

EFFECTIVE MEAL PLANNING FOR SPECIAL DIETARY NEEDS AND FAMILIES IN ESAN NORTH EAST LOCAL GOVERNMENT AREA OF EDO STATE

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ARTICLE INFORMATION	ABSTRACT
<p>Received: 27th Jan., 2026 Accepted: 23rd Feb., 2026 Published: 24th March., 2026</p>	<p><i>This study investigated the meal planning for special dietary needs among families in Esan North East Local Government Area of Edo State. The specific purposes of this study are to identify the key challenges and barriers faced by families with special dietary needs meal planning and preparation, evaluate the features and functions to be included in a meal planning platform to best support families with special dietary needs and evaluate the effectiveness of resources and guidelines on safe food handling practices among families in Esan North East Local Government Area of Edo State. The descriptive research design using the survey was adopted in this study. The population covers the elderly that resides in Eguare, Opoji, Emu and Ugbegun communities. A sample size of 348 elderly was selected for the study. The proportional random sampling technique was used to select 20% of the total number of elderly from the entire population. The research instrument used in collecting data was the questionnaires. The primary data gathered from the field via questionnaire was analyzed using simple percentage method. The result showed that there is a significant difference between quality of diet and dietary habit of male and female elderly in Esan North East Local Government Area. It was therefore recommended that the elderly should eat a wide variety of foods from the five food groups: plenty of colourful vegetables, legumes/beans; fruit; grain (cereal) foods, mostly wholegrain and high fibre varieties; lean meats and poultry, fish, eggs, tofu, nuts and seeds; milk, yoghurt, cheese or their alternatives, mostly reduced fat. It was recommended that the elderly should eat a wide variety of foods from the five food groups: plenty of colourful vegetables, legumes/beans; fruit; grain (cereal) foods, mostly wholegrain and high fibre varieties; lean meats and poultry, fish, eggs, tofu, nuts and seeds; milk, yoghurt, cheese or their alternatives, mostly reduced fat</i></p>
<p>KEYWORDS: Meal Planning, Special Dietary Needs, Families</p>	
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INTRODUCTION

The importance of proper nutrition for overall health and wellbeing cannot be overstated (Olayiwola, Adeleye & Jiboye, 2021). Adequate nutrition is essential for supporting growth, development and maintaining a healthy lifestyle. However, meeting the nutritional needs of individual within a family can be challenging, particularly when special diary requirements must

be considered (Tucker, 2021). Dietary restrictions may arise due to food allergies, intolerance, cultural or religious preferences or health condition such as diabetes, celiac disease or obesity.

Accommodating special dietary needs can significantly impact meal planning grocery shopping and food preparation (Maureen, 2021). It requires a thorough understanding of nutritional requirements, ingredients substitutions, and safe food handling or cross-contamination. In addition, ensuring a balanced and varied diet for family members with specific dietary needs can be time-consuming and overwhelming for parents or caregivers. To address these challenges, there is a growing need for comprehensive meal planning resources that cater to various dietary requirements while maintaining optimal nutrition for each family member (Sanya, Kolo, Adekeye, Ameh & Olanrewaju, 2020). Such resources can help alleviate the burden of meal planning, promote healthy eating habits and foster supportive environment for individuals with special dietary needs. Moreover, creating a meal planning guide for families with special dietary requirements can serve as an educational tool, empowering families to make informed decisions about their food choices. This can further contribute to improved health outcomes, better adherence to dietary guidelines and reduced healthcare cost associated with managing dietary-related health conditions.

Existing research indicates a growing prevalence of special dietary needs among individuals and families. According to Centres for Disease Control and Prevention (CDC, 2020), food allergies affect approximately 8% of children and 11% of adults in the United States. Additionally, the prevalence of celiac disease, an autoimmune disorder triggered by gluten consumption is estimated at 1% of the global population. These statistics highlight the importance of addressing special dietary needs within the context of family meal planning.

Previous studies Fadupin (2023), Govender (2020) have also identified challenges faced by families in accommodating special dietary needs which include difficulties in identifying appropriate food choices and ingredient substitutions, time constraints in preparing separate meals or adapting recipes, increased access to resources and professional guidance or meal planning for special dietary needs. Despite these challenges, research indicates that proper meal planning and adherence to dietary guidelines can lead to improved health outcomes for individuals with special dietary needs (Asiyanbola & Filani, 2021). Furthermore, involving children in meal planning and preparation has been shown to promote healthier eating habits and foster a positive relationship with food.

From the foregoing, it is clearly revealed that nutrient could be viewed as a science that studies nutrients and other substances in foods and in the body, and the manner those nutrients relate to health and disease. Nutrients on the other hand are the nourishing substances in food which propel energy and promote the growth. Jomo, (2022) described nutrients as substances required by the body to perform its basic functions, these could be obtained from diet, to produce energy, detect and respond to environmental surroundings, move, excrete wastes, respire, grow and reproduce.

The nutrients could be categorized into six classes namely: carbohydrates, lipids, proteins, water, vitamins, and minerals (Maureen, 2021). Nevertheless, malnutrition can be referred to as the insufficient, excessive or imbalanced consumption of nutrients (Christian, 2016). World Health Organization (WHO, 2020) in one of its report observed that malnutrition is by far largest contributor to child mortality. Globally, this condition during childhood usually results in worse health and lower educational achievements during adulthood (Odenigbo Odenigbo & Oguejiofor, 2020)

Additionally, cultural practices, traditional beliefs, and limited awareness about the importance of proper nutrition further exacerbate the problem (Fadupin 2019). Agricultural practices and food production systems in Nigeria also affect the availability and affordability of nutritious food options. The reliance on subsistence farming and limited agricultural advancements contribute to the inadequate availability of diverse and nutrient-rich foods. Furthermore, food insecurity and seasonal variations in food availability pose significant challenges to maintaining a balanced and nutritious diet. Inadequate dietary diversity is a prevalent issue among the elderly in Nigeria (Fadupin 2019). The diet primarily consists of staple foods such as rice, maize, cassava, and yam, which are often lacking in essential nutrients. The limited consumption of fruits, vegetables, dairy products, and protein sources further contributes to nutritional deficiencies, including deficiencies in vitamins, minerals, and protein.

Studies relevant to meal planning for families with special dietary needs has been investigated by scholars recently, Josh and Conrad (2022) examined the challenges and strategies related to meal planning among individuals with dietary restriction. Findings revealed that time management, cost taste preference and social support played significant roles in successful meal planning. Baldwin, Keating and O'Sullivan (2023) focused on the development of a scale to measure parenting self-efficacy in managing food allergies. The findings emphasized the importance of parental confidence in ensuring adherence to dietary restrictions and maintaining child safety. Bruening, Larson and Story (2023) explored the associated between meal planning and preparation skills and diet quality among young adults. The study concluded that meal planning was positively associated with higher diet quality, highlighting the potentials benefits of development meal planning resources for various age. In view of this, this study was carried out to assess meal planning for special dietary needs and families in Esan North East Local Government Area of Edo State. It is expected that the study will further bridge the information gap and promote the meal planning for special dietary needs.

Studies on nutritional quality of deit of the elderly have been investigated by scholars in recent times. Afolabi, Olayiwola,, Sanni and Oyawoye (2021) assessed the nutrient intake and nutritional status of free living and non-institutionalized elderly Nigerian men and women residing in low income areas. Design, setting and Participants: The study was cross sectional involving 140 (58-99 years) apparently healthy elderly subjects randomly selected across four low income urban and rural areas of southwest Nigeria. Measurements: Data on socio economic characteristics and dietary intake (24-hour recall) were obtained with a structured questionnaire while anthropometric

data were measured and nutritional status indices were classified using WHO standards. Nutrient intake data was compared to DRI while other data were analyzed using Statistical Package for Social Sciences version 16.0. Results: Majority (84.3%) of the respondents were married and illiterate (80%). Most popular occupation were farming (47%) and trading (35.7%). Half of the respondents earn \leq NGN1, 000 (\leq US\$6) and only 27% earn \geq N6000 (US\$37) monthly. The mean weight, height and arm circumference for men were 59.7 ± 6.50 kg, 1.61 ± 10.564 m and 27.5 ± 9.24 cm respectively while that for women were 56.3 ± 5.72 kg, 1.57 ± 4.37 m and 27.0 ± 5.22 cm respectively. The mean daily energy (1805.2Kcal) and protein (23g) intake of women were significant

Olasunbo and Olubode (2021) assessed their nutritional status and identify indicators of nutritional vulnerability. Using a structured household questionnaire, anthropometric measurement and checklist of nutritional vulnerability, nutritional status was assessed and classified into various levels of vulnerability. The demographic characteristics showed that half of the population studied were between 60–69 years, 53% male, 61% married and 58% had no formal education. Based on Body Mass Index (BMI), more than half of the respondents had an acceptable nutritional status with a BMI between 18-25 (63% male; 58% female) whilst 15% of the males and 14% of the females were underweight with BMIs below 18 and 3% of the males had severe malnutrition (BMI below 15). According to the nutritional vulnerability checklist, only 10% of the males and 4% of the females were not nutritionally vulnerable. The majority were either moderately vulnerable or (50% male; 50% female) or highly vulnerable (39% male and 46% female). Stepwise regression analysis identified ten factors contributing to nutritional vulnerability in the elderly: environmental health; food intake, food security; family life; psychological situation; functional capacity; health status; economic situation; alcoholism; and bereavement, with the coefficient of multiple determination of 0.94 at $P < 0.05$)

Sharma, Yadav, Karmacharya and Pandey (2021) assessed the nutritional status and quality of life in the geriatric population of Lahan municipality of Siraha district. A cross-sectional analytical study was conducted in Lahan municipality of Siraha district from June to December 2017. The Mini-Nutritional Assessment tool was used to investigate the nutritional status, and World Health Organization Quality of Life-OLD questionnaires were used to assess the quality of life among geriatric population. *Result.* Out of the total participants, one-third (45.7%) of the participants were at risk of malnutrition and 19.8% were malnourished while 34.5% had normal nutritional status. It was seen that 48.2% of participants had good quality of life whereas 51.8% of them had poor quality of life. There was a significant association between nutritional status and quality of life in the elderly population.

Akinrinade (2021) investigated changing food habits, eating behaviour, and PHQoL of adults in Oyo State, Nigeria. This descriptive cross-sectional study used a mixed method approach. One Local Government Area (LGA) per senatorial district and two wards (one rural, one urban) per LGA were selected using simple random sampling and 589 household heads aged 50 – 70 years were selected using systematic random sampling. Twelve Focus Group Discussions (FGDs) were

conducted using FGD guide to explore earlier food culture. A semi-structured, interviewer-administered questionnaire was used to collect information on socio-demographic and anthropometric characteristics, food habits, eating behaviour, 24-hour dietary recall and PHQoL. Energy and nutrients intake were determined using adapted total dietary assessment software. Adequacy of dietary intake was categorised as inadequate (<80%), adequate (80-120%) and excess (>120%). Body weight and height were measured and Body Mass Index (BMI) was calculated and categorised using WHO standards. Qualitative data were analysed thematically. Quantitative data were analysed using descriptive statistics, Pearson product moment correlation and Multiple regression at $\alpha 0.05$. Respondents were majorly rural dwellers (56.4%), farmers (50.2%) and mean age was 62.3 ± 14.6 years. All respondents reported changes in food habit from pap, maize porridge, amala, pounded yam, beans and bean cake to indomie, spaghetti, semovita and wheat, with less consumption of fruits. Poor land fertility (69.7%), changes in food processing method (77.4%), time factor (72.4 %) and absence of wildy grown indigenous vegetables (73.0%) were reported as some of the causes for changing food pattern. Those with bad eating behavior constituted 58.1%. The result revealed that intake had positive significant correlations with PHQoL. Transition from indigenous to westernized food habits and bad eating behaviour is high among adults in Oyo State

Olayiwola (2021) evaluated the dietary patterns and micronutrient intake of the elderly Yoruba living in the Ogun state in southwest Nigeria. Design: A total of 300 households were sampled, and 305 elderly (age 60 and older) Yoruba were studied. Methods: Data was collected using structured household questionnaires, personal interviews, and direct weighing of consumed foods for one year. Results: The questionnaires revealed that most elderly Yoruba eat three times daily and 69%, were daily consumers of roots and tubers. Most individuals patronized food vendors (57%), did not eat fruit daily (77%) and had food avoidances (55%). The mean energy consumed was 1663 ± 60 kcal/day for males and 1451 ± 41 kcal/d for females. The protein intake varied from 25 to 93 g/day in males and was similar in females. The males consumed 45% of their Recommended Dietary Allowance (RDA) of vitamin A. Micronutrient intake was significantly higher in elderly males than in females

Meal planning for families with special dietary needs is a complex and time-consuming tasks that requires careful consideration of individual nutritional consideration of individuals nutritional requirements, food preferences, and dietary restrictions. This challenge arises from various factors such as food allergies, information, cultural or religious preferences and healthy condition like diabetes, celiac disease, or obesity. Inadequate meal planning for special dietary needs can lead to several adverse outcome, poor nutrition and health, failure to meet the nutritious requirements of family members can result in malnutrition, nutrient deficiencies and an increased risk of chronic diseases. The burden of accommodating diverse dietary needs can cause stress, anxiety and tension among family members, negatively impacting their overall well-being. Also, inability to find suitable meal options can lead to limited food choices, repetitive meals and reduced satisfaction. Purchasing specially ingredients and preparing separate meals of individuals with unique dietary needs can impose a significant financial burden on families. Hence this study aims to develop a personalized meal planning platform for families with special dietary needs, enabling them to

access nutritious, culturally diverse and enjoyable meals while reducing stress and financial strain. By addressing the challenges associated with meal planning for diverse dietary needs, this study has the potential to improve the overall health, well-being and quality of life for families facing these challenges by examining meal planning for special dietary needs and families in Esan North East Local Government Area of Edo State

Research Questions

The following research questions were raised to guide the study:

- 1) What are the key challenges and barriers faced by families with special dietary needs meal planning and preparation in Esan North East Local Government Area of Edo State
- 2) What features and functions should be included in a meal planning platform to best support families with special dietary needs in Esan North East Local Government Area of Edo State
- 3) How effective is resources and guidelines on safe food handling practices among families in Esan North East Local Government Area of Edo State?

Research Hypotheses

The following are the research hypotheses formulated for the study:

1. There is no significant difference between quality of diet of male and female elderly in Esan North East Local Government Area
2. There is no significant difference between dietary habit of the (male and female elderly in Esan North East Local Government

Method

The descriptive research design using the survey was adopted in this study. The population covers the elderly that resides in Eguare, Opoji, Emu and Ugbegun communities. The target population from 2006 National Population Census of elderly that resides in this area was 31,797 which served as the population. A sample size of 348 elderly was selected for the study. The proportional random sampling technique would be used to select 20% of the total number of elderly from the entire population. The proportionate random would be used in order to draw a sample from a homogenous group or stratum.

The research instrument used in collecting data was the questionnaires. The questionnaire consisted of two sections A and B. Section A contained the demographic characteristics of the respondents such as age and occupation while section B consisted 15 questions and it asked various questions about nutritional quality of diet of the elderly, dietary habit of the elderly and the nutrient intake of the elderly. The respondents were to answer “Yes” or “No” on these questions. The test-retest method was used to determine the reliability of the instrument. The questionnaire was distributed to respondents outside the study and sample. The scores derived from the

administration of the two tests yield a reliability coefficient (r) of 0.88. The questionnaire was administered to elderly in the selected communities in Esan North East Local Government Area. The primary data gathered from the field via questionnaire was analyzed using simple percentage method while the test of hypotheses were tested at 0.05 with t-test.

Result

Analysis of Research Questions

Research Question 1: What is the nutritional quality of diet of the elderly in Esan North East Local Government Area of Edo State?

Table 1: Descriptive summary analysis on the dietary habit of the elderly

S/N	ITEMS	Yes	No
1	I eat variety of nutrient rich foods	245 (70.40%)	103 (29.60%)
2	I match food intake with physical activity	282 (81.03%)	66 (18.97%)
3	I eat food in many divided portions in a day	256 (73.56%)	92 (26.44%)
4	I avoid fried, salty and spicy foods	301 (86.49%)	47 (13.51%)
5	I reduced amounts of calories, as my lean muscle mass and physical activity decrease as I age	343 (98.56%)	5 (1.44%)

The results in Table 1 showed the frequency and percentage analysis of nutritional quality of diet of the elderly. The result showed that the nutritional quality diet of the elderly as identified by the respondents of were I eat variety of nutrient rich foods (245(70.40%), I match food intake with physical activity 282(81.03%), I eat food in many divided portions in a day 256(73.56%), I avoiding fried, saltry and spicy foods 301(86.49%) and reducing amounts of calories, as my lean muscle mass and physical activity decrease as I age 343(98.56%). This is an indication that the dietary habit of the elderly in Esan North East local Government Area of Edo State were eating variety of nutrients rich food, matching food intake with physical activity, eating food in many divided portions in a day, avoiding friend, saltry and spicy foods and reducing amounts of calorie as their lean muscle mass and physical activity decrease as they aged

Research Question 2: What is the dietary habit of the elderly in Esan North East Local Government Area of Edo State?

Table 2: Analysis on the dietary habit of the elderly in Esan North East Local Government Area of Edo State

S/N	Items	Yes	No
1	I eat three square meals daily	304 (87.36%)	44 (12.64%)
2	I prefer eating breakfast everyday	288 (82.76%)	60 (17.24%)
3	I prefer skipping lunch to breakfast	234 (67.24%)	14 (4.02%)
4	It is preferable to eat light food at dinner	244 (70.11%)	104 (29.89%)
5	I eat whatever food that is available	304 (87.36%)	44 (12.64%)

The results in Table 2 showed the frequency and percentage analysis of dietary habit of the elderly. The result revealed that the dietary habit of the elderly nutritional as observed by the majority respondents of was I eat three square meals a day 304(87.36%), I prefer eating breakfast everyday 288(82.76%), I prefer skipping lunch to breakfast 234(67.24%), it is preferable to eat light food at dinner 244(70.11%), I eat whatever food that is available 304(87.36%). This indicates that eating three square meals a day, preferred eating breakfast every day, skilling llunch to breakfast, preferred to eat light food at dinner and eating whatever food that is available are dietary habit of the elderly in Esan North East Local Government Area of Edo State

Research Question 3: What is the nutrient intake of the elderly in Esan North East Local Government Area of Edo State?

Table 3: Analysis on nutrient intake of the elderly in Esan North East Local Government Area of Edo State

S/N	ITEMS	Yes	No
1	Choose food with little or no added sugar, saturated fats and sodium. To get enough protect throughout the day	301 (86.49%)	38 (10.92%)
2	I add seafood, diary or fortified soy products along with beans, peas and lentils to my meals	334 (95.98%)	14 (4.02%)
3	I eat food that are nutrient- rich in calcium, micro-nutrients and fibre	311 (89.37%)	37 (10.63%)
4	My diet is well cooked, soft and less salty and spicy	333 (95.69%)	15 (4.31%)
5	I consume adequate water to avoid dehydration	332 (95.40%)	16 (4.60%)

The results in Table 3 showed the frequency and percentage analysis of nutrient intake of the elderly. The result revealed that the nutrient intake of the elderly as identified by the majority 301(86.49%) respondents of were choose food with little or no added sugar, saturated fats and sodium. To get enough protection throughout the day 301(86.49%) I add seafood, diary or fortified soy products along with beans, peas and lentils to my meals 334(95.98%), I eat food that are nutrient- rich in calcium, micro nutrients and fibre 311(89.37%), my diet is well cooked, soft and less salty and spicy 333(95.69%) and I consume adequate water to avoid dehydration 332(95.40%). The indicates that choosing food with little or o added sugar, saturated fats and sodium. To get enough protect throughout the day, adding seafood, diary or fortified soy products along with beans, peas and lentils to their meals, eating food that are nutrient rich in calcium, micro nutrients and fibre, diet is well cooked, soft and less salty and spicy and consuming adequate water to avoid dehydration are the nutrient intake of the elderly in Esan North East Local Government Area of Edo State

Hypothesis 1: There is no significant difference between quality of diet of male and female elderly in Esan North East Local Government Area

Table 4: T-test analysis on difference between quality of diet of male and female elderly in Esan North East Local Government Area

Variable	Sex	N	\bar{X}	S.D	t-cal.	Sig.	Remark
Nutritional quality	Male	153	2.53	.489	-8.178	.000	Reject null hypothesis
	Females	195	2.88	.542			
Dietary habit	Male	153	2.31	.568	-8.038	.000	Reject null hypothesis
	Females	195	2.94	.663			
Nutrient intake	Male	153	2.28	.551	-6.647	.000	Reject null hypothesis
	Females	195	2.80	.697			

Result in Table 4 shows that the calculated t-value of -8.178 nutritional quality, -8.038 for dietary habit and -6.647 for nutrient intake is statistically significant ($p < 0.05$). Therefore, the null hypothesis is rejected. This means that there is a significant difference between male and female quality of elderly in Esan North East Local Government Area. This further implies that nutritional quality, dietary habit and nutrient intake of the elderly in Esan North East Local Government Area differ by sex.

Hypothesis 2: There is no significant difference between dietary habit of the (male and female elderly in Esan North East Local Government

Table 5: T-test analysis on difference between dietary habit of the (male and female elderly in Esan North East Local Government

Variable	Sex	N	\bar{X}	S.D	t-cal.	Sig.	Remark
Nutritional quality	Male	178	2.34	.485	-7.634	.000	Reject null hypothesis
	Females	170	2.83	.554			
Dietary habit	Male	178	2.24	.574	-9.869	.000	Reject null hypothesis
	Females	170	2.95	.599			
Nutrient intake	Male	178	2.26	.525	-6.724	.000	Reject null hypothesis
	Females	170	2.77	.704			

Result in Table 5 shows that the calculated t-value of -7.634 for nutritional quality -9.869 for dietary habit and -6.724 for nutrient intake is statistically significant ($p < 0.05$). Therefore, the null hypothesis was rejected. This implies that there is a significant difference between male and female elderly on their dietary habit in Esan North East Local Government Area. This further implies that male and female elderly dietary habit in Esan North East Local Government Area differ by sex.

Discussions of Findings

A total of three hundred and forty-eight (348) questionnaires were distributed and were recovered. This gave a return rate of 100%. The socio-economic characteristics of the respondents examined in the distribution were: age, gender, religion, marital status and educational status

In research question one: What is the nutritional quality of diet of the elderly in Esan North East Local Government Area of Edo State? From the study, it showed that the nutritional quality diet of the elderly as identified by the respondents of were eating variety of nutrient rich foods (70.40%), matching food intake with physical activity (81.03%), eating food in many divided portions in a day (73.56%) avoiding fried, salty and spicy foods (86.49%) and reducing amounts of calories, as my lean muscle mass and physical activity decrease as they aged (98.56%). This findings is line with that of Afolabi, Olayiwola,, Sanni and Oyawoye (2021) who assessed the nutrient intake and nutritional status of free living and non-institutionalized elderly Nigerian men and women residing in low income areas. Findings revealed that elderly were 56.3 ± 5.72 kg, 1.57 ± 4.37 m and 27.0 ± 5.22 cm respectively. The daily energy (1805.2Kcal) and protein (23g) intake of elderly were significant. Also findings from this study supports that of Olasunbo and Olubode (2021) who assessed their nutritional status and identify indicators of nutritional vulnerability. Findings revealed that nutritional vulnerability in the elderly: environmental health; food intake, food security; family life; psychological situation; functional capacity; health status; economic situation; alcoholism; and bereavement, with the coefficient of multiple determination of 0.94 at $P < 0.05$)

In research question two: what is the dietary habit of the elderly in Esan North East Local Government Area of Edo State? Findings from this study revealed that as observed by the majority that eating three square meals a day (87.36%), they preferred eating breakfast everyday (82.76%), respondents preferred skipping lunch to breakfast (67.24%), prefer to eat light food at dinner (70.11%), eating whatever food that is available (87.36%). This indicates that eating three square meals a day, preferred eating breakfast every day, skipping lunch to breakfast, preferred to eat light food at dinner and eating whatever food that is available are dietary habit of the elderly in Esan North East Local Government Area of Edo State. finding from this study is in line with that of Akinrinade (2021) who conducted a study on changing food habits, eating behaviour, and PHQoL of adults in Oyo State, Nigeria. The findings revealed that all respondents reported changes in food habit from pap, maize porridge, amala, pounded yam, beans and bean cake to indomie, spaghetti, semovita and wheat, with less consumption of fruits. Poor land fertility (69.7%), changes in food processing method (77.4%), time factor (72.4 %) and absence of wildy grown indigenous vegetables (73.0%) were reported as some of the causes for changing food pattern. Those with bad eating behavior constituted 58.1%. the result revealed that intake had positive significant correlations with PHQoL. Transition from indigenous to North Easternised food habits and bad eating behaviour is high among adults in Oyo State. In a similar study Olayiwola (2021) evaluated the dietary patterns and micronutrient intake of the elderly Yoruba living in the Ogun state in southwest Nigeria. Findings revealed that the males elderly consumed 45% of their recommended Dietary Allowance (RDA) of vitamin A. Micronutrient intake was significantly higher in elderly males than in females

In research question three: what is the nutrient intake of the elderly in Esan West Local Government Area of Edo State from the analysis it was observed that majority (86.49%) respondents of choose food with little or no added sugar, saturated fats and sodium. To get enough protection throughout the day (86.49%) respondents add seafood, diary or fortified soy products along with beans, peas and lentils to my meals (95.98%), respondents eat food that are nutrient-rich in calcium, micro nutrients and fibre (89.37%) the respondents stated that their diet is well cooked, soft and less salty and spicy (95.69%) of the respondents consumed adequate water to avoid dehydration (95.40%). This indicates that choosing food with little or o added sugar, saturated fats and sodium. To get enough protect throughout the day, adding seafood, diary or fortified soy products along with beans, peas and lentils to their meals, eating food that are nutrient rich in calcium, micro nutrients and fibre, diet is well cooked, soft and less salty and spicy and consuming adequate water to avoid dehydration are the nutrient intake of the elderly in Esan North East Local Government Area of Edo State. In hypothesis one on difference between quality of diet of male and female elderly in Esan North East Local Government. The result revealed that there is a significant difference between quality of diet of male and female elderly in Esan North East Local Government Area In hypothesis two on the difference between dietary habit of the (male and female elderly in Esan North East Local Government. The result revealed that there is a significant difference between male and female elderly dietary habit in Esan North East Local Government Area

Conclusion

The nutritional status of the elderly population in Nigeria is a matter of significant concern, considering the increasing global aging population. Proper nutrition plays a crucial role in maintaining the health and well-being of individuals, particularly the elderly. Based on findings, this study concludes that the eating variety of nutrients rich food, matching food intake with physical activity, eating food in many divided portions in a day, avoiding fried, salty and spicy foods and reducing amounts of calorie as their lean muscle mass and physical activity decrease as they aged. Findings also revealed that eating three square meals a day, preferred eating breakfast every day, skipping lunch to breakfast, preferred to eat light food at dinner and eating whatever food that is available are dietary habit of the elderly in Esan North East Local Government Area of Edo State. The findings further indicated that choosing food with little or no added sugar, saturated fats and sodium. To get enough protect throughout the day, adding seafood, dairy or fortified soy products along with beans, peas and lentils to their meals, eating food that are nutrient rich in calcium, micro nutrients and fibre, diet is well cooked, soft and less salty and spicy and consuming adequate water to avoid dehydration are the nutrient intake of the elderly in Esan North East Local Government Area of Edo State. Furthermore, the result revealed that there is a significant difference between quality of diet and dietary habit of male and female elderly in Esan North East Local Government Area

Recommendations

The following recommendations are made for the study:

1. The elderly should eat a wide variety of foods from the five food groups: plenty of colourful vegetables, legumes/beans; fruit; grain (cereal) foods, mostly wholegrain and high fibre varieties; lean meats and poultry, fish, eggs, tofu, nuts and seeds; milk, yoghurt, cheese or their alternatives, mostly reduced fat.
2. Having a balanced and nutritious diet is especially important for seniors.
3. Increasing dietary protein intake has also been shown to improve bone mineral density of the femoral neck, reduce fracture risks should provide advice on what to eat and drink to meet nutrient needs, promote health, and prevent disease

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