RESEARCH PAPER — FOOD SCIENCE RESEARCH JOURNAL

e ISSN-2230-9403 ■ Visit us : *www.researchjournal.co.in*
Volume 8 | Issue 2 | October, 2017 | 395-397
DOI : 10.15740/HAS/FSRJ/8.2/395-397

Assessment of nutrients intake and morbidity pattern of Government and private doctors

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A study on the "assessment of nutrients intake and morbidity pattern of government and private doctors was conducted in Kanpur City of Uttar Pradesh. A total number of 100 Doctors were selected as respondents from the hospitals of Kanpur Cityusing purposive random sampling technique. Survey was done by questionnaire-cum interview method. Findings reveal that the most of respondents were 40 and above age group .The maximum respondents were educated upto MBBS. Most of respondents belonged to Hindu religion. The nutritional status of government doctors was good due to consumption of energy, protein, fat, calcium, Iron, vitamin-A, β carotene Thiamine, Riboflavin and Niacin as compared to nutrients intake of private doctors.

Key Words : Assessment, Morbidity pattern, Nutrients intake

How to cite this article : Singh, Vinita and Kumar, Anoop (2017). Assessment of nutrients intake and morbidity pattern of Government and private doctors. *Food Sci. Res. J.*, **8**(2): 395-397, **DOI : 10.15740/HAS/FSRJ/8.2/395-397**.

INTRODUCTION

A nutrition assessment is an in depth evaluation of both objective and subjective data related to an individual's food and nutrient intake, lifestyle, and medical history. Once the data on an individual is collected and organized, the practitioner can assess and evaluate the nutritional status of that person. Nutritional status is the condition of the body which is influenced by the diet or the levels of nutrients in the body and the ability of those levels to maintain normal metabolic integrity.

Inadequate or excessive nutrient intake, increased nutrient requirements, and decreased bioavailability of nutrients due to decreased absorption or to a high rate of either breakdown or excretion may be associated with many disease states. The relationship of nutrition and nutritional factors to the etiology, prevention, and treatment of various diseases and organ systems should be discussed with emphasis on the application of nutrition to patient care.

Physicians and medical students agreed that dietary treatment and nutrition education are important. Our results suggest that there is good reason to introduce nutrition topics into medical school curricula. Improved nutritional knowledge in physicians would improve the teamwork capacity between physicians and dieticians in the realms of curative care and public health. Physicians and students rated the importance of nutrition education in the curriculum equally. Physicians who rated nutrition treatment as important also felt the need to add this subject to the medical education curriculum.

METHODOLOGY

The present study was carried out in the year 2015-2016 in the months of December to March among government and private doctors of hospitals in Kanpur City. 50 government and 50 private doctors were selected

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for the study purpose. So the data collected as subjected to statistical analyses for which statistical tools, such as percentage, Mean, chi-square and correlation co-efficient, Standard deviation etc. were used.

OBSERVATIONS AND ASSESSMENT

Table 1 shows the distribution of respondents on the basis of assessment of morbidity pattern. Maximum 74.0 per cent government respondents and 90.0 per cent private respondents were having headache problem, 26.0 per cent government respondents 10.0 per cent private respondents were not having headache problem, 18.0 per cent government respondents 20.0 per cent private respondents were having effected by cough and cold problem, 82.0 per cent government respondents and 80.0 per cent private respondents were not having cough and cold problem,8.0 per cent government respondents and 16.0 percent private respondents were having effected by backache problem 92.0 per cent government respondents and 84.0 per cent private respondents were not having effected by backache problem,14.0 per cent government respondents and 24.0 per cent private respondents were having effected by indigestion gastric problem,86.0 per cent government respondents and 76.0 per cent private respondents were not having effected by indigestion gastric problem, 24.0 per cent government respondents and 32.0 per cent private respondents were having fever, 76.0 per cent government respondents and 68.0 per cent private respondents were not having fever problem, 0.0 per cent government respondents and 4.0 per cent private respondents were affected by joint pain,100.0 per cent government respondents and 96.0 per cent private respondents were not having effected by joint pain,4.0 per cent government respondents and 14.0 per cent private respondents were having other severe problem, 96.0 per cent government respondents and 86.0 per cent private respondents were having other severe problems.

Table 2 shows the distribution of Government and private respondents on the basis of dietary pattern and nutrient intake as compared to government and private doctors. Maximum in government doctors mean maximum energy intake was found to be 2344.9 kcal/day and in private doctors mean energy intake was found to be 2293.4 kcal/day, in government doctors mean protein intake was found to be 72.4 g protein/day and in private

Table 1 : Distribution of respondents on the basis of assessment of morbidity pattern

	Government				Private					
	Yes	Per cent	No	Per cent	Yes	Per cent	No	Per cent	Total	Per cent
Headache	37	74.0	13	26.0	45	90.0	5	10.0	100	100.0
Cough and cold	9	18.0	41	82.0	10	20.0	40	80.0	100	100.0
Backache	4	8.0	46	92.0	8	16.0	42	84.0	100	100.0
Indigestion/gastric problem	7	14.0	43	86.0	12	24.0	38	76.0	100	100.0
Fever	12	24.0	38	76.0	16	32.0	34	68.0	100	100.0
Joint pain	-	-	50	100.0	2	4.0	48	96.0	100	100.0
Other severe problem	2	4.0	48	96.0	7	14.0	43	86.0	100	100.0

Table 2 : Distribution of respondents on the basis of dietary pattern and nutrient intake as compared to government and private doctors

Dietary pattern and nutrient intake	Government		Private		Correlation(r)
Nutrient	Mean	SD	Mean	SD	
Energy (kcal/day)	2344.9	±199	2293.4	±260.08	0.1206
Protein (g/day)	72.4	±4.3	71.5	±3.4	-0.0030
Fat (g/day)	25.7	±3.4	25.2	±3.5	0.1445
Beta carotene (µg/day)	4866	±31.0	4800	±8.0	0.0021
Vit 'B_1(mg/day)	1.2	±0.14	1.2	±0.1	0.1860
Vit 'B_2(mg/day)	1.5	±0.1	1.3	±0.2	0.0070
Vit 'B_3(mg/day)	15.6	±1.7	15.3	±1.9	-0.0143
Vit 'C(mg/day)	40.4	±1.0	41.5	±1.7	-0.1153
Ca (mg/day)	610.3	±16.0	626.5	±26.5	-0.1389
Iron (mg/day)	20.0	±3.0	20.7	±2.7	0.0089

doctors mean protein intake was found to be 71.5 g. protein/day, in government doctors mean fat intake was found to be 25.7 g. fat/day and in private doctors mean fat intake was found to be 25.2 g. fat/day, in government doctors mean beta carotene intake was found to be 4866 µg beta carotene/day and in private doctors mean beta carotene intake was found to be 4800 µg beta carotene/day, in government doctors mean vitamin B_1 intake was found to be 1.2 mg vitamin B_1 /day and in private doctors mean vitamin B_1 intake was found to be 1.2 mg vitamin B_1/day, in government doctors mean vitamin B_2 intake was found to be 1.5 mg vitamin B_2/day and in private doctors mean vitamin B_2 intake was found to be 1.3 mg vitamin B_2/day, in government mean vitamin B_3 intake was found to be 15.6 mg vitamin B_3/day and in private doctors mean vitamin B_3 intake was found to be 15.3 mg vitamin B_3/day, in government mean vitamin 'C mean intake was found to be 40.0 mg vitamin 'C/day and in private doctors mean intake was found to be 15.3 mg vitamin 'C/day, in government doctors mean calcium intake was found to be 610.3 mg calcium/day and in private doctors mean calcium intake was found to be 626.5 mg calcium/day, in government doctors mean iron intake was found to be 20.0 mg iron /day and in private doctors mean iron intake was found to be 20.7 mg iron/day.

Conclusion:

On the basis of summarized result it may be concluded that Nutritional status of the government doctors was better than private doctors. The government doctors were spending less time in hospitals as compared to private doctors. They were taking adequate meals and nutrition at home. Whereas private doctors were consuming snacks in the hospitals. Results obtained from dietary intake of government and private doctors, it is observed that energy, protein, fat vitamins iron calcium is better in government doctors.

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Received : *24.05.2017;* **Revised:** *09.09.2017;* **Accepted :** *22.09.2017*