<i>Banku</i> and soup	18(22)	20(24)	38(22.6)
<i>Banku</i> and okro stew	22(26)	0(0)	22(13.1)
<i>Kenkey</i> and fish	20(23)	18(22)	38(22.6)
Rice balls ( <i>omo tuo</i> )and vegetable soup	0(0)	45(54)	45(26.8)
<b>Meal time</b>			
Breakfast (6am – 9am)	55(100)	45(100)	100)
Lunch (12 noon – 2pm)	55(100)	45(100)	100)
Supper (6pm– 8pm)	55(100)	45(100)	(100)

Source: Field data (2018).

Note: The figures in parentheses are in percentage; \*Multiple response for supper —n= supper > 55 and 45 due to multiple responses.

Hausa koko - local porridge prepared from millet and maize; Koose – local doughnut prepared from fermented millet and beans.

It is evident in Table 2 that tea and bread with milk (26%), followed by Hausa koko and bread with milk (20%), milo and bread with milk (19%) are consumed as breakfast meals by the elderly in Ateitu and Winneba Zongo communities. Of these meals, Hausa koko and bread or koose with bread is mostly consumed as breakfast meal by the elderly in Winneba Zongo, while beverage (milo, tea) and bread with milk is mostly consumed as breakfast by the elderly in Ateitu. The addition of tin or fresh milk to the beverage and koko makes breakfast quite nutritious. The composition of breakfast in the two communities did not differ significantly as they are balanced with elements from the five food groups. Arguably, there are five kinds of food nutrients even though there are six food groups as espoused by Adigbo and Maddah (2011). It is also evident from the results that the elderly in both communities ate breakfast early —between 6.00 am and 9.00 am. This is a good practice as it validates the recommendation by the Dundee City Council Directorate of Public Health (2002) that breakfast for the elderly in nursing and private homes must be served early.

Kenkey and fish (28%), followed by rice and vegetable stew (25%), waakye and fish (22%) were often consumed as lunch meals by the elderly in Ateitu and Winneba Zongo communities. The composition of lunch in both Ateitu and Winneba Zongo shows a preponderant reliance on meals derived from two cereals — rice and maize. The finding that lunch meal is made phenomenally of cereals in the two communities confirms the assertion of Adigbo and Maddah (2011) who found out that in most areas in Ghana cereals are considered as staple foods not only because they are cheap, but also because they are easily available. In terms of nutritional standards, the lunch meals

satisfactorily meet the requirements of a balanced meal. This buttresses the views of experts in the New Zealand Ministry of Health (2013) which proposed that every meal of the elderly must be balanced with elements from the five food groups.

The result of this study found that rice balls (omo tuo) and vegetable soup (26.8%), banku with palm nut, groundnut or light soup (22.6%), kenkey and fish (22.6%) were regularly eaten as supper meals by the elderly in Ateitu and Winneba Zongo communities. The study found that the elderly in these communities mostly ate supper between 6.00 pm and 8.00 pm. This finding also validates the recommendation by Owusu (2005) that eating supper before 8.00 pm allows food enough time to digest properly. Generally, it is evident from the findings of this study that the elderly in Ateitu and Winneba Zongo communities regularly ate nutritious meals for breakfast, lunch and supper. This is a good practice for positive health and longevity. This observation is in line with the findings of the Human Population Laboratory of the California Department of Health (1962) which established a positive correlation between health and longevity of the elderly and such variables as good and regular breakfast, lunch and supper meals.

## **KEY FINDING**

The main finding of this study shows that over 96% of the elderly citizens of Ateitu and Winneba Zongo regularly ate nutritious and balanced meals for breakfast, lunch and supper at the right time. However, a few (4%) of the elderly skipped lunch because of financial reasons.

## **CONCLUSION**

The evidence gathered from this study indicates that health and longevity of elderly people is linked to good or healthy nutritional practices such as regularly and timely intake of nutritious and balanced meals combined from the various food and food nutrient groups in a single meal for breakfast, lunch and supper. Data from this study indicate that the elderly in Ateitu and Winneba Zongo communities engaged in healthy nutritional practices. They relied on locally available foods for their breakfast, lunch and supper meals which they regularly eat at the right time.

## **RECOMMENDATIONS**

The study reveals that some elderly persons in the two communities skipped lunch mainly for financial reasons. In view of this finding, it is recommended that the Ministry of Gender and Social Protection (MoGSP) through the Effutu Municipal Assembly and Social Welfare Department should extend the LEAP programme to the elderly in these communities to alleviate their problems. Furthermore, caretaker family members and other social support networks should feed the elderly with nutritious and balanced three square meals regularly at the right time.

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**APPENDIX A: QUESTIONNAIRE FOR ELDERLY PEOPLE**

**Types of meals consumed for breakfast, lunch and time of serving**

**Instruction:** Please tick [√] or write as applicable *per the Likert scale items*

1. Do you usually eat breakfast Yes [ ] No [ ]
2. If no why?.....  
.....
3. If yes, what food items do you normally eat?.....
4. Do you usually eat lunch? Yes [ ] No [ ]
5. If Yes what food items do you take?.....
6. If no, please explain why?.....  
.....
7. Do you usually eat supper (evening meal)?Yes [ ] No [ ]

- 8. If yes, what food items do you normally eat?.....
- 9. If no, please explain why?.....
- 10. At what time do you usually take:
  - a. Breakfast .....
  - b. Lunch .....
  - c. Supper.....

**APPENDIX B: OBSERVATION CHECKLIST**

**Instruction:** Please tick [√] or write as applicable *per the items*

Type of breakfast meal	Time of meal							
Tea and bread with milk								
Milo and bread with milk								
Coffee and bread with milk								
Hausa <i>koko</i> and bread with milk								
Hausa <i>koko</i> and <i>koose</i> with milk								
Hausa <i>koko</i> and <i>masa</i> with milk								
<i>Waakye</i> and fish								
<b>Type of lunch meal</b>								
<i>Kenkey</i> and fish								
<i>Kenkey</i> and stew								
<i>Banku</i> and fried fish								
<i>Waakye</i> and fish								
Rice and vegetable stew								
<b>Type of meal for supper</b>								
<i>Fufu</i> and soup								
<i>Banku</i> and soup								
<i>Banku</i> and okro stew								
<i>Kenkey</i> and fish								
Rice balls ( <i>omo tuo</i> )and vegetable soup								