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Micronutrients intake, morbidity pattern and life style of muslim (Sunni) people of 25 to 35 years

Vinita Singh and Pooja Singh

One of the five fundamental rituals of Islam, the religion professed by over one billion people, is fasting during the month of Ramadan, muslims (Sunni) neither eat nor drink anything from dawn till sunset (Bener *et al.*, 2001). Maximum 25.96 per cent increased calcium was found in 25 to 35 years of age group and 11.61 per cent of increase calcium was found in 35 to 45 years of age group. Maximum 20.33 per cent increased vitamin A was found in 35 to 45 years of age group and 12.28 per cent deficient vitamin A was found in 25 to 35 years of age group. Maximum 25.85 per cent deficient folic acid was found in 25 to 35 years of age group and 25.75 per cent deficient folic acid was found in 35 to 45 years of age group. Riboflavin and folic acid intake was found lower as compared to recommended dietary allowances and thiamine content was found high because they were consumed biryani in their diet. 22.0 per cent of muslim people were having joint pain frequently while 15.0 per cent of were having occasional joint pain problem, 18.0 per cent were having frequently high B.P while 10.0 per cent occasional high B.P problem, 5.0 per cent of muslim people were having any other history of disease, 100.0 per cent respondents were doing worship in the morning and believe in religion, 58.0 per cent respondents were going to morning walk 46.0 per cent respondents were doing any field work in the morning, 26.0 per cent respondents were going to place work by vehicle (car / two wheeler).

Key Words : Vitamin, Minerals, Morbidity pattern, Life style

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INTRODUCTION

Staple foods in muslims countries: (main courses): *Meat*:

Meat plays a much more dominant role in Pakistani (Muslims) food, compared to other South Asian cuisines. According to a 2003 report, an averagem muslims

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consumed three times more meat then an average Indian. Of all the meats, the most popular are goat, mutten, beef and chicken. Sea food is generally not consumed in large amounts. Curries, with or without meat, combined with local vegetables such as bitter gourd, cauliflower, eggplant, okra, cabbage, potatoes, saag and chilli peppers are most common and cooked for everyday. Korma is a classic dish of Muglai origin made of either chicken or mutton typically eaten with naan or other bread.

The consumption of poultry, lamb and goat meat is higher compared to pork.

METHODOLOGY

The study was under taken for period of six months *i.e.* from January to June 2019. The sample consisted of

100 Muslim respondents (Sunni) of 25 to 45 years. Purposive random sampling is used for the study. This research study focuses on the research methodology and design selected for this proposed study which incorporates the overall structure of the study of the muslim people (Sunni) in Kanpur city age group 25-35 years.

There are two approaches used in research, qualitative and quantitative research.Qualitative research aim to help understand social phenomena emphasizing the experience, attitude and view in the form of words, based on observation and interview.

OBSERVATIONS AND ASSESSMENT

Table 1 shows the maximum 25.96 per cent increased calcium was found in 25 to 35 years of age group and 11.61 per cent of increase calcium was found in 35 to 45 years of age group. Dairy products like milk, cheese and yogurt, dates, kiwi, prunes, oranges etc were included in their diet, so the result was found high.

Sr. No.	Age group	N	Calcium (mg/d)	RDA	Deficit/Increase (%)	
1.	25 to 35 years	46	669.7	600	-11.61	
2.	35 to 45 years	54	755.8	600	-25.96	
	Total	100 712.75 600		-18.	.785	
Table 2	: Vitamin a consumption of muslim	people as compared to	R.D.A.			
Sr. No.	Age group	N	Vitamin A (µg/d)	RDA	Deficit/Increase (%)	
1.	25 to 35 years	46	526.3	600	12.28	
2.	35 to 45 years	54	722.0	600	-20.33	
	Total	100	624.15	600	-4.025	
Table 3.	Folic acid consumption of muslim	people as compared to				
Sr. No.	Age group	N	Folic acid (µg/d)	RDA	Deficit/Increase (%)	
1.	25 to 35 years	46	148.3	200	25.85	
2.	35 to 45 years	54	148.5	200	25.75	
	Total	100	148.4	200	25.8	
Table 4	: Distribution of muslim people on t	he basis of assessment	of morbidity pattern			
Sr. No.	Diseases	Frequently	Occasionally	Never	Mean score	Ran
1.	Headache	16.0	10.0	74.0	1.42	III
2.	Joint pain	22.0	15.0	63.0	1.59	IV
3.	High blood pressure	18.0	10.0	72.0	1.46	Ι
4.	Any other history of disease	5.0	8.0	87.0	1.18	II
Table 5	: Distribution of muslim people as p	oer life style				
Sr. No.	Life style		Yes	No	Mean score	Rank
1	Go to morning walk		58.0	42.0	1.58	V
1.	•					
	Study early in the morning		40.0	60.0	1.40	VII
2.	Study early in the morning Doing any field work in the m	orning	40.0 46.0	60.0 54.0	1.40 1.46	VII VI
2. 3.		orning				
2. 3. 4.	Doing any field work in the m	orning	46.0	54.0	1.46	VI
2. 3. 4. 5.	Doing any field work in the m Take breakfast	-	46.0 95.0	54.0 5.0	1.46 1.95	VI III
2. 3. 4. 5. 6.	Doing any field work in the m Take breakfast Taking lunch	-	46.0 95.0 98.0	54.0 5.0	1.46 1.95 1.98	VI III II
 1. 2. 3. 4. 5. 6. 7. 8. 	Doing any field work in the m Take breakfast Taking lunch Doing worship in the morning	-	46.0 95.0 98.0 100.0	54.0 5.0	1.46 1.95 1.98 2.00	VI III II I

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Table 2 shows that the maximum 20.33 per cent increased vitamin A was found in 35 to 45 years of age group, and 12.28 per cent deficient vitamin A was found in 25 to 35 years of age group. Green leafy vegetables, carotene and fibre rich foods can be given liberally to prevent vitamin A deficiency in 25 to 35 years of age group.

Table 3 shows that the maximum 25.85 per cent deficient folic acid was found in 25 to 35 years of age group and 25.75 per cent deficient folic acid was found in 35 to 45 years of age group. To increase folic acid consumption, muslim respondents should include dark green leafy vegetables like broccoli, spinach and dried legumes such as chickpeas, beans and lentils in their diet.

Table 4 shows the distribution of muslim respondents on the basis of assessment on morbidity pattern. 22.0 per cent of muslim people were having joint pain frequently

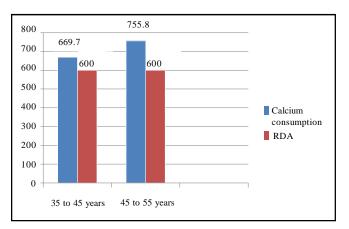


Fig. 1 : Calcium consumption of muslim people as compared to R.D.A.

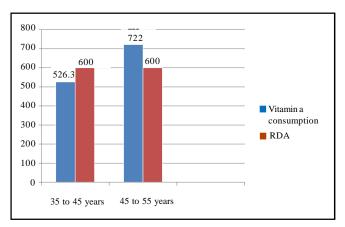


Fig. 2 : Vitamin a consumption of muslim people as compared to R.D.A.

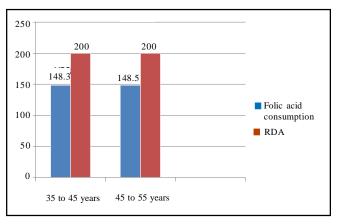


Fig. 3 : Folic acid consumption of muslim people as compared to R.D.A.

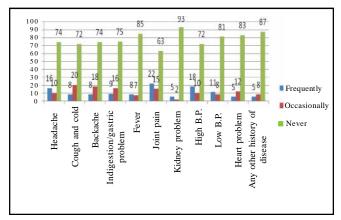


Fig. 4 : Assessment of morbidity pattern

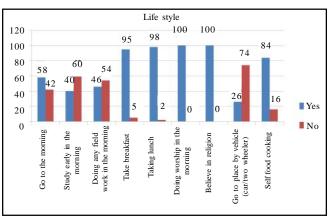


Fig. 5 : Distribution of muslim people as per life style

while 15.0 per cent of were having occasional joint pain problem, 18.0 per cent were having frequently high B.P while 10.0 per cent had occasional high B.P problem, 5.0 per cent of muslim people were having any other history of disease.

Table 5 shows the distribution of muslim people as per life style. 100.0 per cent respondents were doing worship in the morning and believe in religion, 58.0 per cent respondents were going to morning walk 46.0 per cent respondents were doing any field work in the morning, 26.0 per cent respondents were going to place work by vehicle (car/two wheeler) as 74 per cent respondents were not going to place work by vehicle (car / two wheeler). Similar work related to the present investigation was also carried out by Gibson (1990); Haider and Hussain (1961); Izharul and Shukri (2011) and Low (2010).

Conclusion:

Riboflavin and folic acid intake was found lower as compared to recommended dietary allowances and thiamine content was found high because they were consuming biryani in their diet. Muslim people (Sunni) should include pulses, energy dense foods, milk and milk products, fibre rich foods, yoghurt, green leafy vegetables etc. in their diet to prevent nutrient deficiencies.

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