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ASSESSMENT OF DIETARY HABITS IN WORK FROM HOME INDIVIDUALS

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Abstract: Working from home (WFH) is becoming new norm nowadays. WFH designates a worker who is not working from an office, but rather from their home or apartment. Working from home has several positive aspects and negative aspects. Work hours limit a person's daily routine, which in turn affects their eating patterns, including when they eat and when they skip meals. Despite the advantages of work from home, many adults' especially young adults, do not consistently engage in healthy eating habits. The objectives of the study were i) To assess dietary pattern during work from home individuals. ii) To estimate the somatic status of the subjects. A total of 100 subjects were selected for this study who are working from home between the age group 21-50 years. The subjects were based on purposive random sampling and were given a semi structured questionnaire to elicit the dietary habits, anthropometric measurements, physical activity and health status of them. The data was then analyzed statistically. The results showed that the majority of the respondents were from the age group 21-30 years, with a good educational background and with a good socio-economic status. Majority of them were non vegetarians and inclined to consume three meals per day. Majority of them consumed snacks and skipped meals once day. Majority of the respondents consumed food from outside more than once a week. Most of the respondents preferred to cook food at home while also having major barriers such as lack of time, cost of ingredients and varied taste preferences in order to consume fruits and vegetables. Majority of them were physically active and nearly half of the respondents were in the normal category of BMI, while nearly half of them are overweight or pre obese. Female respondents were at the increased risk abdominal obesity compared to males. Majority of the respondents slept for seven to eight hours per day and few of them noticed positive and negative changes in their health status. As majority of the respondents were young adults, their improper dietary habits may contribute as a major risk for various diseases. The consumption of food outside home should be reduced to avoid health consequences. Nearly half of the respondents' BMI was found to be in overweight and pre obese category which can contribute to diabetes, hypertension, cardio vascular disease, obesity etc. Awareness needs to be created regarding healthy eating practices, regular physical activity and reduction in consuming foods outside to avoid the major health consequences in later life.

Keywords: Work from home, dietary habits, physical activity, health status, sleeping habits.

I INTRODUCTION

Globalization has resulted in substantial changes in the working atmosphere such as work from home, hybrid work model, etc. in the last few years; as more companies are embracing this trend by adopting new policies and guidelines for employees. The availability of technology has not only enabled flexible working hours, but also benefits to both the employees and their employers. [Lima, J. P. M *et al.*, 2021]

Work from home refers to work that takes place fully or partially within the employee's respective dwelling. The physical location here is the residence of the workers. Work at home is part of the interdisciplinary variable "type of workplace" in the declaration concerning statistics on work relationships (ILO 2018) which relays information on the type of work location. Based on the definition of the type of workplace provided in the resolution, working from home is any work taking place within the residential complex or in any residential dwelling in which the worker normally lives [International Labor Organization report- work employment and social outlook trends 2022].

Working from home has several advantages such as not having to travel, efficient administration of house hold chores, handling family challenges, along with freedom over usage of time accompanied by minor interruptions. Individualized comfort is often listed as a benefit of the home working. The other advantages of working from include work-life flexibility, greater motivation to work and better satisfaction at work. Work from home comes with the requisite to develop work life balance and strategies. It is important to be skilled at self -discipline, self-motivation and good time management. Increased compliance can lead to an increased ability to multitask. [Restrepo, B. J., & Zeballos, E. 2020.].

A healthy diet safeguards against malnutrition in all its forms, as well as non-communicable diseases (NCD's) such as diabetes, cancer, heart disease and stroke. Unhealthy diet and physical inactivity are the leading universal risks to health. Adiposity, obesity, and metabolic controls including insulin resistance have been linked to meal frequency and timing as well as temporal distribution of calorie consumption alteration in lipids, insulin resistance and blood pressure [Escoto, K. H *et al.*, 2012]

The main factors identified by work from home individuals as hurdles for proper nutritious eating were insufficient time, poor cooking skills, food cost, adjusting habits to favor a healthier diet or the lack of healthy choices for consumption of healthy foods. Perceived lack of time, cost of items and adjusting habits to favor a healthier diet are the common barriers to consume fruits, vegetables, cooked food at home and healthy salads. Due to perceived lack of time people tend to order foods from restaurants at home while working and tend to consume more fast foods. Most of the time, people working from home consume home cooked meals compared to working in office. People working from home skip one or the other meal very often [Ruiz-Roso, M. B *et al.* 2020.]

Need of the study:

The need for taking up this study was to know the dietary habits among work from home individuals, which has become the new normal. Majority of them consume a lot of junk foods, which affect their nervous system, blood management and also issues in weight management.

Aim:

To know the dietary habits, physical activity and sleeping habits in work from home male and female adults.

Objectives:

- To asses dietary pattern during work from home individuals.
- To estimate the somatic status of the subjects.

Hypothesis:

- Work from home individuals is consuming more amount of food.
- Work from home individuals' physical activity is decreased.

II. RESEARCH MATERIALS AND METHODS

Detailed information regarding the methods and materials used in the present study has been discussed under the following headings.

2.1 Location and Sampling.

2.2 Data Collection using questionnaire.

2.3 Statistical Analysis.

2.1 LOCATION AND SAMPLING.

2.1.1 LOCATION:

The present study was conducted in Bangalore.

2.1.2. SAMPLING:

- The study was conducted on representative group of working from home individuals in Bangalore.
- The samples were collected by purposive random sampling.
- Relevant data were collected with respect to work from home individuals belonging to age group 21-50years.
- The total sample size (N) is 100.

2.2 DATA COLLECTION

The study involved purposive random sampling technique with age. A semi structured questionnaire was adapted. The study was carried in Bangalore amongst 100, WFH individuals. The subjects were briefed about the study and then the questionnaire was circulated among them.

The questionnaire was categorized into six parts, they were: -

PART A: Socio Demographic Characteristics [age, gender, marital status, educational level, occupational status, type of family, religion, family income, family size]

PART B: Dietary habits [type of diet, general meal pattern, time of breakfast, lunch, dinner, snacking pattern, eating late night while working, frequency of eating outside home, reasons to buy food outside home, barriers to consume healthy foods, fruits, vegetables, cooked foods]

PART C: Anthropometric measurements [height(cm), weight(kg), waist circumference (cm) hip circumference (cm), waist to hip ratio]

PART D: Physical activity [physical activity and duration of activity, house hold chores and duration of household chore]

PART E: Health status and Sleeping habits [recent changes in their health, diagnosis with medical condition, napping behavior during the day, duration of naps, duration of sleep, sleeping time and waking time, sleeping soundly]

PART F: 24-hour Dietary recall.

2.3 STATISTICAL ANALYSIS.

- The collected data from the survey was compiled, tabulated and subjected to statistical analysis.
- Both descriptive and inferential statistics were applied to the present research study.
- Under descriptive statistics numbers, percentage worked out for data consideration.
- Under inferential statistics chi square test was employed to measured association between two groups and tested.

III. RESULTS AND DISCUSSION

TABLE 1: Socio Demographic classification of respondents.

Parameters	No. of Subjects (n=100)	Percentage (%)
Age in years		
•21-30	65	65.0
•31-40	33	33.0
•41-50	2	2.0
Gender		
•Female	48	48.0
•Male	52	52.0
Educational level		
•PUC	11	11.0
•General Degree	30	30.0
•Professional degree	36	36.0
•Post graduate	23	23.0
Occupational status		
•Government	1	1.0
•Private	84	84.0
•Others	15	15.0
Type of family		
•Extended	1	1.0
•Joint	28	28.0
•Nuclear	71	71.0

Table 1 indicates socio demographic classification of respondents. Majority (65 percent) were found in the age group of 21-30 years, followed by 33 percent of the respondents in the age group of 31-40 years and only 2 percent of the respondents were in the age group of 41-50 years. Out of 100 respondents, 52 percent of them were males and 48 percent of them were female respectively.

36 percent of the respondents completed professional degree, followed by 30 percent, 23 percent and 11 percent of the respondents had completed general degree, post graduate and PUC. Majority (84 percent) of the respondents are employed in a private sector, followed by 15 percent have been employed in other sector and only 1 percent were employed in a government sector.

Majority (71%) of the respondents belonged to a nuclear family, followed by 28 percent of the respondents belonged to joint family and only 1 percent of the respondents belonged to extended family. 56percent of the respondents family income is between sixty thousand to one lakh rupees per month, followed by 29percent, 13 percent of the respondents family income is fifty thousand per month and more than one lakh rupees per month and only 2 percent of the respondents have not mentioned their income.

Majority of the respondents were young adults of the age group 21-30years, majority of them were having good educational background with a professional degree. Most of them were working in a private sector and living in a nuclear family and having a good socio-economic status.

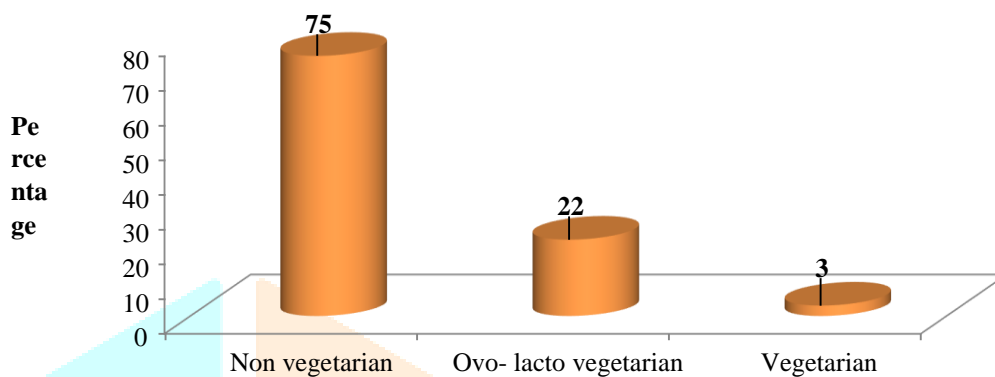


FIGURE 1a: Diet type of the respondents

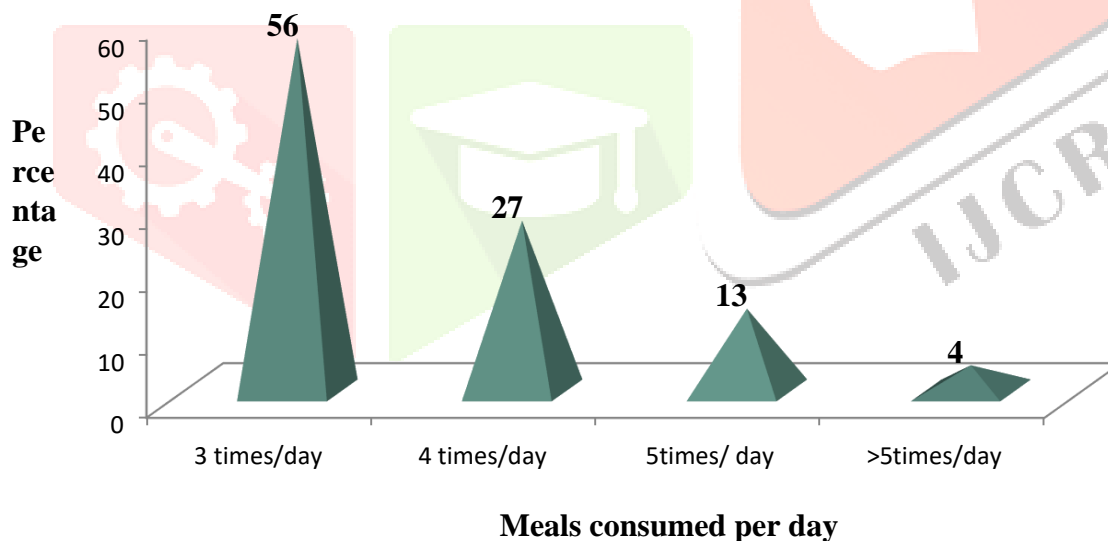


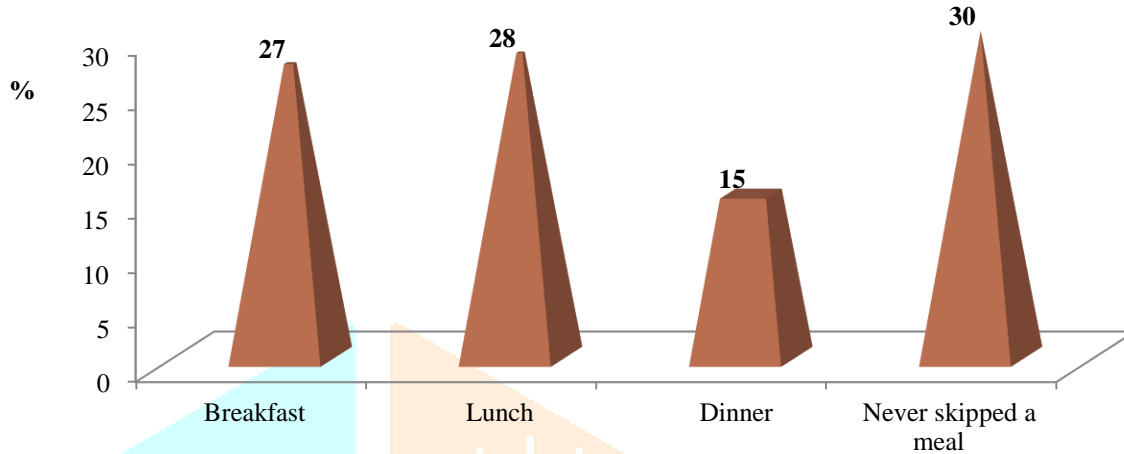
FIGURE 1b: Meal consumption pattern of the respondents.

Figure 1a indicates diet type of the respondents. It was found that majority (75%) of the respondents are Non vegetarian, followed by 22 percent of the respondents are Ovo-Lacto vegetarian and only 3 percent of the respondents are vegetarian.

Figure 1b indicates meal consumption pattern of the respondents. It was found that 56 percent of the respondents consumed three times meals per day, whereas 27 percent, 13 percent and 4 percent of the respondents consumed four times meals per day, five times meals per day and more than five times meals per day respectively.

More than half of the respondents (56 percent) inclined to consume three meals per day, whereas nearly (44 percent) of the respondents consumed meals four times or more than more four times per day. This is because they were working from home and tended to consume more snacks or meals while at home.

In accordance with previous research studies, there was only little increase in overall consumption of food, with little difference in the quantity of junk food or nutritious food that the respondents reported eating on average. Individuals who reported higher overall food intake or increased junk food intake, on the other hand, were reported to have poorer physical and mental well-being. [Li, Y *et al*, 2022]

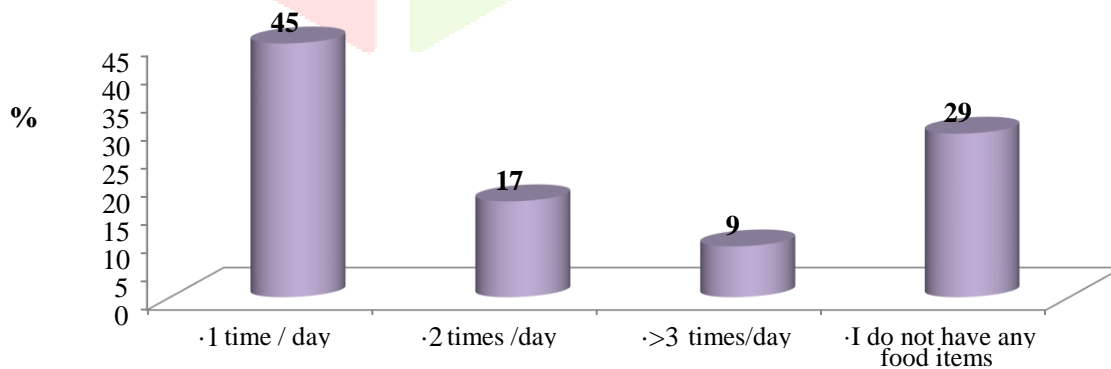


Which meal would you skip usually?

FIGURE 2: Skipping meal pattern of the respondents.

Figure 2 indicates the skipped meal of the respondents. It was found that 30 percent of the respondents never skip any meal, followed by 28 percent, 27 percent and 15 percent of the respondents skip lunch meal, breakfast meal and dinner meal respectively.

It was found that nearly 30 percent of them never skip meals, whereas majority (68 percent) of them skip meals, it could be either breakfast, lunch or dinner meals. They skip meals either due to time constraint or due to challenging work schedule. Skipping meals results in poor dietary intake and health outcomes to avoid this one must make sure to never skip meals and have meals on time.



Foods consumed during night while working.

FIGURE 3: Food consumption pattern while working at night of the respondents.

Figure 3 indicates 45 percent of the respondents consume foods one time while working at night, whereas 29 percent of the respondents do not consume any foods while working at night, 17 percent and 9 percent of the respondents consume foods two times while working at night and consume foods more than three times while working at night.

45 percent of them consume food at night at least one time per day, whereas nearly 55 percent of them tend to consume foods more than once at night.

TABLE 2: Snack consumption pattern of the respondents.

Parameters	No. of Subjects (n=100)	Percentage (%)
Snack consumption per day		
1 time	55	55.0
2 times	28	28.0
>3 times	7	7.0
I do not have snacks	10	10.0
Timing of snack.		
Between breakfast and lunch	1	1.0
Between lunch and dinner	56	56.0
After dinner	15	15.0
Anytime	28	28.0

Table 2 indicates the snack consumption pattern. It was found that 55 percent of the respondents consumed snack one time and 28 percent of the respondents consumed snack 2 times, while the 10 percent of the respondents do not consume snacks and 7 percent of the respondents consume snacks more than 3 times.

It was also found that 56 percent of the respondents consume snack in between lunch and dinner, whereas 28 percent of the respondents consume anytime they want, 15 percent of the respondents consume after dinner and only 1 percent of them consume it between breakfast and lunch.

Nearly more than half of the respondents tend to consume snack one time per day, while 44 percent tend to consume snacks more than one time per day, it is suggested to consume at least two snacks between meals with three major meals, this may help to focus and concentrate more on work. It was found that most of the respondents tend to consume snacks between lunch and dinner.

Respondents who reported in general an increased food/junk food intake, on the other hand, were reported to have poorer wellness. Furthermore, greater food consumption, particularly junk food, lead to weight gain and other somatic health issues like digestive uneasiness. While eating habits can predict reduced mental well-being, it is likely that apprehension and worry caused by the pandemic or other WFH causes contributed to increased desires for junk food or snacking. [Li, Y *et al*, 2022]

TABLE 3: Timing of meals and Time of work.

Parameters	No. of Subjects (n=100)	Percentage (%)
Breakfast time		
•6am-8am	9	9.0
•8:01am-10am	64	64.0
•After 10am	27	27.0
Lunch timing		
•1pm-2pm	21	21.0
•2:01pm-3pm	55	55.0
•After 3:00pm	24	24.0
Dinner time		
•8pm-9pm	36	36.0
•9:01pm-10:00pm	32	32.0
•After 10:00pm	32	32.0
Beginning of work time		
•6am-9am	26	26.0
•10am-1pm	68	68.0
•2pm-5pm	6	6.0
End of work time		
•1pm-5pm	32	32.0
•6pm-9pm	53	53.0
•After 10pm	15	15.0

Table 3 indicates timing of Meals and Time of work. It was found that majority (64 percent) of the respondents consume their breakfast between 8:01am-10am, whereas 27 percent of the respondents consume their breakfast after 10am and only 9percent of the respondents consume their breakfast between 6am-8am.

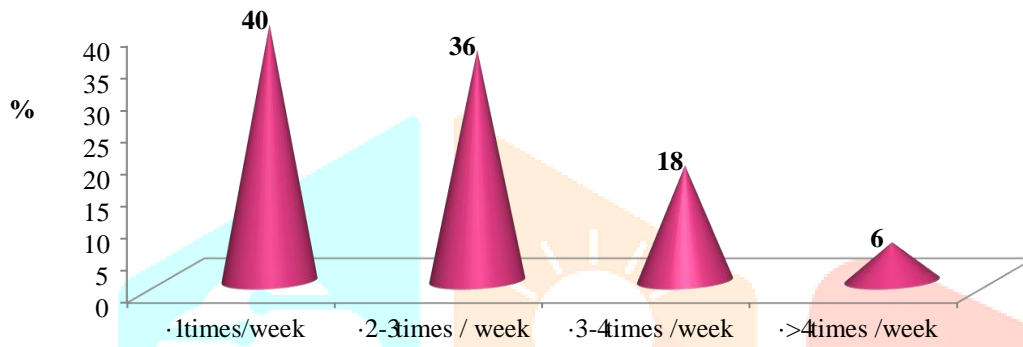
It also shows that 55 percent of respondents consume their lunch between 2:01pm-3pm, 24 percent of the respondents consume their lunch after 3pm, and the remaining 21 percent of the respondents consume their lunch between 1pm-2pm.

It was also found that 36 percent of the respondents consume their dinner between 8pm-9pm, 32 percent of respondents consume their dinner between 9:01pm-10pm and 32 percent of the respondents consume their dinner after 10pm.

Table 3 also shows that majority (68 percent) of the respondents begin their work between 10am-1pm, followed by 26percent of the respondents begin their work between 6am-9am and only 6 percent of the respondents begin their work between 2pm-5pm.

It was also found that 53 percent of the respondents end their work between 6pm-9pm, 32 percent of the respondents end their work between 1pm-5pm and 15 percent of the respondents end their work after 10pm.

Majority of the respondents were found to not consuming meals at the appropriate timings. It is suggested that major three meals i.e., breakfast, lunch and dinner should be consumed at a proper meal time such as breakfast between 7-8 am, lunch between 12:30-1:30pm and dinner between 7-8pm with two snacks in between i.e., mid - morning snack and evening snack. If the fluctuation of meal timings continues over time it may have a negative health impact such as digestive disorders, diabetes, cardiovascular diseases in later years of life. It was also found that the maximum working hours of the majority of the respondents were nine hours per day and the remaining respondents, minimum working hours were seven hours per day.



Frequency to consume foods outside home

FIGURE 4a: Frequency of food consumption outside of the respondents

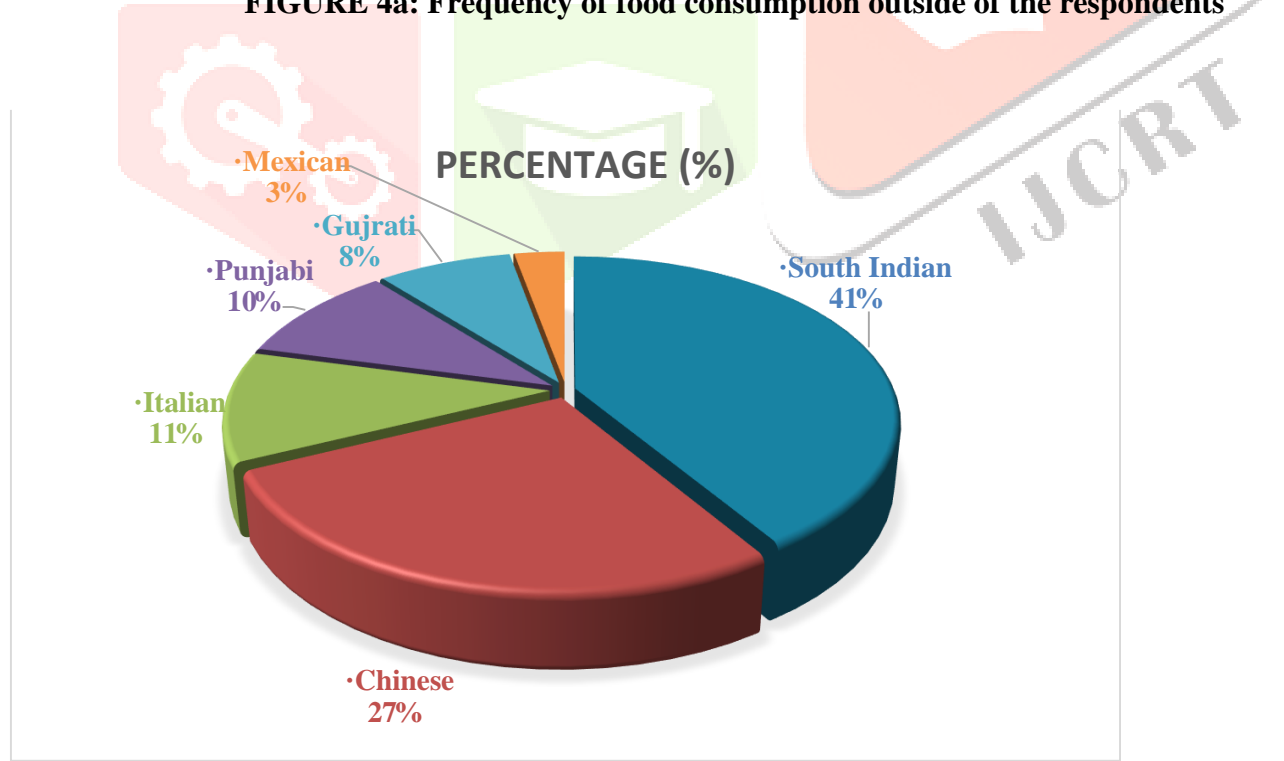
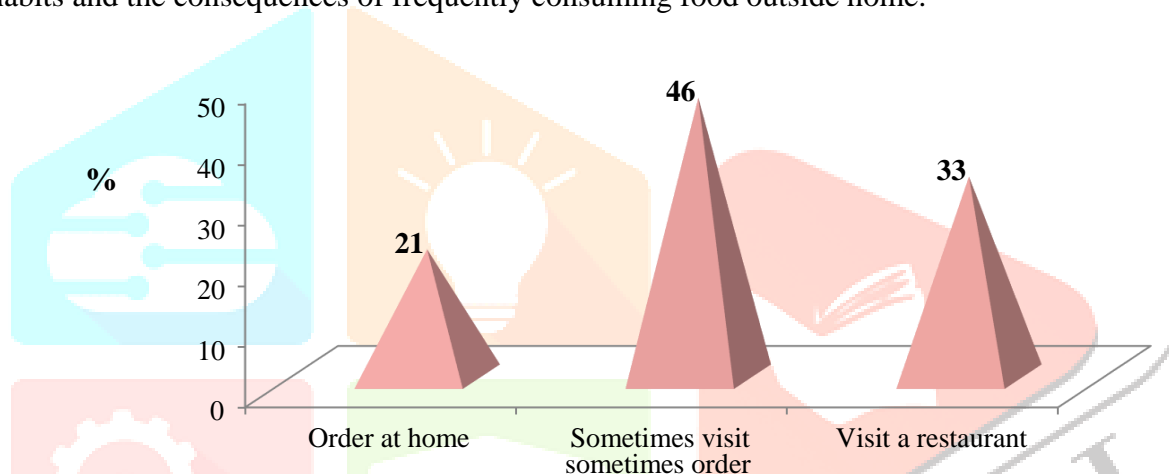


FIGURE 4b: Cuisines preferred most by the respondents

Figure 4a indicates the prevalence of outdoor eating. It was found that 40percent of the respondents consume food one time per week outside home, 36percent of the respondents consume food two to three times outside home, while 18percent of the respondents consume food three to four times outside home and only 6percent consume food more than 4 times outside home.

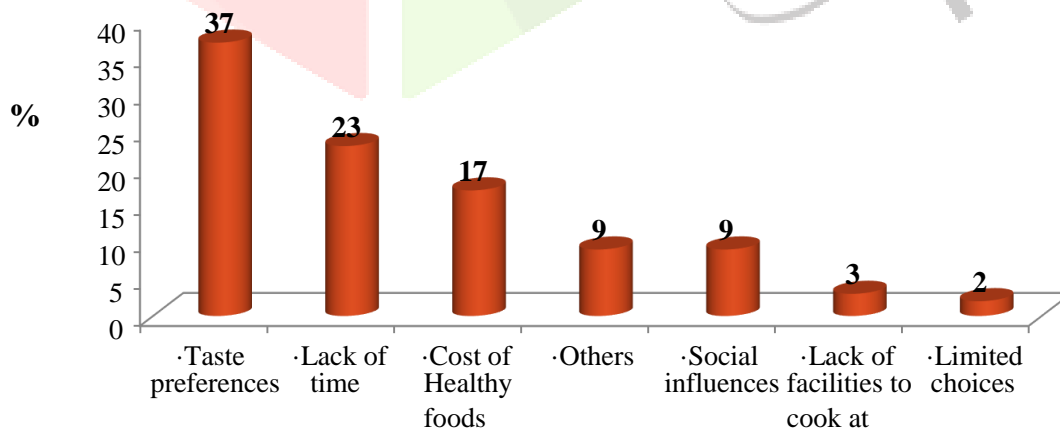
Figure 4b indicates the cuisines preferred by the respondents. It was found that 41percent of the respondents prefer South Indian cuisine, followed by 27% of the respondents prefer Chinese cuisine, 11 percent, 10 percent and 8 percent, were found to prefer consume Italian cuisine, Punjabi cuisine, Gujrati cuisine and only 3percent of the respondents prefer Mexican cuisine.

Most of the respondents tend to eat food outside home at least one time per week and most of them prefer South Indian cuisine. Whereas nearly more than half of them consume food outside more than one time per week and others prefer other cuisines like Punjabi, Gujrati, Chinese etc. The cuisines preferred is by the respondents choice as taste preferences matter the most, followed by social influences and variety of foods. It is suggested that to reduce the frequency of food consumption outside home to at least once or twice per month since the foods prepared out contains more oil and unhealthy oil, with highly processed foods and highly seasoned foods. Therefore, a nutrition education or awareness among young adults in required to educate them among the healthy eating habits and the consequences of frequently consuming food outside home.



Mode of having the food.

FIGURE 5a: Mode of having food by the respondents



Reasons to buy or order food from outside

FIGURE 5b: Reasons to consume food outside by the respondents.

Figure 5a indicates the mode of having food outside by the respondents. It was found that 46 percent of the respondents sometimes visit restaurant or sometimes order food at home, while 33 percent of the respondents consume food while visit a restaurant, and 21percent of the respondents order food at home.

Figure 5b indicates the reasons to buy food outside home by the respondents. About 37 percent of the respondents order food from outside due to taste preferences, followed by 23 percent, 17 percent, 9 percent and 9 percent were found to order food from outside due to lack of time, cost of healthy foods, other reasons, social influences, whereas only 3percent of the respondents order food from outside due to lack of facilities to cook at home, and only 2 percent of respondents order food from outside due to limited choice respectively.

Majority of the respondents sometimes visit the restaurant or sometimes order food at home. Most of them buy food from outside due to taste preferences and lack of time. This maybe because they want to try out new varieties of dishes and maybe because of lack of time to prepare dishes they tend to order food from outside frequently. It is suggested to reduce the frequency of food ordering and eating out because the food is unhealthy as it contains more of oil and highly seasoned. When consumed in large quantities over a period of time it may lead to major health consequences such as diabetes, hypertension, gastro intestinal disorders etc.

TABLE 4: Cooking food at Home by the respondents.

Do you cook food at home?	Gender				Total	
	Female		Male		N	Percentage (%)
	N	Percentage (%)	N	Percentage (%)		
Yes	31	64.6	22	42.3	53	53
Sometimes	9	18.8	15	28.8	24	24
No	8	16.7	15	28.8	23	23
Total	48	100	52	100	100	100

Table 4 indicates cooking food at home among male and female. It was found that 53 percent of the respondents prepare home cooked meals i.e., 31 of the respondents are female and 22 of them are male. 24 percent of the respondents prepare home cooked meals sometimes i.e., 9 of them are female and 15 of them are male and 23 percent of the respondents do not cook food at home i.e., 8 of the respondents are female and 15 of them are male.

Work from home has made easier for individuals to cook food at home frequently. They tend to consume more home cooked meals. They are also involved in cooking meals every day, this maybe because they prefer to eat healthy foods at home rather than outside foods. Nearly 53 percent cook food at home while the rest cook sometimes or not at all. Sometimes lunch was less structured for some people and they resulted in eating snacks and skipping lunch meal usually. Late consumption of meals should be avoided.

In accordance with previous studies, WFH decreases eating out but improves the likelihood of eating meals prepared at home. People gain from WFH by having shorter commutes as well. The biggest obstacle to wholesome nourishment is because of the insufficient time to prepare nutritious meals. This time restriction could be lessened by WFH, enabling people to prepare healthier meals. From this study it was demonstrated that [Sato, K *et al*, 2021]

WFH's nutritious lunches, which included vegetables, fruits, and beans, helped women, young people, and non-management personnel who work from home in particular.

In accordance with the study referred, it was found that few participants no longer eat any meat, and few of them indicated they eat less meat for lunch at home than they do at work. While some of the participants said that their daily lunch preferences fluctuated. They mentioned a variety of meal options, such as rapidly prepared foods like salad or soup, leftovers, or a cooked meal. For some people, midday meals were not so greatly organized at home, which occasionally resulted in snacking for lunch rather than a typical meal. The majority of people prepared midday meals at home and were prone to amplified influences. The largest compelling factor of midday food choice for some people was time availability. Some respondents said they were content to spend time cooking during noontime and regarded it as an opportunity to take a break. Lack of constant mobility resulted in some respondents reporting to have been eating less at home. Furthermore, when eating lunch with others, some of them felt responsible for household members, that eventually resulted in better meals. For some having more time available for working from home meant cooking nutritious meals afresh, thus reducing meat intake. [Pluck, S., & Morrison-Saunders, A., 2022]



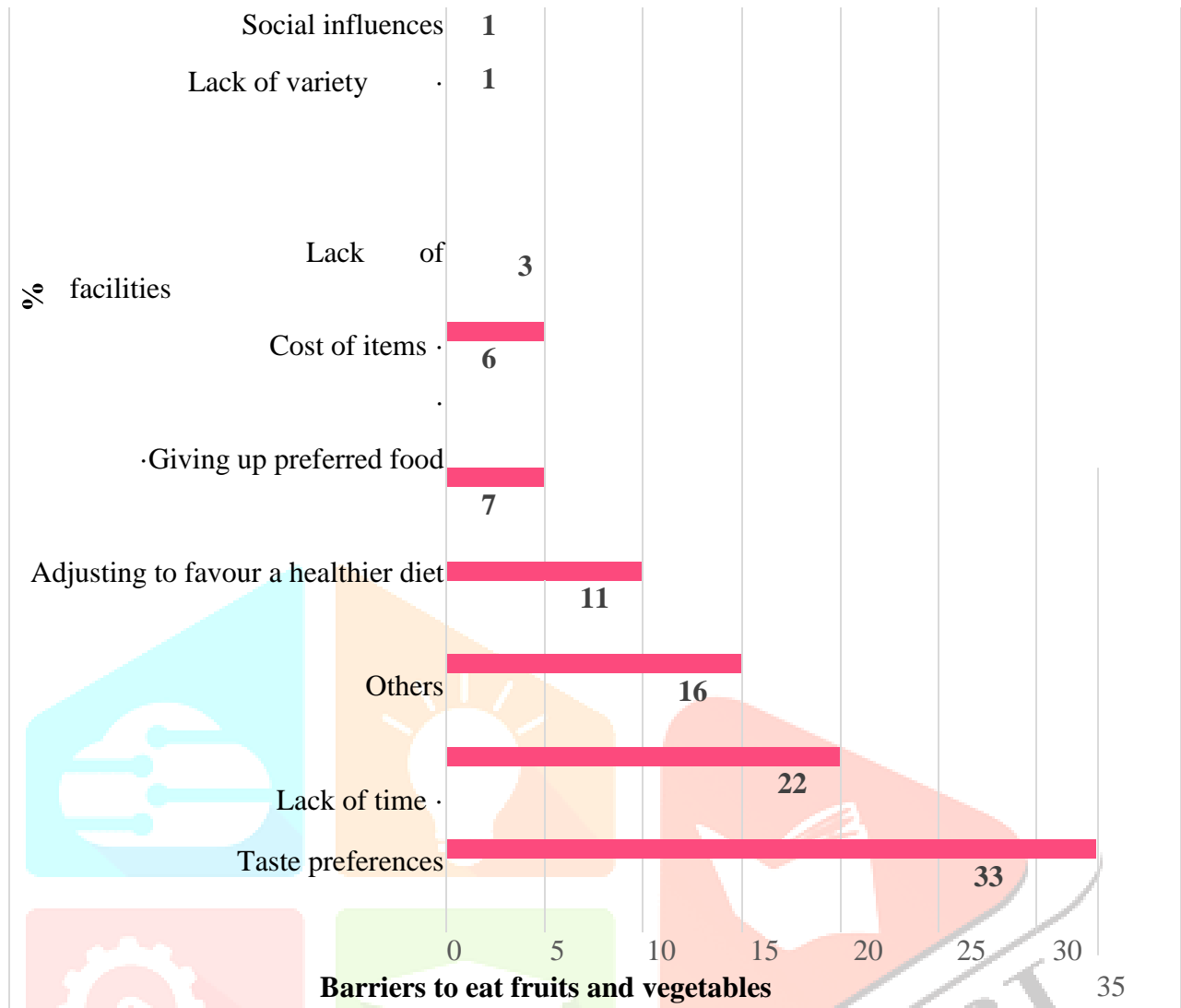


FIGURE 6a: Barriers to eat fruits and vegetables

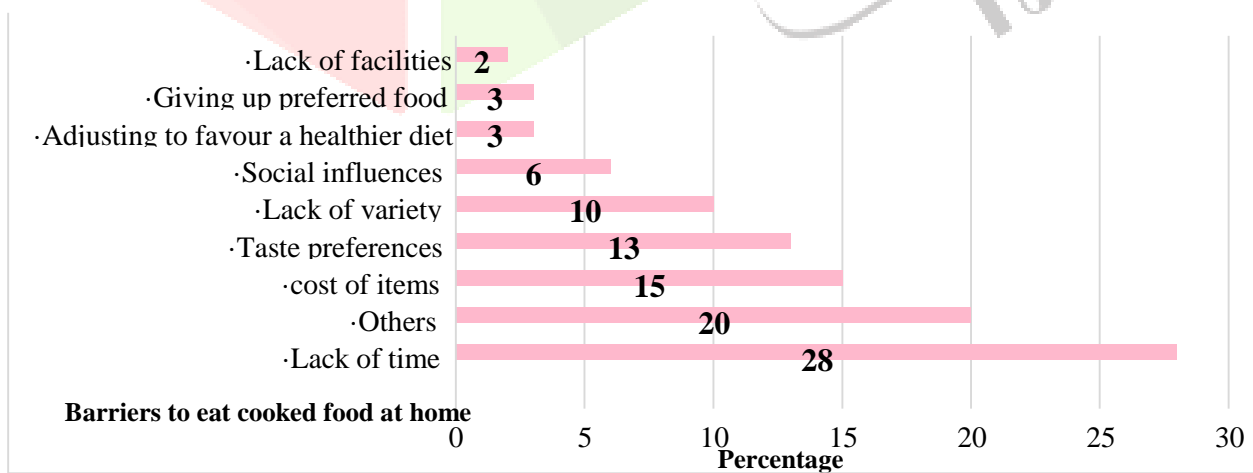


FIGURE 6b: Barriers to eat cooked food at home.

Figure 6a indicates the perceived barriers to eat fruits and vegetables. It was found that 33percent of the respondents had barrier such as “taste preferences” to eat fruits and vegetables, followed by 22 percent, 16 percent, 11 percent, 7 percent, 6percent, 3 percent were found to have barrier such as “lack of time”, “other” such as mood swings, financial constraint etc., “adjusting to favor a healthier diet”, “giving up preferred foods”, “cost of items”, “lack of facilities” to eat fruits and vegetables and only 1percent of the respondents had barrier such as “social influences” and only 1 percent “lack of variety” to eat fruits and vegetables.

Figure 6b indicates barriers to eat cooked food at home. It was found that 28 percent of the respondents had barrier such as “lack of time” to eat cooked food at home, followed by 20 percent, 15 percent, 13 percent, 10 percent, 6 percent, 3 percent, 3 percent were found to have barrier such as “other” maybe mood swings, cultural preferences etc., “cost of items”, “taste preferences”, “lack of variety”, “social influences”, “adjusting to favor a healthier diet”, “giving up preferred foods”, and only 2 percent had barriers such as “lack of facilities”.

Majority of the respondents have taste preferences and lack of time as a barrier to consume fruits and vegetables, whereas lack of time and cost of items are the barriers to consume cooked food at home. It is suggested that to consume at least 2-3 servings per day of fruits and 2-3 servings per day of vegetables in which each serving is around 100g. Fruits and vegetables are rich in phytochemicals, boosts immunity, vitamin and minerals including folate, Vitamin C and potassium, dietary fibre which can lower the risk of constipation, other digestive problems, lower blood pressure, stroke, heart diseases etc. Whereas consuming home cooked meals may help maintaining weight by not consuming oily foods fewer sodium and sugars which are a major risk to health, eat together with loved ones which can have a positive effect etc. It is therefore required to create nutrition awareness among adults especially young adults because if they continue to not consume healthy foods, fruits and vegetables, it'll have a negative impact on health on later years of life.

In accordance with previous studies, many young adults reported time-related behaviors, such having a hurried breakfast, eating on the go, and believing of not having enough time to eat healthy. Young adult women who worked long hours (> 40 hours) or part-time hours (20 – 39 hours) faced time barriers to healthy eating, despite the fact that part-time work hours increased fruit and vegetable consumption.

In reference to other research studies, the constraints were highly correlated with consumption of veggies. Lack of time was associated with preparation and consumption of home-cooked meals. When compared to other dietary conducts, the barriers evaluated in this study were less strongly related with consumption of saccharine beverages and sweets. This could be because saccharine treats take very little trouble and planning to consume, as they are found universally. Studies pointed that self-admitted ‘lack of strong will’ was the most frequently asserted barrier, and it was greatly associated with diminished home-cooked meals, fruit, veggies consumption on a day-to-day basis. Other significant obstacles were connected to taste (e.g., ‘perceiving nutritious foods as unpleasant,’ ‘palate preferences of family and friends,’ ‘abstain favorite foods’). These proved to be especially pertinent to vegetable eating. The time-related constraints (such as ‘asymmetrical working hours’ and a ‘industrious lifestyle’) were frequently associated with a lesser frequency of unelaborate meals cooked at home. [Pinho, M. G. M., *et al*, 2018]

3.3. ANTHROPOMETRIC MEASUREMENTS

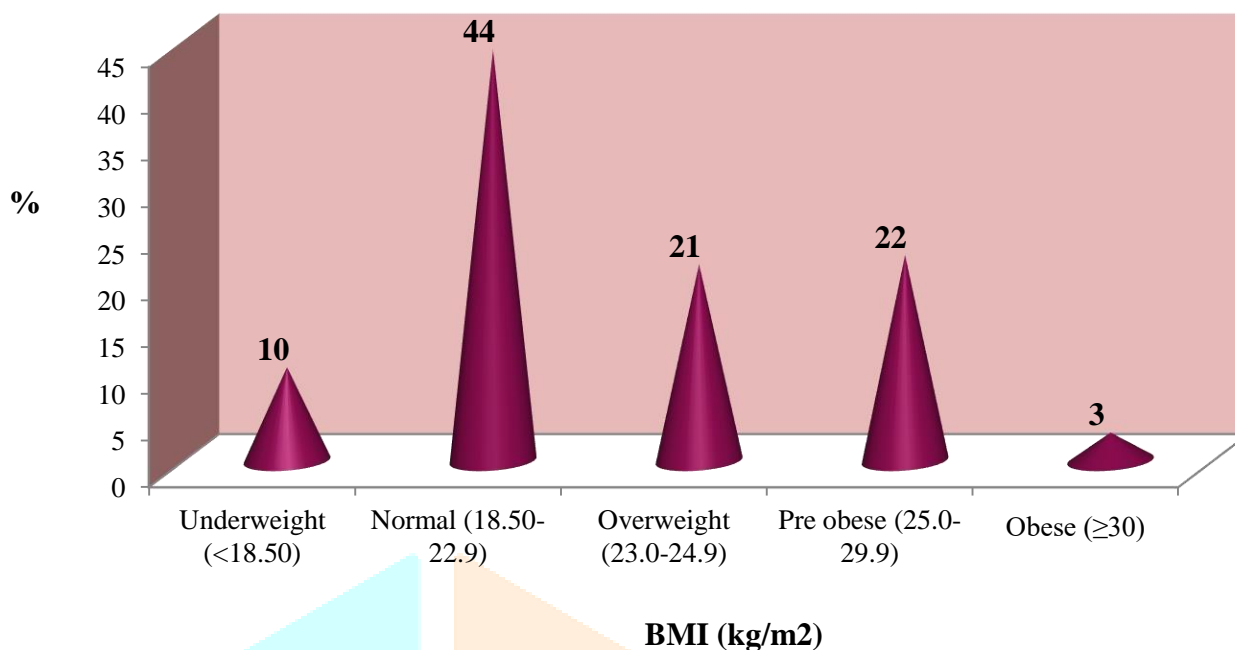


FIGURE 7a: Classification of respondents on BMI.

Figure 7a indicates the classification of respondents by Body Mass Index (BMI). It was found that 44 percent of the respondents found to be normal (healthy) individuals followed by 22 percent, 21 percent, 10 percent were found to be pre-obese, overweight and underweight and only 3 percent of them were obese.

BMI is the best available tool for categorizing the nutrition status of the respondents, use of cut offs is to identify in which category the respondents fall into. It exceeds and specific the level resulting in overweight and obese adults so that they can change their eating habits and take some effective steps to control their weight. It was found that almost half of the respondents were overweight and pre obese, this may be because of the late meal consumption; frequently eating food outside home i.e., two to three times a week which contains unhealthy oil, more quantity that exceeds one's portion size, due to taste preferences young adults tend to always opting food outside home etc; sedentary behavior which lacks physical activity. If this routine continues one may have health risks such as diabetes, hypertension, cardio vascular disease etc. It is suggested to consume three meals at proper timings with two snacks in between meals, to reduce the consumption of food outside home to at least one or two times per month, to be physically active at least 30-45 minutes per day.

In reference to major studies, employees who work from home with lesser physical exercise and longer sitting hours face the risk of a sedentary lifestyle along with other lifestyle diseases. Physical inactivity and increased risk of sleep related problems share a potential link to affect one another.

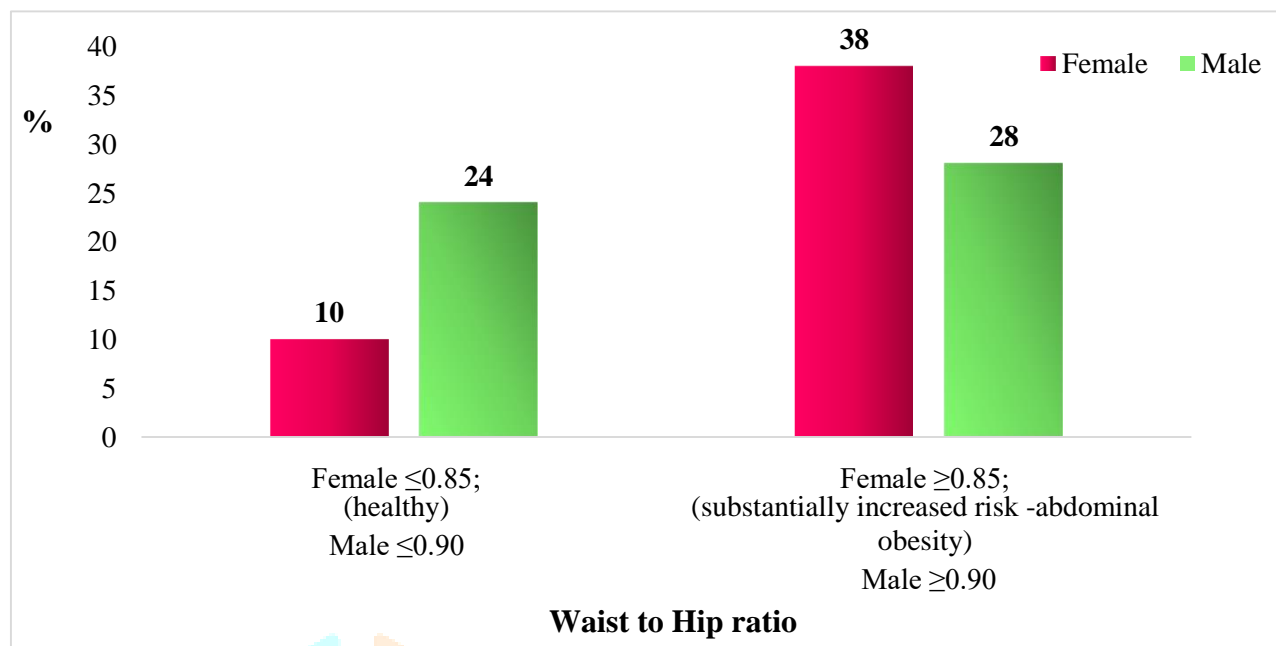


FIGURE 7b: Classification of respondents on Waist to Hip ratio.

Figure 7b indicates Waist to Hip ratio. The proportion of Waist to Hip size in respondents is a unique and adaptive human feature. It was found that 38 percent of female with Waist to Hip Ratio (WHR) are above average due to fat deposited around the hips and around 10 percent of female with Waist to Hip ratio are in a healthy cut off range. Whereas when compared to males 28 percent of them are above average and 24 percent of male are in a healthy cut off range.

It was found that most of the female respondents are in the increased risk for abdominal obesity when compared to males. Most of the males are in the healthier side of the abdominal obesity ratio. This is because women are less physically active compared to men. Excess belly fat is dangerous as it surrounds the internal organs which may be a risk for developing certain disease such as being overweight, diabetes, hypertension and heart diseases etc.

Even though the male respondents tend to prefer having low WHR, whereas attractiveness and health are related to Waist to Hip ratio being for its low to average values. WHR increases with increasing age as the respondents spend lot of time either by sitting or spending some leisure time with no physical activity or more work load. Researchers have found that the effects of BMI and WHR are correlated between the two genders. Men are more prone to heart disease when waist circumference goes above 94cm and 80cm for women.

IV. SUMMARY AND CONCLUSION

From the results of the study, majority of the respondents were of the age group 21-30 years, with a good educational background and working in a private sector and living in a nuclear family and with a good socio-economic status. Majority of the respondents tend to consume three meals per day and most of them were found to be non-vegetarians. Majority of them skipped meals every day and majority of them consumed food items at night while working. Nearly more than half of the respondents tend to consume foods from outside home more than once per week. Work from home has made individuals to cook food at home frequently and they tend to consume more home cooked meals and are also involved in cooking meals every day.

Nearly half of the respondents were tending to be of normal BMI range while nearly half of them tend to be in pre obese and overweight category. It was also found that females are at the increased risk for abdominal obesity compared to males. Nearly half of them are involved in physical activity such as walking, gym etc. Few respondents have noticed changes in health such as weight gain, fatigue, depression, acid reflux etc., while few noticed positive changes such as weight loss, better skin and feeling better.

In today's competitive world, employees are prone to all kinds of disease conditions that can affect them in various aspects of life. As they continue to shoulder more responsibilities, it results in underperformance at work along with a comprised health. The individual should learn many coping strategies such as a healthy eating practices and their benefits on human health, reduce food consumption outside home as it contains more of unhealthy fats and highly seasoned foods and also be aware of physical activity and its importance to lead a healthy lifestyle.

LIMITATIONS:

- The sample size is limited to 100.
- Health assessments is based on self-reported by individuals.
- The study is limited to anthropometric assessments.
- The dietary intake is limited to mean dietary intake.

FURTHER RESEARCH RECOMMENDATIONS:

- It is recommended to research to have deeper studies on the relationship between dietary habits and work from home individuals.
- The relationship between work overload, stress and sleep among work from individuals.
- The analyze frequency of skipping meals and snack consumption.

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