



INTEGRATING BIOLOGICAL, BEHAVIOURAL AND DIETARY PRACTICES OF IT PROFESSIONALS (21-40 YEARS)

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Abstract: This study has been undertaken to assess their dietary practices, food frequency pattern, nutritional knowledge about healthy lifestyle and to create awareness about faulty dietary practices and its complications among IT professionals. 100 IT professionals under the age group of 21-40 were selected from Coimbatore district using purposive sampling method. Among them 30 professionals were selected as an experimental group using random sampling. A framed questionnaire was used for pre- assessment to assess their nutritional knowledge. Later nutrition education was given to IT professionals by using booklet and presentation (PPT) for the experimental group. After 1 week post-assessment was done to analyze the impact of their nutritional knowledge. In the study, the result shows that 27% of IT professionals consume junk foods on daily basis and 20% of IT professionals consume junk foods weekly twice. In pre-assessment IT professionals has 54% knowledge about healthy lifestyle and dietary practices. In post assessment the knowledge gained was 96%. Hence, 42% of nutritional knowledge has been gained by the IT professionals through education.

Index Terms - Healthy lifestyle, faulty dietary practices, junk foods, pre and post assessment, nutrition education.

I. INTRODUCTION

Lifestyle is particularly important at any age, but it is built during childhood and adolescence. Lifestyle can be healthy or unhealthy, in terms of diet, level of exercise, some habits and mode of activity alternating with periods of relaxation. A healthy lifestyle is correlated with good health and a high perception of well-being, while an unhealthy lifestyle leads to depression and isolation. Unhealthy behaviours such as smoking, alcohol abuse, overeating, in combination with high levels of stress, lead short and long term to many diseases (Corina Dima-Cozma et al., 2014). According to Permani C Weerasekara et al., 2020 proper nutrition is essential for healthy lifestyle and which prevents from many diseases. Malnutrition exists in various forms, including micronutrient deficiencies, undernutrition, overweight, obesity and non-communicable diseases. A sedentary lifestyle increases all-cause mortality and the risks for cardiovascular diseases (CVD), diabetes mellitus (DM), hypertension (HTN) or high blood pressure, and cancers (breast, colon, colorectal, endometrial, and epithelial ovarian cancer). Sedentary lifestyles are spreading worldwide because of a lack of available spaces for exercise, increased occupational sedentary behaviours such as office work, and the increased penetration of television and video devices (Junk Ha Park et al., 2020).

The increasingly popular hyper-palatable, ultra-processed, commercial foods, with high sugar, salt, and saturated and total fat content, have caused a sharp rise in the prevalence of obesity, type 2 diabetes, hypertension, and other non-communicable diseases (Frank B Hu and Vasanti S Malik, 2010). In India even Chinese food sold in road side stalls is Junk food, because they contain high amount of Monosodium Glutamate (MSG) which is a flavour enhancer & this MSG is recognized as a health hazard if taken in larger quantities because it causes headache, nausea, weakness, wheezing, edema, change in heart rate, burning sensation & difficulty in breathing (Jagdish P Goyal et al., 2011).

The trend in consumption of ready to cook food products is increasing due to the increasing number of working woman population, concomitant increase in per capita income, urbanization of domestic labor, dearth of time, and hectic schedule, compelling the consumer to look for foods of convenience, that are readily available, culturally acceptable, nutritive and minimally processed with longer life (Sathiyabamavathy and Sekhar, 2020). Niemeier et al., 2006 states that trends including fast food consumption and skipping breakfast increased during the transition period of adulthood, and such dietary behaviours are associated with increased weight gain from adolescence to adulthood. Foods with high salt content, therefore, are an important issue in the modern society. High salt content foods can be addictive substances that stimulate the dopamine receptors in the brain, leading to increase in craving and hunger. It leads to increased appetite, calorie consumption, overeating, obesity and related illnesses (James A Cocores and Mark S Gold, 2009).

II. METHODS

2.1 Research approach: Qualitative research approach is essentially about collecting numerical data to explain a particular phenomenon, particular questions that seem immediately suited to being answered using qualitative methods. The qualitative research approach was used for the present study.

2.2 Selection of samples: About 100 IT professionals were selected for the study (TCS, Cognizant, Wipro, Robert Bosch) in Coimbatore district. Purposive sampling method was used for the selection of samples to assess the dietary and lifestyle patterns of IT professionals.

2.3 Data collection and methods: A questionnaire was developed with 50 questions eliciting the socio-economic questions, anthropometric questions, medical & family history, food frequency pattern and dietary survey based on nominal scale and collected the data through google forms.

2.4 Variables of the study: Independent variable: Food consumption pattern and lifestyle are considered as independent variable for this study. Dependent variable: Knowledge level of the sample is considered as dependent variable for this study.

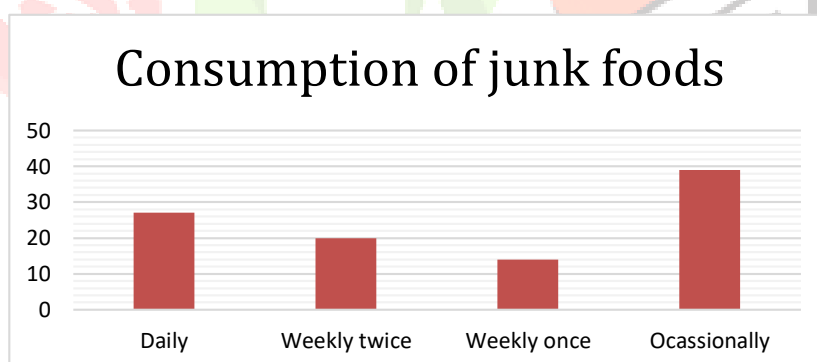
2.5 Pre and Post assessment: A separate questionnaire was framed before giving the education. About 30% of the IT professionals were selected for assessing the pre-test with respect to integrating biological, behavioural and dietary practices. This questionnaire comprises of the concept of food pyramid, healthy lifestyle, physical activity, junk foods, smoking and alcohol. ICT tool was developed to teach the IT professionals to create awareness on the aspects of healthy eating practices, importance of physical activity, health effects of junk foods, alcohol and smoking. A separate booklet was developed and distributed to have regular follow up.

Healthy lifestyle program was implemented for experimental group with the help of presentation through google meet. After one week of the education program, the pre-test was conducted with respect to food pyramid, healthy lifestyle, junk foods, smoking and alcohol. The participants marked their answers and submitted the responses through the google forms. The data was collected from 30 IT professionals in experimental group. The data was analyzed by using descriptive and inferential statistics with the help of software (SPSS V2.0).

III. RESULT AND DISCUSSION

The age and marital status of the IT professionals were presented. About 35% of men and 28% of women were in the age of group of 20-25 years. 45% of men and 39% of women were unmarried and 9% of men and 7% of women were married. About 16% of men and 11% of women were above the BMI range of 25. About 14% of men and 13% of women consume junk foods on daily basis and 11% of men and 9% of women consume junk foods weekly twice. For the result of experimental group, the mean and standard deviation for pre and post assessment was assessed.

Figure: I – consumption of junk foods

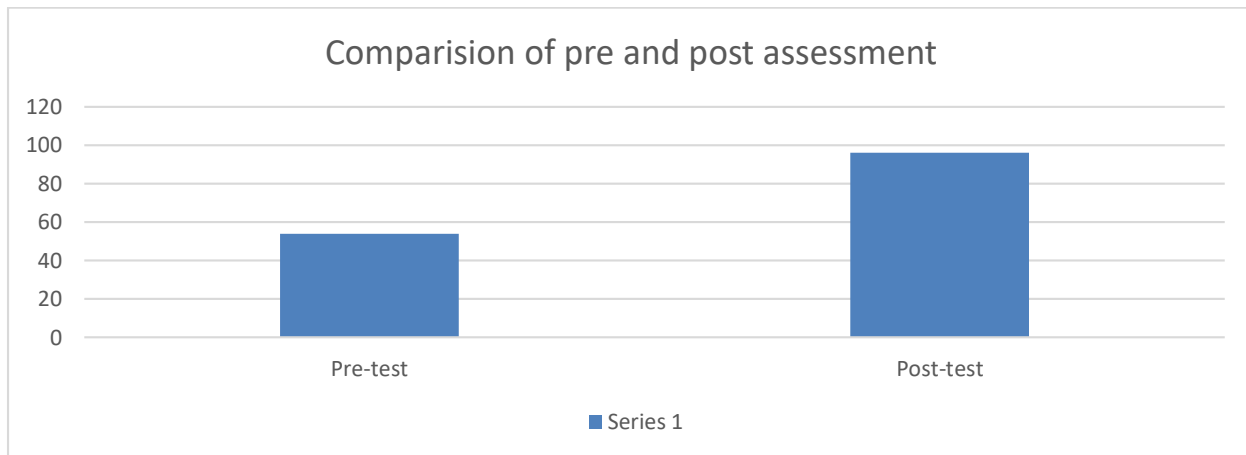


From the above figure - I About 27% of people consume junk foods on daily basis, 20% of people consume junk foods weekly twice, 14% of people consume junk foods weekly once and 39% of people consume occasionally.

Table: I - Comparison of pre and post assessment knowledge among experimental group

Samples	Groups	Pre-test Mean±SD	Post-test Mean±SD	t-value	p-value
30	Experimental group	53.9±14.1	96.1±3.3	3.587	.000

The data presented on the table-II shows that pre knowledge among experimental group of mean and standard deviation was 53.9 ± 14.1 and for post knowledge was 96.6 ± 3.3 and computed t-value is 3.587. Hence, it is evident that there is an average difference between pre and post knowledge among experimental group.

Figure II - Bar diagram represents the comparison of pre and post knowledge among experimental group

IV. CONCLUSION

Nutrition knowledge is an integral component of health literacy and as low health literacy is associated with poor health outcomes, adequate knowledge about nutrition has to be imparted to people to lead a healthy lifestyle. Awareness programme is the most important tool for improving knowledge regarding healthy life style and complication of faulty dietary practices.

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