

restrictions, loneliness, and depression that can affect the type and quantity of food consumed by the elderly. Many elderly people experience with high blood pressure, heart disease, high cholesterol, and diabetes. These diseases can be controlled or even prevented by maintaining a healthy diet and regular exercise. In elderly election nutrition, a balanced diet should pay attention to certain things because the elderly's organ function has decreased. Adequacy of energy is obtained by the elderly from daily food intake following their physical and activity conditions. This is related to the diet. Therefore, they need to pay attention to the selection of diet menu, so the food will be more comfortable to be chewed and easy to be digested. If the elderly keeps on a balanced diet, the nutritional status will also be good.

C. Nutritional Status of the Urban and Rural Elderly

In this study, the majority of urban participants have good nutritional status, a total of 213 participants (48.6%), but rural participants have less nutritional status as many as 61 participants (58%). Nutritional status is a condition of human nutrition as a manifestation of food consumption and the use of nutrients by the body. Nutritional status is related to a person's level of knowledge regarding food nutrition. Good nutritional status indicates that a person has a healthy lifestyle. Changes in nutritional status in the elderly are caused by changes in the environment and health conditions. Urban participants have good nutritional status due to the knowledge possessed by most participants, both the facilities and infrastructure in urban areas.

Thus, the ability of the elderly to meet nutritional needs are fulfilled. On the other hand, rural participants have less nutritional status due to the knowledge of participants related to nutrition is sufficient. Their nutritional needs are so lacking that they quickly get sick because their appetite is not good. [8] Consuming balanced nutrition can reduce the risk of osteoporosis, especially for older people who do not have coffee drinking habits are advised to provide more information to the public regarding balanced nutrition to improve the health status of the community. [9]. Emphasizing the importance of consuming balanced nutrition, especially to get vitamin D so that bone health is maintained and its nutritional status is good.

In the elderly, a Geriatric Nutritional Risk Index (GNRI) calculation is a new prognostic indicator for complications and mortality related to nutritional status among the elderly [10]. GNRI has a close relationship with exercise tolerance and can be a nutritional rating scale that is useful for elderly patients. This structured screening tool can identify nutrition-related problems that guarantee evidence-based interventions to measure nutritional status assessments [11]. The main challenges of clinical nutrition nowadays, are keeping the elderly person in optimal nutritional status as well as in the determination of the optimal and faster timing for intervention [12]. Nutritional status should be periodically screened in the institutionalized elderly to prevent malnutrition.

Also, it was noted that adequate energy and nutrients intake of the elderly played a crucial role in maintaining nutritional status and preventing malnutrition within residential homes. Nutritional status and health of the elderly

are generally influenced by lifestyle, especially diet, physical activity, and stress. In setting a good nutritional status, the family plays an important role in this matter, because usually, families prepare diet menu in their homes [13]. The results showed that the elderly with good knowledge of nutritional status is 12.5%, elderly with a normal nutritional status of 56.2%, and those who had a fat nutritional status of 31.3%. Apart from that, the family in the category of having enough elderly people with normal nutritional status is equal to 45.8%, elderly underweight nutritional status of 16.7%, and fat nutritional status of 37.5%. The factors that can affect nutritional status are a bad environment that can affect a person's mental and physical condition so that nutritional status will be bad too. Then food intake is the most important factor in the nutritional status of the elderly. The food eaten must be varied so that all nutrients can be fulfilled. The disease occurs along with the increasing age of the immune system in the elderly. The decline of the immune system causes the elderly to suffer from a disease.

Furthermore, physical activity is closely related to body weight. Adequate nutrition is critical to support health status [14]. Inadequate nutrition could have an adverse effect on life. Physical activity causes less accumulation of nutrients in the body so that it increases the risk of obesity. The last mental condition, in the elderly, often show symptoms of depression, and it arises due to an illness suffered by the elderly. Psychological factors such as anxiety have a large contribution in determining food intake and the nutritional status of the elderly [15]. There is a significant relationship between the level of anxiety with nutritional status and food intake in the elderly and between food intake and the nutritional status of the elderly.

The anxiety condition in the elderly that occurs can be caused by socioeconomic differences (entering retirement), decreasing income, post power syndrome, role conflict, and feeling lacking or no longer needed. Health conditions have begun to decline and often experience physical disturbances, and illness has begun to emerge. Changes in the social environment, isolated conditions, loneliness, and reduced activity make the elderly experience frustration and lack of enthusiasm. As a result, appetite is disrupted and can ultimately lead to weight loss. Besides, less social interaction can cause loneliness so that it can affect appetite, food intake, body weight, and overall well-being.

IV. CONCLUSION

This study found that the knowledge, diet, and nutritional status of participants in the urban were good, while in rural areas, the participants have sufficient knowledge and a good diet, yet they lack nutritional status. The difference between rural and urban communities is due to the influence of the participants' insight, the neighborhood, the mass media, and the information available. In urban communities, it is easy to access the latest information and easily obtainable compared to rural communities.

ACKNOWLEDGMENT

Thanks to all participants in this study, especially the elderly in region of Ranto Baek and Elderly in Titi Kuning for the willingness in the interview. The researchers also are

grateful for the willingness of the participant in the proses of assessment, discussion, and observation of their daily life until this research completion.

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