

Examining the Factors that Affect the Feeding Habits of the Selected Elderly and Their Relationship Between Their Levels of Satisfaction in Ekumfi District, Ghana

¹Nana Asimah Adam-Yawson, ²Evelyn Kissi, & ³Victoria Aba Mensah

¹Education and Professional Studies Department, Komenda College of Education, Komenda

²Vocation and Technical Department, Komenda College of Education, Komenda

³Education and Professional Studies Department, Komenda College of Education, Komenda

Abstract:- All living things depend solidly on feeding to continue to reproduce for the survival of the society. Irrespective of one's age there are factors that greatly affect one's feeding. The elderly like children are expected to take in balanced diet to restore their worn out energy and to enhance their deteriorating health conditions to endure old age complications. During old age the elderly also require much attention and caregiving like babies. Healthy food habits provide a key impetus to maintaining good health, preventing major diseases such as coronary heart diseases and diabetes, thus improving the quality of life among aging population. The researchers used quantitative approach for the study. The population for the elderly from Ekumfi was 5,194. However, accessible population of 632 elderly persons and 2,526 caregivers from 10 communities in the Ekumfi District formed part of the accessible population for the study therefore 100 elderly and their care givers in Ekumfi District in the Central Region of Ghana were the respondents for the study. The researchers used snowball sampling technique to select their respondents. The instrument used for data collection was questionnaire. The research design used for the study was cross-sectional non-interventional descriptive research design. The study revealed that, there were significant positive correlations between feeding habits and level of income, health condition, level of education, commitment of caregivers and physical activeness. However, there was a significant negative correlation between age and feeding habits of the elderly. The results further indicated that 41.3% of changes in the quality of feeding habits were explained by their age, level of education, level of income, health conditions, commitment of caregivers, and physical activeness. The study further revealed that, level of income and commitment of caregivers respectively made the strongest and second strongest unique contributions to explain variations in the quality of feeding habit, when the variance explained by all other variables in the model is controlled. Also, The Central Government should extend the LEAP funding to cover all elderly poor and to increase the amount to help alleviate their problems.

Keywords:- Support, Balances Diet, Caregiving, Organism, Development, Sustenance, Feeding.

I. INTRODUCTION

Feeding refers to the provision of what is needed for human beings to eat for sustenance, wellbeing, efficient operation and to be able to function well as normal human being and to be able to reproduce offspring. It is also considered to be a means by which organisms, typically animals, humans and other living things obtain their supply of food. It is further, said to be the act of eating or supplying people with food. Feeding is meant to produce, give or provide substance for someone. Whatever we eat influence every cell in our bodies. Eating healthy food helps us to grow and develop correctly. Food that we eat contains carbohydrates (food obtained from bread, cereal, rice, pasta and potatoes), protein (food derived from meat, poultry, fish, dry beans, eggs, nuts, milk and cheese), lipids (food acquired from fats, waxes, sterols and oil) vitamins, minerals water. These entire nutrient groups are found in food in varying amounts. A healthy diet may supply all the essential nutrients and calories for typical growth and development during childhood through adolescence to the elderly.

The study of the elderly has become major concern to many researchers from various academic disciplines including psychology and counselling. Buku (2016) cited Donald Supper's Developmental (Self-concept) Theory indicated that the elderly in his fourth stage of human development as the declined age (over 65 years) because their energy has deteriorated and can no longer withstand and perform major activities that require much energy. Buku (2016) continued that the elderly experience awareness of their situation and needs to accept their fate or situation as it may be as they cannot dictate to the influence of natural conditions. With such deteriorating age there are no meaningful decisions that will be very beneficial to the elderly except good health and their feeding. All their hope had then gone abash. Donald Supper referred to this last stage of human development in his theory as the stage of disengagement. These disconnection stages clearly indicate

that the elderly have totally declined in age, strength, and the ability to be very independent from relatives hence becoming very vulnerable in the society in which they live in.

Elderly like babies usually depend on caregivers to feed them transport them to the hospitals and soothe their discomforts and relief from complete hopelessness and helplessness. Caregivers are those people who are expected to give the elderly the needed care and attention. While human beings are growing up, we break away from our guardians and form an external support network with the society in which we live in. During old age the elderly also require much attention and caregiving as they become vulnerable and weak. When human beings cross the threshold of old age, our bodies begin to break down and we gradually fall back into the care and protection of others. There is also a successive decrease in the reserve capacity of the heart (Bozzetti, 2003). The elderly experience weight reduction absolutely which seems to depend mainly upon loss of fat and free mass (Hughes et al 2004). Fulop, Dupuis, Fortin, Douziech and Larbi (2006) supported this view that the immune systems of the elderly are seriously affected making them susceptible to all kinds of old age diseases.

Caregiving can be rewarding because they feels good to be able to care for a loved one (Amella 2004). El-Solh (2011) indicated that caregiving is also physically and emotionally demanding. Caregivers at times go through some form of stress. Caregivers stress is the emotional and physical strain that caregivers go through. This stress can take many forms. For instance, caregivers may feel frustrated and angry taking care of the elderly persons with dementia who often wanders away or become easily upset. Caregivers stress can lead to serious health problem and steps should be taken to reduce them as much as we can (Amella 2002, 2004). Care giving can also take toll on the caregivers' health. Caregivers are often get so busy taking care of the loved elderly that they often neglect their own health situation. Not taken appropriate care of one's physical and emotional health is likely to have an adverse effect on the caregivers' overall health and their abilities to care for the elderly persons. At times caregivers are constrained to perform other activities aside their caregiving. These commitments include household protection, particularly time-intensive tasks. Many caregivers do provide help practically 24 hours a day to themselves and their elderly. These leave very little time to spend on their families or personal life.

All human beings survive on food and express appreciation when they get adequate supply, require possessing a sense of belonging, as part of family customs, and for self-realisation. Food derived from fruits and vegetables provide immunity against diseases in humans. People normally become accustomed to the habits of eating three nutritious meals in a day. In general, breakfast meal should consist of lighter food as compared to lunch and supper. Eating, which was once a main priority of the youths, has now become a chore that they have to do to fit into their schedules or something that they do rather thoughtlessly and carelessly. Simply put, most of them do not pay much attention anymore to whatever they put into their bodies. The

term "food habits" (eating habits) refers to why and how people eat, which food they eat, and with whom they eat, as well as the ways people obtain, stored and preserved, used and discard food. Ford, Spallek and Dobson (2008) defined food habits as what and how people eat, their selection of food, and their way of getting food.

Feeding problems are among the numerous problems encounter by the elderly. Dysphagia is common in older people with neurologic diseases such as stroke, Parkinson's diseases and dementia (Amella 2004). Low income of the elderly has also posed serious problems to the feeding and living conditions of the elderly people (Chen et al 2005). This is because due to their low income they cannot save enough for the future. There is high incidence of swallowing difficulties among older people and hovering with the next spoonful exacerbates swallowing problems (Wilson & Moley 2003). Elderly persons with swallowing problems may include those with cancer and stroke affecting the motor cortex or the deglutition centre, Parkinson's diseases, arthritis and some muscular disorders (Wilson & Moley 2003).

Mouth problems are another common problem with the elderly. Having only few teeth, problems with dentures, gum disease, mouth ulcers and others soreness in the mouth can interfere with elderly's ability to chew and digest food properly. Chewing ability is related to the number of teeth someone has. Difficulty in chewing may be caused by rotten teeth, loosed teeth, ill-fitting dentures or decreased saliva secretion can all result in chewing discomfort or difficulties (Locker & Allen, 2007). These may include tooth ache among the elderly. Anderson et al (2000) identified difficulties in chewing, due to poor dental status, as well as dry mouth, red mucus membranes and oral sores can greatly affect feeding in elderly people.

Healthy food habits provide key impetus to maintaining good health, preventing major diseases such as coronary heart diseases and diabetes, and thus improving the quality of life among aging population (Tourlouki, Matas & Panagiotakos 2009). Prynne, Paul, Mishra, Greenberg & Wadsworth (2005) and Flood et al (2010) were of the view that food habits have tended to improve across various populations over the last few decades. Lallukka, Laaksonen and Rahkonen (2009) commented on factors of determining food habits to include marital status and household size and composition, socio-economic position, income levels, physical activities, nature of the family, drunkenness and smoking. These factors potentially contribute to the changes in food habits after transition to old age. Scott-Thomas (2012) reported that age is the single most important factor determining when, how, what and where people eat. A good eating habit is necessary for men of all ages to maintain the proper nutrition their bodies need so as to perform well. It is also important for man to take in the right amount of food at the right time for the metabolism and energy consumption of the body to perform their expected functions. Tracy, (2003) and Goldspink, (2005) claimed that there are higher incidence of chronic illnesses associated with increased metabolic processes, such as obstructive pulmonary diseases, heart failure and rheumatic arthritis. Other problems identified by Locker & Allen

(2007), Wang, Bohmann and Jasper; (2005) and Altman, Yu and Schaefer (2010). Difficulties in swallowing, disabilities due to diseases, such as stroke are also common in elderly people than in those who are younger.

Fisberg et al (2006) found out in their study that retired people eat more healthy food than other population groups who might be actively working. In their study, they found out that five per cent (5%) of the respondents had a good diet, 74% take a diet that needed some degree of improvement, and 21% consume a poor diet. Helldan, Lallukka, Rahkonen and Lahelma (2012) observed that healthy food habits increased more among retired women than those who are continuously and actively working. Retired women had healthier food habits than continuously and actively employed women after adjusting for baseline food habits. Helldan, Lallukka, Rahkonen and Lahelma (2012) continued that among men healthy food habits were not associated with retirement. The study concluded that transition to old age retirement is likely to have beneficial effects on food habits among women than men.

In 2008 the government of the Republic of Ghana through Ministry of Gender Children and Social Protection (M. o. G. C.S.P) introduce Livelihood Empowerment Against Poverty (LEAP) to alleviate and provide the aged who are hard hit by poverty. LEAP is a cash transfer programme from the Central Government. Since the introduction of this programme, it has benefited over 213,000 all over the year. Despite such coverage much need to be done to benefit greater majority or the elderly poor who are finding it extremely challenging to have three nutritious feeding daily. Also the amount given to the elderly poor are assumed not to be able to resolve their feeding problems. Though the minister had assured to cover most aged poor and the needy but they are yet to realise the government's dream of wider coverage of the entire elderly poor. Beneficiaries of LEAP include persons aged 65 years and above without any form of appropriate support. A beneficiary is given an amount of sixty four (64) Ghana Cedis, (about eleven dollars) two beneficiaries are given seventy six (76) Ghana Cedis (about fourteen dollars) three beneficiaries are given eighty eight (88) Ghana Cedis, (about sixteen dollars) and four and above beneficiaries are given one hundred and six (106) Ghana Cedis (about twenty dollars) quarterly. Even this may not be very regular as such amount is given quarterly to alleviate their financial problems.

Due to changing conditions such as disability or restricted money, elderly people may have to move from one location to another. These may change their life conditions and they have to adjust to the new surroundings. This can involve a painful process, which can produce lasting trauma (Johnson & Tripp-Reimer 2001a, 2001b) this may in turn result in a decline of physical validity, depression, cognitive impairment and malnutrition (Robertson & Montagini 2004). Loneliness is common in elderly people and seems to derive societal life changes, such as the ability to maintain a social network from negative life events (Skoog, 2004; Savikko, Routasalo, Tilvis, Strandberg & Pitkala, 2005).

Some researchers argue that the process of modernisation and urbanisation are beginning to erode the traditional social welfare system of Africa in its extended family (Mbamaonyekwu, 2001; Mba 2001). They declared that in a typical African extended family unit, one readily finds elderly persons, adults, young people and children, of the most important attributes of the traditional extended family is its potential for caring for the elderly population as a result of social relations and interactions among kin groups, as well as roles and responsibilities of different assumed age groups. The welfare of the elderly in Ghana and many other African countries is considered to be primarily a family responsibility because only those in selected employment receive very limited social security benefits (Asante 2004). In Africa it is only the few employees in the formal sectors who receive retirement benefits during their old age. The purpose of this study was to examining the factors that affect the feeding habits of the selected elderly and their relationship between their levels of satisfaction in Ekumfi. District in the Central Region of, Ghana

Objectives

To achieve the purpose of the study the researchers formulated two specific objectives that guided the study. The two objectives were to:

1. Examine the factors that affect the feeding habits of the selected elderly in Ekumfi. District.
2. Assess the relationships between the level of satisfaction, in terms of quality, types, frequency of meals and the care the selected elderly receive in Ekumfi District.

Research Questions

The researchers were guided by these research questions in quest for the study:

1. What are the factors that affect feeding habits of the selected elderly in Ekumfi District?
2. Are there any relationships between the levels of satisfactions in terms of the quality, type, frequency of meals and the care of the selected elderly receive in Ekumfi?

Research Design

The research design used for the study was cross-sectional non-interventional descriptive research design. Creswell & Creswell (2018) defined research design as the overall framework which directs the processes for collecting and analysing data for particular research. Biemer and Lyberg (2003) explained that cross-sectional research design is used when researcher intends to collect data about a phenomenon at a single point in time. This research design was used because the researchers did not intend to do a trend analysis of the feeding patterns of the elderly but rather describe the overall picture on the feeding habits and feeding challenges of the elderly as described by the respondents without tracking changes in the research subjects over some period of time and its influence on the education of the adolescent caregivers.

Population

The population for the study comprised of elderly persons aged 60 years and above in the Ekumfi District (the Ekumfi District is made up of 54 communities) in the Central Region of Ghana and their caregivers. It is estimated that there are a total of five thousand one hundred and ninety four (5194) elderly persons in Ekumfi District area (Data from Ghana Statistical Service (G. S. S)). The implication is that 6.6% of the population of Ekumfi. District is within the elderly group. The population of caregivers were not easy to compile for the simple reason that while some of them claim that they had no specific caregivers others were taken care of by any of the household members who happened to be present in the house always or more often. This indicates that some of the elderly do not have permanent caregivers. At times the elderly keep changing their caregivers when there was the need to do so. In this regard the researchers mapped about four or five caregivers to one elderly person in the society. Therefore, an estimated 25,260 caregivers formed the target population for the study. However, 632 elderly persons and 2,526 caregivers from 10 communities in the Ekumfi District formed part of the accessible population of the study.

Sample and Sampling Techniques

A sample consists of a carefully selected subset of the unit that comprises the population. Since in all the communities in Ekumfi District the elderly persons and their caregivers could not be included in the study, 10 communities out of the 54 were randomly sampled. Simple random technique was used to sample the communities. The researchers used quota and snowball sampling techniques to get the sample size of 100 elderly and their caregivers.

Instrument for Data Collection

The instrument the researchers used for data collection was questionnaire. The researchers got in touch with an elderly person and afterwards directed them to other elderly

persons and caregivers for the questionnaire to be administered to the elderly. The researchers gave orientation to ten researchers to assist in the administering of the questionnaire to the elderly. Borg and Gall (2003) Wittrock (2005) Weiten (2007) Castle (2010) Creswell and Creswell (2018) commented that questionnaires are set of questions which are presented and predetermined set of stimuli to the respondents which, unlike interview questions, cannot be varied in the light of responses. Also questionnaires is considered as devising set of questions that are then disseminated to a sample of research respondents in order that the researcher receives clear responses to a given phenomenon, which seems to be straight forward and relatively pain-free.

II. DATA ANALYSIS

The data gathered were analysed in line with the research questions as indicated as follows:

What are the factors that affect the feeding habits of the selected aged and the elderly in Ekumfi District?

The first research question sought to find out the relationship, the nature and influence of certain factors on the feeding habits of the elderly, so that it would enable stakeholders to understand, appreciate and be able to identify how to handle the feeding issues of the elderly to improve their health status to endure old age complications. According to Westenhoefer (2005), the continuous appraisal of factors influencing feeding habits would enable care givers and other stakeholders to conveniently predict the quality of feeding habit of the elderly. The section was organised under the relationship between the factors and feeding habits of the elderly, the extent to which the factors explained the feeding habits of the elderly, and the factors that best predict changes in the feeding habits of the elderly in the Ekumfi District.

Table 1: - Correlation Coefficient for the Factors and Feeding Habits of the Elderly

Correlation coefficient for the factors and feeding habits of the elderly

HRM practices	Feeding habit	Level of income	Health conditions	Level of education	Commitment of caregiver	Age	Physical activeness
Feeding habit	1.00	0.48*	0.33*	0.03*	0.45*	-0.19*	0.35*
Level of income	0.48*	1.00	0.16*	0.07*	0.22*	-0.01*	0.60*
Health condition	0.33*	0.16*	1.00	0.07*	0.54*	0.07*	0.17*
Level of education	0.25*	0.07*	0.07*	1.00	0.15*	-0.13	0.16*
Commitment of caregiver	0.45*	0.22*	0.54*	0.15*	1.00	-0.53*	0.18*
Age	-0.19*	-0.01*	0.07*	-0.13*	-0.53*	1.00	-0.33*
Physical activeness	0.35*	0.06*	0.17*	0.16*	0.18*	-0.3*	1.00

Source: - Field Survey, 2019 *= $p < 0.05$

Data from table 1 shows that there were significant positive correlation between feeding habit and level of income ($r = 0.48$), health conditions ($r = 0.33$) level of education $r = 0.25$), commitment of caregivers ($r = 0.45$) and

physical activeness ($r = 0.35$). The implication is that increases in the level of income, health condition, level of education commitment of caregivers and physical activeness will increase the feeding habit of the elderly and vice versa.

On the other hand there was significant negative correlation between age and feeding habit (-0.19) of the elderly. This means a unit increase in age will result in a unit decrease in the quality of feeding habit of the elderly and vice versa.

The respondents were further asked to rate their feeding habits because the description of their feeding showing their

level of satisfaction with their feeding habits. The study applied a cross analysis between sex and the description of feeding habits. The results are presented in table 2. A critical examination of table 2, indicates that 19 (19%) of the elderly rated their feeding habit as very poor, 37 (37.0%) rated their feeding as poor, while 26 (26.0%) and 18 (18.0%) rated their feeding as good and very good.

Table 2: - Sex and Rating of Feeding Habits of the Selected Elderly

Description	Male	Female	Total
	N (%)	N(%)	
Very Poor	11 (58)	8 (42)	19
Poor	19 (51)	18 (49)	37
Good	7 (27)	19 (73)	26
Very Good	4 (22)	14 (78)	18
Total	41	59	100

Source: Field Survey 2019

Table 3: - Considering the Standardised and unstandardized Coefficients and Commitment of Caregivers Coefficients

Model	unstandardized Coefficients	Std. Error	Standardised Coefficient	T	Sig.
	B		Beta		
1 (Constant)	0.608	0.542		1.160	0.247
Level of income	0.270	0.034	0.382	7.957	0.000
Health condition	0.028	0.042	0.044	0.670	0.504
Level of education	-0.132	0.069	-0.090	-1.916	0.056
Commitment of caregiver	0.324	0.076	0.328	4.243	0.000
Age	0.077	0.082	0.064	0.936	0.350
Physical activeness	0.220	0.040	0.284	5.543	0.000

Source: Field Survey 2019

Data from table 3 shows that commitment the caregivers made the second strongest unique contribution (Beta = 0.328) to explain variations in the quality of feeding habit of the elderly, when the variance explained by all other variables in the model is controlled for. Considering the p-value of 0.001 with the acceptable error margin of 0.05 implies that the effects of the commitment of caregivers on the quality of feeding habits of the elderly are statistically significant. This agrees with the finding Simmons and Schnelle (2004) that commitment of the caregivers in the upkeep of the elderly is a critical determinant variable in the quality of feeding habits of the elderly.

Research Question 2

1. Are there any relationships between the levels of satisfactions in terms of the quality, type, frequency of meals and the care the selected elderly in Ekumfi District receive?

The second research question sought to assess the level of satisfaction of the elderly with the level of care given to the elderly in their feeding. This became imperative because the level of satisfaction of the elderly to their level of care given has implication on the psychological health as well as their perception of their quality of handling them. Some of the issues considered under this section were satisfaction with the quality of food, number of times of eating, and types of food provided. A five point Likert scale ranging from least satisfied to most satisfied was used to assess issues under this section. The elders were requested to indicate their level of satisfaction with the quality of food they were provided with by their caregivers.

Coefficients

Model	Unstandardized Coefficients	Std. Error	Standardised Coefficient	T	Sig.
	B		Beta		
1 (Constant)	0.608	0.542		1.160	0.247
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Age	0.077	0.082	0.064	0.936	0.350
Physical activeness	0.220	0.040	0.284	5.543	0.000

Source: - 2019 field data

Level of Satisfaction of the elderly with the Frequency of Meals

Another issue considered under this section was the level of satisfaction of the elderly with the number of times they eat. This was considered because eaten by the elderly and the number of times the elderly eat has implications on their physical and healthy status. The results are presented in figure 2.

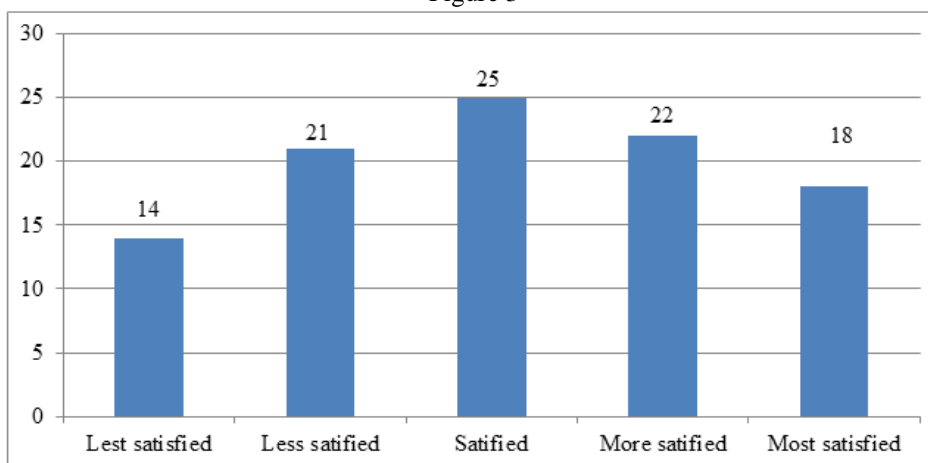
Correlation between the factors and the quality of feeding of the elderly

	Feeding habit	Factors
Pearson correlation	1	0.560
Sig. (2-tailed)		0.001
N		357

Source: - 2019 field data

Figure 2 reveals that 19.0 % and 11.0% were more satisfied and most satisfied. 50% of the elderly were not satisfied with the number of time they eat in a day. This could be attributed to the difficulty or financial reasons and the unavailability of caregivers in some times of the day to provide the elderly with their food. On the level of satisfaction of the caregivers with their regularity of meals daily, 20.0% of the elderly were least satisfied with their regularity of eating in a day, 37.0% were less satisfied, 17.0% were satisfied, while 14.0% and 12.0% were more satisfied and most satisfied respectively. The results show that 57.0% of the elderly were not satisfied with their regularity of their eating in a day. The study of the level of satisfaction of the respondents with the type of food they were provided with by their caregivers was also considered. This was essential because the level of satisfaction with the types of food they were served also tends to explain the quality of food provided for the elderly. These also indicate their preference of food. The detailed results were presented in figure 3.

Figure 3



Source: - 2019 field data

Figure 3: Level of Satisfaction with the Type of Food Provided

Figure 1 shows that 14 per cent of the elderly described the quality of food they were provided with as least satisfied, 21 per cent were less satisfied with their quality of food, while 22 per cent and 18 per cent were more satisfied and most satisfied respectively. This result indicates that majority (65%) of them expressed their level of satisfaction with the type of food served. It also tends to explain the quality of

food provided by their caregivers and type of food they were provided with. This could also be attributed to the fact that some of the elderly were not provided with their preferred type of food due to health of financial reasons. This clearly indicates that majority of the elderly appreciate the quality of the type of food they are provided with by their caregivers.

Gender and the Satisfaction and Quality of Food that the Elderly Were Served With.

Respondents were further asked to indicate their satisfaction taken gender into consideration. . Helldan,

Lallukka, Rahkonen and Lahelma (2012) observed that healthy food habits increased more among retired women than those who are continuously and actively working

Gender and Satisfaction with Quality of Food

Gender	Level of satisfaction					Total (%)
	Least satisfied	Less satisfied	Satisfied	More satisfied	Most satisfied	
Male	4 (9.7)	8 (19.5)	10 (24.4)	10 (24.4)	9 (22.0)	41 (41.0)
Female	10 (17.0)	13 (22.0)	15 (25.4)	12 (20.3)	9 (15.3)	59 (59.0)
Total	14 (14.0)	21 (21.0)	25 (25.0)	22 (22.0)	18 (18.0)	100 (100.0)

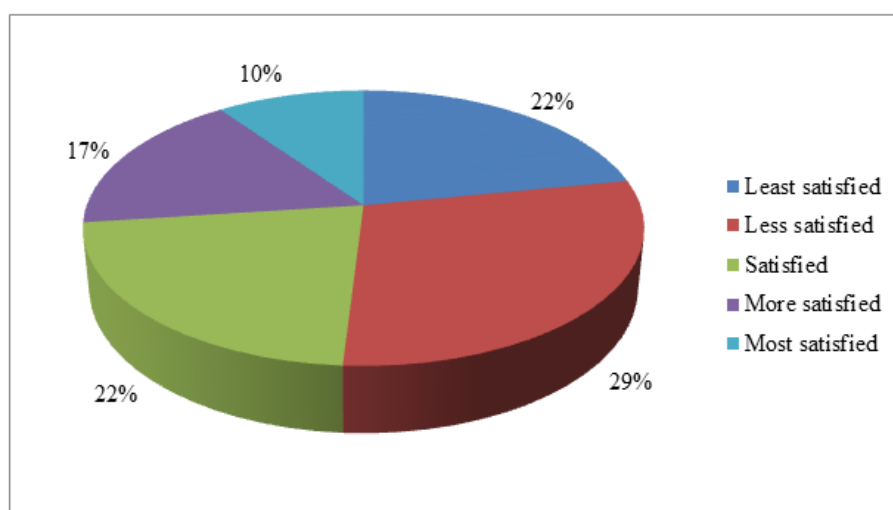
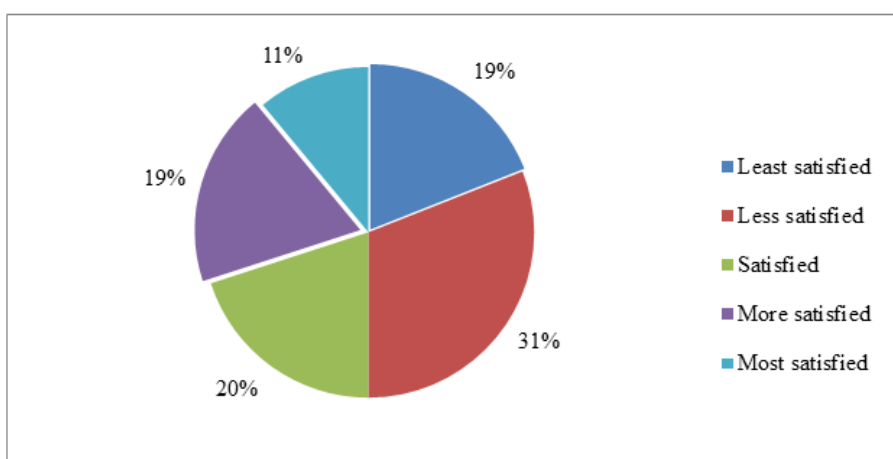
Pearson X²

Source: -2019 field data

Level of Satisfaction of the Respondents with Support They Got From Their Caregivers During Meals

A study of figure 3 reveals that 19.0% of the sampled elderly expressed that they were least satisfied with the number of times they ate in a day, 31.0% were less satisfied,

whereas 19.0% and 11.0% were satisfied and most satisfied respectively. 50.0% of the elderly were not satisfied with the number of times they ate in a day. This could be attributed to difficult financial problems and unavailability of caregivers in some times of the day to provide the elderly with food.



Field Data 2019

Figure 3 shows that 22.0 % of the selected elderly were least satisfied with the type of food served to them, 29.0% were less satisfied whereas, 22% were satisfied, 17.0% and 10.0% were more satisfied and most satisfied respectively. The result indicates that majority (51.0%) of the elderly were not satisfied with the type food they were served. Even

though most (65.0%) of the elderly were satisfied with the quality of food, they were not satisfied with the type of food they were provided with. This could be attributed to the differences between the preferred type of food provided for the elderly and the types and the type of food.

Types of Food Preferred and Eating by the Elderly

The preferred food and the food normally eaten by the elderly were further examined to determine whether the elderly are provided with their preferred types of food or not. A critical look at table 3, shows that majority (63.0%) of the elderly indicated that they preferred fish and sea foods, 27.0% preferred grains, 22.0% preferred tubers, while 18.0% preferred vegetables. The preference of sea food was not surprising as Ekumfi District is on the coast. The results further indicated that the elderly had varied preferences for food types. The least preferred meal was fluids (3.0%) this

implies that the majority of the elderly did not know the importance of fluids in their diet and eating habits.

Types of Preferred Food and Eaten by the Elderly

A critical consideration of table 5 shows that the majority (63.0%) of the elderly indicated that they preferred fish and seafood, 27.0% preferred grains, 22.0% preferred tubers, while 18.0% preferred vegetables. The results indicate that the elderly had varied preference for food types. The low performance for fluids (3.0%) implies that majority of the elderly did not know the importance of fluids in their diet and eating habits.

Table 4: - Types of Food Preferred and Eaten by the Elderly

Food Types	Preferred		Eaten	
	Frequently	Percentage	Frequently	Percentage
Fish and Sea Foods	63	42.0	51	32.0
Tubers	22	15.0	39.0	24.5
Grains	27.0	18.0	33	20.8
Vegetables	18	12.0	12	7.5
Cereals	11	7.4	11	6.9
Meat	11	3.4	10.0	6.3
Fluids	3	2.0	3	2.0
Total	* 149		*159	

Source: Field data 2019

- From the data from table four the total was 149 for the preferred and 159 for the eaten because some respondents selected more than one preferred and eaten food item respectively.

III. SUMMARY OF MAJOR FINDINGS

Factors Affecting the Feeding Habits of the Elderly

1. The study found out that there were significant positive correlations between feeding habits and level of income ($r = 0.48$) health condition ($r = 0.33$) level of education ($r = 0.25$) commitment of caregivers ($r = 0.45$) and physical activeness (0.35). However, there was a significant negative correlation between age and feeding habits (-0.19) of the elderly.
2. The results from the study indicated that 41.3% of changes in the quality of feeding habits are explained by their age, level of education, level of income, health conditions, commitment of caregivers, and physical activeness. This implies that other variables explained that 58.7% of variations in the quality of feeding habits of the elderly.
3. From the study, level of income (Beta = 0.382) and commitment of caregivers (Beta = 0.328) respectively made the strongest and second strongest unique contributions to explain variations in the quality of feeding habit, when the variance explained by all other variables in the model is controlled for.

Role of Caregivers to the Elderly

1. It was observed from the study that the family system practised by the people in Ekumfi District played critical role in defining the kinds of people engaged as caregivers or the kind of relationship between caregivers and the

elderly. This was because all the caregivers had family relations with the elderly they cared for.

2. It was also deduced from the study that, caregivers provided diverse roles to the elderly to ensure the upkeep of the elderly. The roles of caregivers to the elderly included cooking, washing of clothes, bathing, feeding, taken them to hospital, providing drugs and providing psycho-social support by talking and keeping their company to improve the self-perception of the elderly.
3. The caregivers provided upkeep services to the elderly for social, economic and spiritual benefits. Thus the caregivers performed their roles to the elderly because of social recognitions, remittances and expectations of receiving supernatural blessings.
4. The study further revealed that a greater number (80%) of the caregivers in the Ekumfi District did not receive any institutional support (e.g. LEAP Funding from the Central Government) for the support of the elderly.
5. Some of the challenges encountered by the caregivers in providing their roles to the elderly were erratic flow of remittances to ensure the good upkeep of the elderly, small amount of money received from other relatives to cater for the elderly, neglected by other family members in the upkeep of the elderly, having little strength to continue providing caregiving support to the elderly and high cost in caring for the elderly.

Satisfaction of the Elderly with the Level of Caregiving to the Elderly in Their Feeding.

1. The findings from the study indicated that most (65.0%) of the elderly were satisfied with the quality of food they were being served with by their caregivers. The implications are that the elderly appreciated the quality of food provided by their caregivers.

2. From the study, the majority (67.0%) of the respondents were satisfied with the support they obtained from their caregivers during eating.

IV. SUGGESTIONS

The researcher suggested that:

- The District Health Directorate, National Commission for Civic Education (NCCE) in corroboration with District Information Department should educate caregivers and the elderly on the importance of adopting regular eating habits.
- Frantic effort should be made by the Ekumfi District Assembly and Non-Governmental Organisations (NGOs), Religious Organisations and other philanthropists to ensure to extend the LEAP and other funding to all elderly who are needy.
- Staff from Social Welfare Department in Ekumfi, Guidance and counselling services (from Ghana Education Service G. E. S.) in Ekumfi District should extend their services to the elderly.
- Ekumfi District Assembly should establish support homes for the elderly as it is done in some developed countries.

V. CONCLUSIONS

The researchers conclude that:

- Changes in the body composition of the elderly influence the nutritional status of the elderly and their body composition changes during malnutrition with loss of fats and muscle tissues as well as age.
- The family system also affected the role and the nature of relationship between caregivers and the elderly because the caregivers had family relations with the elderly they cared for.
- Some of the challenges encountered by the caregivers in providing their roles to the elderly were erratic flow of remittance to ensure the good upkeep of the elderly, having little strength to continue providing caregiving support to the elderly and high cost of caring for the elderly.
- The role of caregivers is very critical to improve the feeding habits of the elderly. However, the effectiveness of their roles was significantly determined by the level of income.
- There were also time constraints on the side of the caregivers as they (caregivers) are in a dilemma of either to attend to their own activities or to the care of the elderly.

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