

PREFACE

Health Status, Nutrition and Ageing in India: An Anthropological Insight

Twentieth century has witnessed an unprecedented transition from high birth rates to low fertility and mortality. About half a century ago there were about 200 million people over 60 years and by 2025 it is projected that there will be 1.2 billion, of whom nearly 70 % will be in developing countries. It is imperative to have an access on information on potential health risk factors of nutritional vulnerability. It is estimated that in next two and half decade three quarters of the world's elderly population would be living in developing countries. It is not unfounded that living longer comes at a price. It is increasingly important that with ageing the functional ability of the individual is sustained. Does nutritional status affect the functional ability in elderly is a pertinent question? Thus, proper evaluation of the nutritional status of elderly becomes an important issue.

India is undergoing epidemiologic transition resulting in increased number of people with chronic non-communicable disease-a makeup of decreased mortality rate and also in part because of improved medical care. With the rise in magnitude of non-communicable diseases the contribution of nutrition in the prevention of disease that is associated with ageing process is sought after. Nutritional status has a major impact on disease and disability. Trend in developing countries is towards higher fat, and more refined diets that contributes to increased risks of chronic diseases whose prevalence is already escalating rapidly. At the same, social and demographic changes are placing elderly at even greater risks of food insecurity and malnutrition. This double burden of under nutrition on one hand and obesity on the other in ageing population of the Indian subcontinent with a variety of ethnic group and divergent climatic zones poses tremendous challenge as the policies and institutions are currently unprepared to handle the demands of these changes.

Developing countries of the world face a very paradoxical situation; obesity and malnutrition are concurrent. India too has a very unique situation of co-existence of both the extremes of nutritional status scale, (i) under nutrition-a result of poverty, poor hygienic conditions and little access to health care and (ii) over nutrition-obesity, an outcome of modern lifestyle. Obesity in urban setup is the most visible health impairment analysed in terms of definition, possible causes, diagnosis, impact on health and longevity. Elderly population of India is suffering from under-nutrition in rural and tribal India. Under nutrition, especially if it is severe, is linked with many physiological, sociological or economic problems. Not only at the two extremes of nutritional status but with the advent of age, elderly are increasingly facing problems related to health, loneliness, lack of resources, lack of security etc. Ageing makes them most vulnerable not unhealthy. The problem among elderly women is more peculiar as they have to bear the burden of physical and physiological changes brought about by their post menopausal phase of life and societal hierarchy. The main reason Indian elderly are facing a multitude of problems is due to breaking of joint family system to more nuclear ones where parents are left behind either at the care of servants(in metros) or Alms (in rural areas).

Population based data on health problems, functional status, behavioural risk factors, and healthcare utilization, social circumstances are imperative to improve the quality of life of the elderly population thereby to add life to their years instead of years to their life. Anthropometric evaluation is an essential feature of geriatric nutritional evaluation, which is used to assess the prognosis of disease and to guide medical intervention in the elderly. Nutrient requirement for the elderly people are mostly extrapolated from younger adults in developed countries and assume the reduction in energy expenditure associated with retirement. These requirements may not be correct for older people belonging to lower socio economic status in developing countries. Malnutrition can certainly predispose to impairment of the muscular strength dimension resulting in functional disability. Underweight older subjects have decreased reserve capacity and can develop serious nutritional problems both rapidly and with only minor stress. The evaluation of BMI can potentially be used to highlight the severity and uniqueness of nutritional problem among population. Body mass index may be nutritionally rather than genetically related, despite wide variation in weight and height among human population. Thus, the use of BMI as an indicator of nutritional status may be more appropriate in a country with diverse ethnic groups like India. The appropriateness of conventional BMI cutoffs for the older elderly need to be assessed.

Simple anthropometric measurements have been used to measure obesity/under nutrition, demonstrating important practical value in both clinical practice and epidemiological studies. Anthropometry can be a valuable adjunct to clinical appraisal providing a quantitative indication of the rapidity of size increase, the relative amount of different tissues present, and (in adults) an indication of the effective caloric excess resulting in a prohibitive health and economic burden on society. Many studies have been conducted on multiple aspects of nutritional status by Indian anthropologists. The uniform inference that can be drawn is that there is definite change in requirement of nutrition in different ages and any deflection from the requirement is reflected in the body composition.

This supplement is a small gesture in an endeavor to give an insight to the influence of diverse cultural practices we take pride in on nutritional status especially among elderly who are the binding force of our society. The diverse elderly population assimilates and echoes the essence of these unique cultural values and is manifested in their body composition. There are eight research articles in this supplement volume on 'Health status, nutrition and ageing in India: An Anthropological insight'. These cover India's elderly across varied dimensions and gives multidimensional approach to the situation of their nutritional and health status from different walks of life. This database supplement on the nutritional and health status of the elderly from different parts of the country is an attempt to would bring varied articles together to enable the governments and other non-governmental agencies to formulate policies and initiate strategies for the well-being of our senior citizens.

Since very long my elderly parents, Mr. Sube Singh and Mrs. Shanti Devi, have been prompting me to bring forth the special need and problems of aged in India. As this age group is facing a lot of problems due to breaking of joint family system where elderly were made to feel wanted and their advice based on their life long experience were most welcomed. They in turn were looked after by younger generation and had no fear of loneliness which has become a common phenomenon among our elderly these days. Although one can never repay what parents do for children, bringing out of this volume and dedicating the same to all elderly parents in general and mine in special, is a small gesture of gratitude. I wish to take this opportunity to thank all the authors who helped to achieve the conclusion of this volume. The publishers deserve a special note of thanks for giving me this fabulous opportunity.

Satwanti Kapoor

Department of Anthropology
University of Delhi
Delhi-110007

Presently Vice Chancellor
Jiwaji University, Gwalior- 474011, M.P.,
India

E-mail: akkapoor46@rediffmail.com

© Satwanti Kapoor; Licensee *Bentham Open*.

This is an open access article licensed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted, non-commercial use, distribution and reproduction in any medium, provided the work is properly cited.