

Research Article

**Aimpart Of Lockdown On The Dietary Habits Of People Of Different Age Groups**

**Dr.N. Mahalakshmi,**

Assistant Professor, Krishnasamy College of Education for Women, Puducherry.

**Dr.L.Vijayakumar,**

Assistant Professor, PG & Research Department of Commerce, St.Joseph's College of Arts & Science(Autonomous), Cuddalore.

**Abstract**

The corona virus disease (COVID-19) pandemic, which originated in the city of Wuhan, China, has quickly spread to various countries, with many cases having been reported worldwide. As of May 8th, 2020, in India, 56,342 positive cases have been reported. India, with a population of more than 1.34 billion, the second largest population in the world will have difficulty in controlling the transmission of severe acute respiratory syndrome corona virus 2 among its population. Dietary habits are the habitual decisions an individual or culture makes when choosing what foods to eat. The word diet often implies the use of specific intake of nutrition for health or weight-management reasons. Today due to pandemic the people felt the importance of dietary habits and also changed their dietary habits to certain extent. Hence the present study is an attempt to investigate the Impact of Lockdown on the Dietary Habit of People of Different Age Groups.

**Key words:** Dietary Habits, Gender, Age, Employment, Marital Status.

**1. Introduction**

The corona virus disease (COVID-19) pandemic, which originated in the city of Wuhan, China, has quickly spread to various countries, with many cases having been reported worldwide. As of May 8th, 2020, in India, 56,342 positive cases have been reported. India, with a population of more than 1.34 billion, the second largest population in the world will have difficulty in controlling the transmission of severe acute respiratory syndrome corona virus 2 among its population. Multiple strategies would be highly necessary to handle the current outbreak; these include computational modeling, statistical tools, and quantitative analyses to control the spread as well as the rapid development of a new treatment. The Ministry of Health and Family Welfare of India has raised awareness about the recent outbreak and has taken necessary actions to control the spread of COVID-19. The central and state governments are taking several measures and formulating several wartime protocols to achieve this goal. Moreover, the Indian government implemented a 55-days lockdown throughout the country that started on March 25th, 2020, to

reduce the transmission of the virus. This outbreak is inextricably linked to the health issues of the nation. Hence the present study is an attempt to investigate the Impact of Lockdown on the Dietary Habit of People of Different Age Groups

## 2. Review of Literature

**Muppidi(2020)** had found that elevated blood pressure emerges from a combination of natural and hereditary components and the interactions of these factors. A substantial body of evidence from animal studies, epidemiologic studies, meta-analyses, and randomized controlled trials has demonstrated that certain dietary patterns and individual dietary elements play a prominent role in the development of hypertension. Changes in diet can lower blood pressure, prevent the development of hypertension, and decrease the risk of hypertension-related complications. Dietary techniques for the prevention of hypertension incorporate diminishing sodium intake, restricting liquor utilization, increasing potassium intake, and adopting an in general dietary design such as the Dash (Dietary Approaches to Stop Hypertension) diet or a Mediterranean diet. In order to decrease the burden of blood pressure-related complications, endeavours that centre on environmental and person behavioural changes that empower and promote healthier nourishment choices are warranted.

**Orlando Gonzalez (2020)** had studied about obesity and discussed that Obesity is a worldwide epidemic that has proven difficult to treat. In the United States, over 70% of Americans are considered overweight. Using a multifaceted psychosocial approach appears to have higher impact than traditional obesity management in combating obesity rates and decreasing dependence on medication for chronic morbidities due to obesity. It was found that targeting the patients' objective by trying to change lifestyle incrementally, using a nutritionist for consultation and interpreting lab results, and close follow-up resulted in an average weight loss of 30 pounds over a one-and-a-half year period.

**Vaknin (2020)** had studied about eating disorders notably Anorexia Nervosa and Bulimia Nervosa as complex phenomena. The patient with eating disorder maintains a distorted view of her body as too fat or as somehow defective (she may have a body dysmorphic disorder). Many patients with eating disorders are found in professions where body form and image are emphasized (e.g., ballet students, fashion models, actors).it was found that medication, cognitive or behavioural therapy, psychodynamic therapy and family therapy ought to do it. The change in the patient following a successful course of treatment is very marked. His major depression disappears together with his sleeping disorders. He becomes socially active again and gets a life. His personality disorder might make it difficult for him – but, in isolation, without the exacerbating circumstances of his other disorders, he finds it much easier to cope with. Patients with eating disorders may be in mortal danger. Their behaviour is ruining their bodies relentlessly and inexorably. They might attempt suicide. They might do drugs. It is only a question of time. The therapist's goal is to buy them that time. The older they get, the more experienced they become, the more their body chemistry changes with age—the better their chances to survive and thrive.

**Zaidi (2017)** had studied about Self-Restraining with Overeating Habits. It was concluded in this study to increase the water intake; drink at least 2-3 litres (about 8-12 cups) of water per day Try

## Aim of Lockdown On The Dietary Habits Of People Of Different Age Groups

to take six meals in a day, consisting of healthy food with correct portion size. Eat natural food rich in fiber, take at least 25-30grams of fiber per day. Reduce stress with the help of life style modification like; balanced diet, sufficient sleep and exercise. Increase your physical activity, 60-90 minutes of daily physical activity is needed to prevent weight gain or sustain weight loss.

### 3. Objectives of the Study

The present investigation was aimed to study the impact of Lockdown on the Dietary Habit of People of Different Age Groups.

1. To study the dietary habits of different age groups.
2. To study the impact of dietary habits among the participants during post lockdown period.
3. To find out whether there is any significant difference in dietary habits among different age groups of the participants.

### 4. Hypothesis of the Study

There is no significant difference in dietary habits among different age groups of the participants

### 5. Methodology

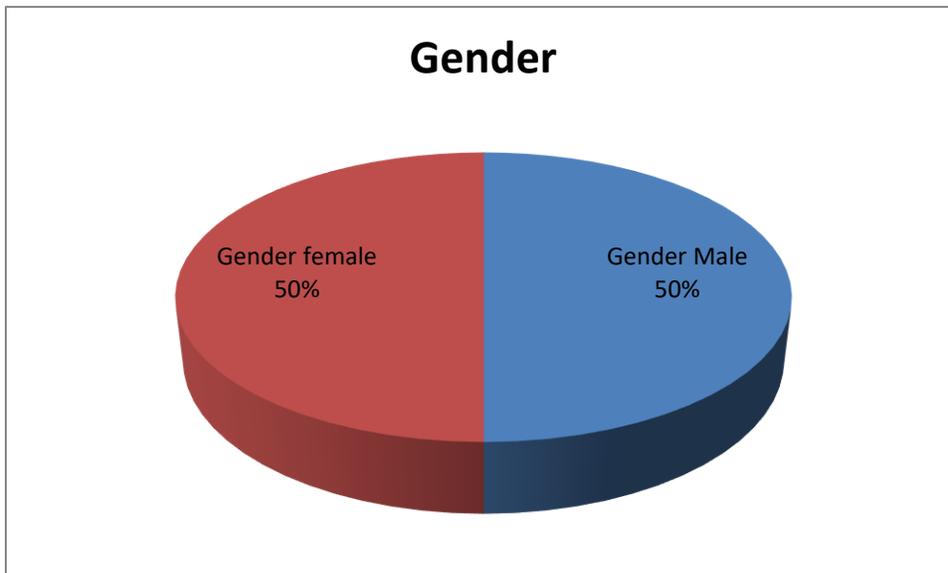
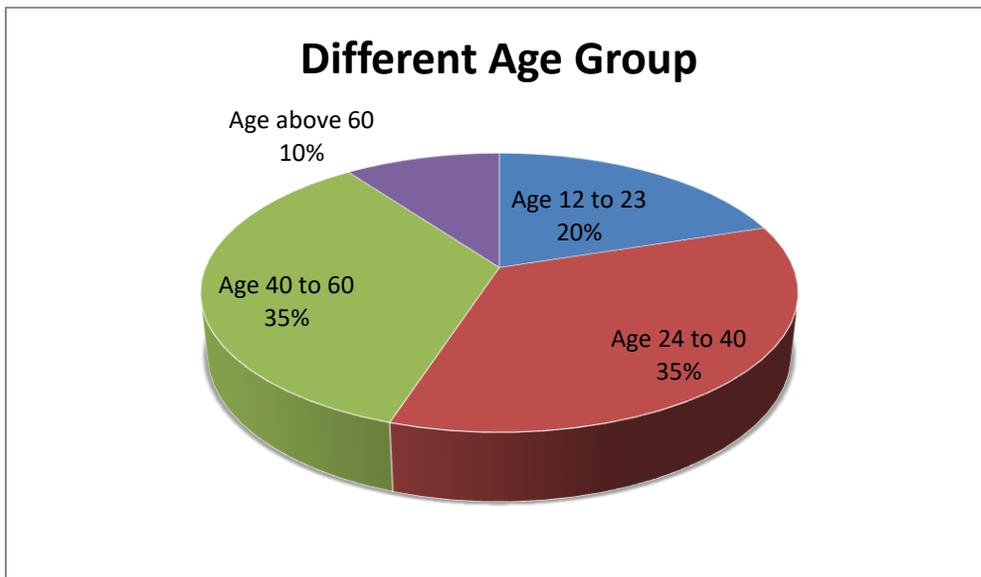
The present investigation was under by using normative survey method. The sample was selected according to the principle of random sampling. The sample consists of 40 participants from nearby houses of the investigator in Chidambaram, Cuddalore District, Tamilnadu, India. Age, Gender, Employment and Marital status of the participants were considered as the demographic variables of the study. The Dietary habits questionnaire was developed by the investigator to analyze the dietary habits of the participants was used to collect the data for the present study. Percentage and Differential analysis were used describe the collected data.

### 5. Socio Demographic Variables of the study

**Table 1: showing the distribution of the Socio Demographic Variables of the study**

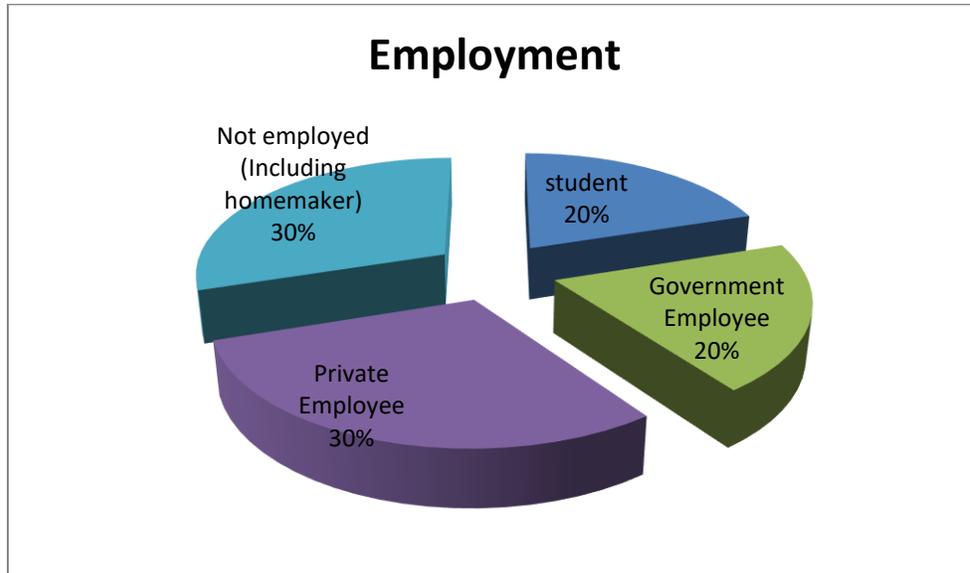
Socio demographic variables		<u>N(%)</u>
Age	12 to 23	8(20%)
	24 to 40	14(35%)
	40 to 60	14(35%)
	above 60	4(10%)

<b>Gender</b>	Male	20(50%)
	female	20(50%)
<b>Employment</b>	student	8(20%)
	Government Employee	8(20%)
	Private Employee	12(30%)
	Not employed (Including homemaker)	12(30%)
<b>Marital status</b>	Unmarried	8(20%)
	Married	32(80%)

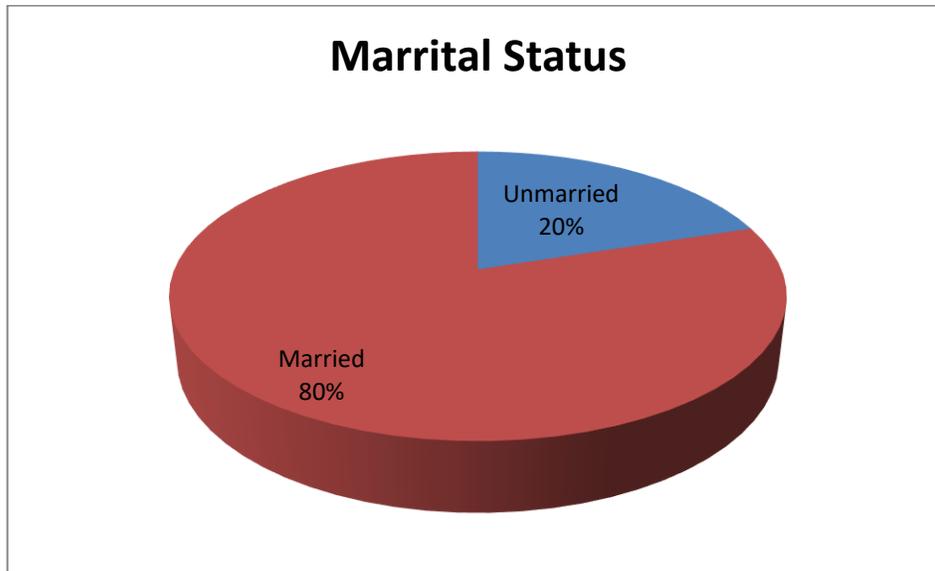


**Figure 1:** Pie Chart showing the Distribution of the sample based on Different Age Group

**Figure 2: Pie Chart showing the Distribution of the sample based on Gender**



**Figure 3: Pie Chart showing the Distribution of the sample based on Employment**



**Figure 4: Pie Chart showing the Distribution of the sample based on Marital Status**

Table-1 depicts the demographic details of the study participants. Study participants ranged between above 12 to above 60 years of age. and the majority of participants (80%) were married and (20%) were unmarried. 20% of the participants belong to the age group of 12-23; 35% of the participants belong to the age group of 24-40; 35% of the participants belong to the

age group of 40-60 and where only 10% of participants were from age group above 60 years. half (50%) of participant were female and half were male. 30% participants were working as private employees, 20% were working in the government sector, 30 % were not employed and 12 % of participants were students.

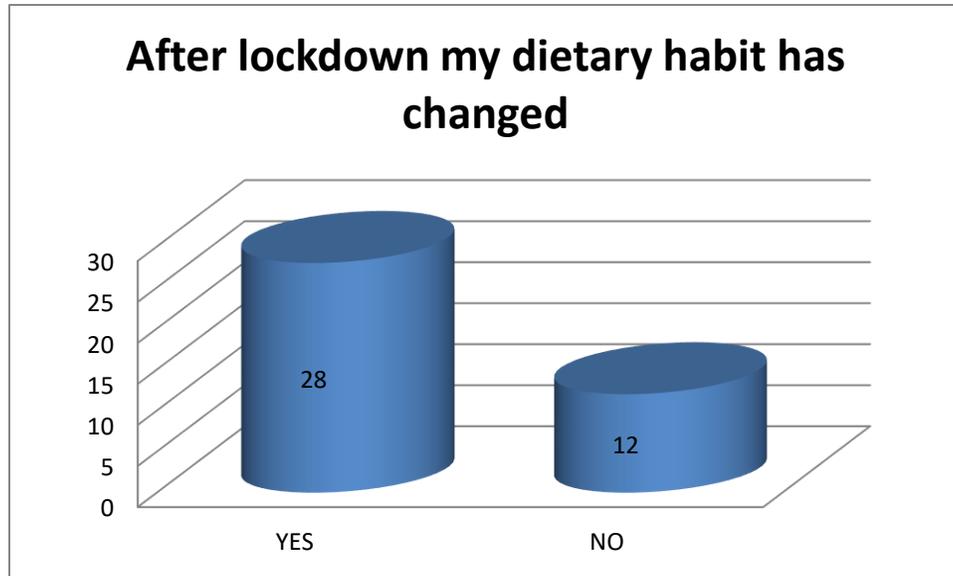
#### 4.Descriptive Analysis of Dietary Habits of the participants

The objective of the present study is to find out the dietary habits of the participants. For this purpose a questionnaire was developed with 10 items and administered among the participants. The responses were analysed in terms of percentage counts and tabulated as below:

**Table 2: Percentage analysis of the dietary habits of the participants**

S.No.	Items	YES N(%)	NO N(%)
1	After lockdown my dietary habit has changed	28(70%)	12(30%)
2	Has taken only homemade food items after lockdown	36(90%)	4(10%)
3	I started to avoid readymade and bakery items	36(90%)	4(10%)
4	My time schedule of taking food has become regular than before	28(70%)	12(30%)
5	The new dietary habit increased my weight	24(60%)	16(40%)
6	I can feel healthier than before due to new dietary habits	28(70%)	12(30%)
7	I feel that I am taking quality food than before lockdown	32(90%)	8(10%)
8	The new dietary habits improved my cooking skills and regularity	24(60%)	16(40%)
9	All the family members started to eat leftovers and never waste food items.	24(60%)	16(40%)
10	The new dietary habits increased work load or increased pressure on work load or increased pressure on one member	24(60%)	16(40%)

Table 2 shows the dietary habits of the respondents. 28(70%) of the respondents showed that after lockdown their dietary habit has changed and only 12(30%) remained unchanged during this lockdown period. So it is inferred that there is a change in dietary habits of the respondents. It was graphically represented as below



**Fig 5**

– showing the responses in dietary habit of the respondents

From the above table, it is also inferred that after lockdown the dietary habit has changed for 70% and rest of the group 30% remain unchanged in their dietary habits. Among the participants 90% has taken only homemade food items after lockdown but still 10% of them are using hotel foods. Among the participants 90% started to avoid readymade and bakery items. The time schedule of taking food has become regular than before lockdown among 70% of the participants. The new dietary habit increased in weight among 60% of the participants. 90% of the participants feel that they are taking quality food than before lockdown. The new dietary habits improved the cooking skills and regularity among 60% of the participants. 60% of the participants responded that all the family members started to eat leftovers and never waste food items. 60% of the participants responded that the new dietary habits increased work load or increased pressure on one member.

**Hypothesis: There is no significant difference in dietary habits among different age groups of the participants**

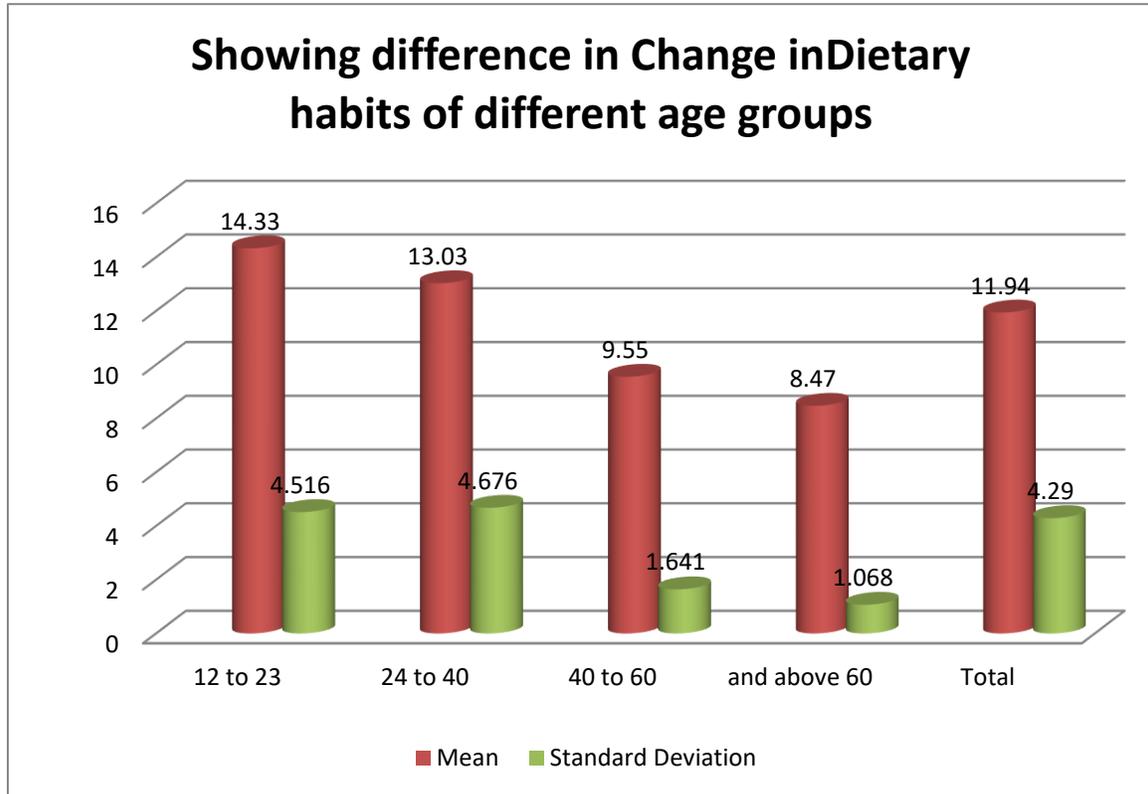
In order to find out the significance of difference in dietary habits among different age groups of the participants the mean and standard deviation was calculated and tabulated as below:

**Table 3: The Mean and Standard Deviation of the different Age Group of the participants**

Age	Number	Mean	Standard Deviation
12 to 23	8	9.55	4.516
24 to 40	14	13.03	4.676
40 to 60	14	14.33	1.641
Above 60	4	8.47	1.068

Total	40	11.94	4.290
-------	----	-------	-------

Table 3 shows the Mean and Standard Deviation of the different Age Group of the participants. From the table it is observed that the 40 – 60 age group is having higher mean value of 14.33. so it is inferred that among the participant 40-60 age group is having highest level of change in their dietary habits after lockdown. It was graphically shown in the below bar graph.



**Figure 6: showing difference in Change in Dietary habits of the participants after lockdown**

**Table: 4 ANOVA results for the significance of the difference in dietary habits among the participants of different age groups**

Source of Variance	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	769.749	3	256.583	16.998	.000
Within Groups	3260.483	36	15.095		
Total	4030.232	39			

Table 4 shows the ANOVA results for the dietary habits of the participants with regard to the different age groups. The calculated F value is 16.998 above the table value and significant. Hence the framed hypothesis is rejected and concluded that there is a significant difference in dietary habits among different age groups of the participants based on their age.

## 6. Findings of the study

The Impact of Lockdown on the Dietary Habit of People of Different Age Groups gives the following results

- i. After lockdown my dietary habit has changed for 70% and rest of the group 30% remain unchanged in their dietary habits
- ii. Among the participants 90% has taken only homemade food items after lockdown but still 10% of them are using hotel foods.
- iii. Among the participants 90% started to avoid readymade and bakery items
- iv. The time schedule of taking food has become regular than before lockdown among 70% of the participants
- v. The new dietary habit increased in weight among 60% of the participants
- vi. 90% of the participants feel that they are taking quality food than before lockdown
- vii. The new dietary habits improved the cooking skills and regularity among 60% of the participants
- viii. 60% of the participants responded that all the family members started to eat leftovers and never waste food items
- ix. 60% of the participants responded that the new dietary habits increased work load or increased pressure on one member
- x. There is a significant difference in dietary habits among different age groups of the participants based on their age.

From the above findings it is inferred that lockdown has improved the health and fitness among the participants and the change dietary habits shows positive results among the participants.

## 7. Recommendations

- An easy way to decrease SARS-CoV-2 infection rates is to avoid virus exposure. People from India should avoid traveling to countries highly affected with the virus, practice proper hygiene, and avoid consuming food that is not home cooked.
- Necessary preventive measures, such as wearing a mask, regular hand washing, and avoiding direct contact with infected persons, should also be practiced.
- The Ministry of Health and Family Welfare (MOHFW), India, has raised awareness about the recent outbreak and taken necessary action to control COVID-19.
- Besides, the MOHFW has created a 24 h/7 days-a-week disease alert helpline (+91-11-23978046 and 1800-180-1104) and policy guidelines on surveillance, clinical

management, infection prevention and control, sample collection, transportation, and discharging suspected or confirmed cases.

- A centralized control room has been set up by the Delhi government at the Directorate General of Health Services, and 11 other districts have done the same. India has implemented COVID-19 travel advisory for intra- and inter-passenger aircraft restrictions. More information on additional travel advisory can be accessed with the provided link (<https://www.mohfw.gov.in/pdf/Traveladvisory.pdf>).
- India is known for its traditional medicines in the form of AYUSH (Ayurvedic, Yoga and Naturopathy, Unani, Siddha, and Homeopathy). The polyherbal powder Nilavembu Kudineer showed promising effects against dengue and chikungunya fevers in the past.
- With the outbreak of COVID-19, the ministry of AYUSH has released a press note "Advisory for Corona virus," mentioning useful medications to improve the immunity of the individuals. Currently, according to the ICMR guidelines, doctors prescribe a combination of Lopinavir and Ritonavir for severe COVID-19 cases and hydroxyl chloroquine for prophylaxis of SARS-CoV-2 infection.
- In collaboration with the WHO, ICMR will conduct a therapeutic trial for COVID-19 in India. The ICMR recommends using the US-FDA-approved closed real-time RT-PCR systems, such as Gene Xpert and Roche COBAS-6800/8800, which are used to diagnose chronic myeloid leukemia and melanoma, respectively

## 8. Future Perspectives

- Infections caused by these viruses are an enormous global health threat. They are a major cause of death and have adverse socio-economic effects that are continually exacerbated. Therefore, potential treatment initiatives and approaches need to be developed.
- First, India is taking necessary preventive measures to reduce viral transmission. Second, ICMR and the Ministry of AYUSH provided guidelines to use conventional preventive and treatment strategies to increase immunity against COVID-19
- These guidelines could help reduce the severity of the viral infection in elderly patients and increase life expectancy
- The recent report from the director of ICMR mentioned that India would undergo randomized controlled trials using convalescent plasma of completely recovered COVID-19 patients.
- India has attempted to broaden its research facilities and shift toward testing the mass population, as recommended by medical experts in India and worldwide

## Reference

- 1) Goyal, Malini (22 March 2020). "Covid-19: How the deadly virus hints at a looming financial crisis". The Economic Times.

- 2) Mahendra Kumar & Sachin Dwivedi of Corona virus Imposed Lockdown on Indian Population and their Habits, International Journal of Science and Healthcare Research Vol.5; Issue: 2; April-June 2020 Website: ijshr.com Original Research Article ISSN: 2455-7587.
- 3) PTI (25 March 2020). "Experts peg India's cost of coronavirus lockdown at USD 120 bn". The Hindu @business line.
- 4) Research, Centre for Policy. "Podcast: How has India's lockdown impacted unemployment rates and income levels?".
- 5) Sharma, Yogima Seth (24 June 2020). "Unemployment rate falls to pre-lockdown level: CMIE". The Economic Times.
- 6) Alford, Fred C (1988) Narcissism: Socrates, the Frankfurt School and Psychoanalytic Theory-New Haven and London, Yale University Press. Fairbairn W. R. D. An Object Relations Theory of the Personality 1954.
- 7) Appel LJ, Champagne CM, Harsha DW, Cooper LS, Obarzanek E, Elmer PJ, et al. 2003. Effects of comprehensive lifestyle modification on blood pressure control: main results of the PREMIER clinical trial. JAMA. 289(16):2083–93.
- 8) Freud S (1905) Three Essays on the Theory of Sexuality. Standard Edition of the Complete Psychological Works of Sigmund Freud 7.
- 9) Krousel-Wood MA, Muntner P, He J, Whelton PK. 2004. Primary prevention of essential hypertension. Med Clin North Am. 88(1):223–38.
- 10) Muppidi S. Dietary strategies for the prevention of hypertension. J Clin Mol Endocrinol. 2020, 5:4.27. doi:10.36648/2572-5432.5.4.27
- 11) Roningstam E (1996) Pathological narcissism and narcissistic personality disorder in Axis I Disorders. Harv Rev Psychiatry 3:326-340.
- 12) Stormberg D, Roningstam E, Gunderson J, Tohen M (1998) Pathological narcissism in bipolar disorder patients. J Pers Disord 12:179-185.
- 13) Svetkey LP, Simons-Morton D, Vollmer WM, Appel LJ, Conlin PR, Ryan DH, et al. 1999. Effects of dietary patterns on blood pressure: subgroup analysis of the Dietary Approaches to Stop Hypertension (DASH) randomized clinical trial. Arch Inter Med. 159(3):285–93.
- 14) Vaknin S (2020) Eating Disorders and Personality Disorders. J Obes Eat Disord Vol.6 No.4:12.
- 15) Whelton PK, He J, Appel LJ, Cutler JA, Havas S, Kotchen TA, et al. 2002. Primary prevention of hypertension: clinical and public health advisory from The National High Blood Pressure Education Program. JAMA. 288(15):1882–8.
- 16) Zaidi T (2017) Self-Restraining with Overeating Habits. J Nutraceuticals Food Sci. Vol.2 No.3:16