



women 280 mg), respectively. However, there was no significant difference in the calcium intake between sexes and among all age groups within the same sex. Majority of the subjects (67 %) consumed less than 400 mg calcium/day (low intake) and 31 % consumed between 400-800 mg/day (moderate intake) whereas only 2 % of the subjects had a calcium intake of more than 800 mg/day (high intake). The high, moderate, and low calcium intake groups consumed calcium from milk amounting to 46.9, 28.7, and 12.7 % of their total daily calcium intake, respectively. Women consumed milk and its products as calcium source more than men.

As expected, bone mineral content (BMC) and bone mineral density (BMD) decreased with advancing age. In this study, the role of calcium intake on the changes of BMC in the middle age group (30-49 years) was not evident. However, there were positive relationships between calcium intake and BMC in young adults (20-29 years) and old age groups (70-80 years). It was shown that changes in calcium intake affected bone status of the young adults and elderly.

In addition to sex difference, factors relating to bone mineral content (BMC) were age, height, weight, distal wrist circumference (DWC), potassium intake, and urinary calcium. Multiple regression analysis revealed the correlation coefficient of these factors and BMC to be 0.85.

It seems that calcium intake between 200-400 mg/day may be adequate to support bone status for the Thai middle age (30-49 years) while higher calcium intake is beneficial in other groups.