

Figure 1: Distribution of respondents on the basis of nutritional knowledge level

All the subjects had quite good nutritional knowledge level (figure 1). Professors scored highest amongst all the subjects followed by doctors, bankers and lastly nurse. Maximum nurses followed by bankers, doctors and professors had moderate nutritional knowledge level. No other professional except few professors had low nutritional knowledge level. There were not major differences among the levels of nutritional knowledge of all subjects, it was quiet high.

Table 3: Mean nutritional knowledge score of professionals

Professionals	N	Mean
Doctor	22	20.27± 3.93
Nurse	15	19.60± 2.9
Banker	24	20.04± 2.76
Professor	42	20.14 ±3.78

The mean nutritional knowledge level of all the professionals was similarly very high (Table 3). Doctors (M=20.27± 3.93) were on the top followed by professors (M=20.14± SD=3.78) and Bankers (M=20.04±2.76). Nurses (M=19.60±2.97) scored lowest among all professionals.

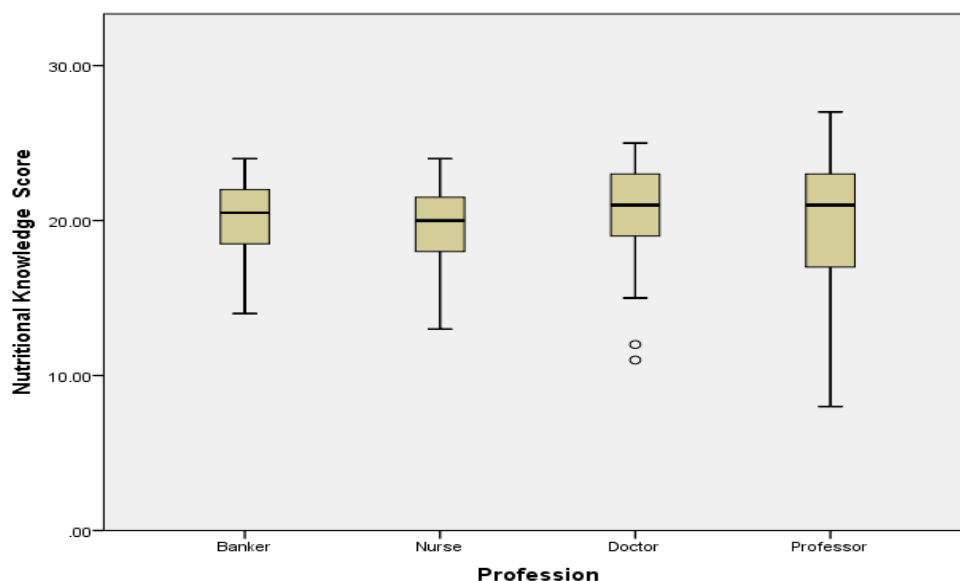


Figure 2: Mean nutritional knowledge level of professionals

Doctors had highest nutritional knowledge level among all the professionals and nurses had lowest. Representation in figure 2 revealed that there was not much difference among the nutritional knowledge level of professionals, it was almost similar (figure 2) and most of the professionals had good nutritional knowledge.

Table 4: Analysis of Variance of nutritional knowledge level among professionals

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4.459	3	1.486	.122	.947
Within Groups	1208.065	99	12.203		
Total	1212.524	102			

The results of one-way ANOVA (Table 4) showed that at 0.05 level of significance there were no significant differences in the nutritional knowledge according to the profession, $F(3, 99)=0.12, p=0.95$.

Table 5: Attitude of subjects towards food under Stress

Parameters	Subjects				
	Doctors	Nurses	Bankers	Professors	Total
Neutral	7(31.81)	13(86.66)	7(29.16)	20(47.61)	47(45.63)
High Inclination	6(27.27)	2(13.33)	5(20.83)	13(30.95)	26(25.24)
Complete Aversion	9(40.90)	-	12(50.00)	9(21.42)	30(29.12)

Table-5 represented the data pertaining to the attitude of subjects towards food under stress. Professionals either showed high inclination or completely aversion from food. High inclination towards food was observed in about one fourth professionals (25.24%) that comprised about thirty one per cent (30.95%), twenty seven per cent (27.27%), twenty one per cent (20.83%), thirteen per cent (13.33%) of professors, doctors, bankers and nurses respectively. Complete aversion towards food was showed by nearly one half of bankers (50.00%), 2/5th of doctors (40.90%) and 1/5th of professors (21.42%); in total by twenty nine per cent of professionals (29.12%). However, none of the nurses was reported to have complete aversion from food during stress. Subjects, who showed more inclination towards food consumed more of high energy refined food, highly sweetened products, more diuretics, ready-to-eat, instant food, processed and packaged products. Food choices of rest of the subjects (45.63%) remained unchanged i.e. they remain neutral towards food while stressed. A large chunk of nurses (86.66%) remained neutral for food followed by professors (47.61%), doctors (31.81%) and bankers (29.16%).

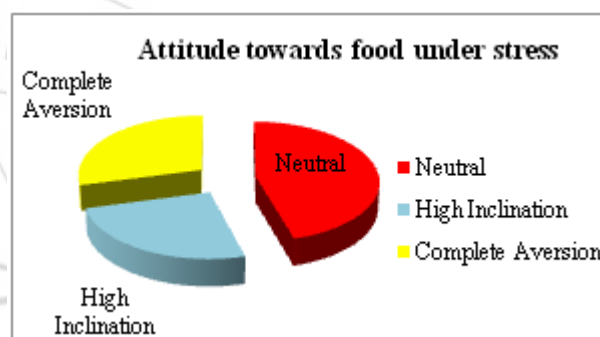


Figure 3: Attitude towards food under stress

Figure 3 represented the attitude of professionals towards food under stress which was reflected in two manners- high inclination towards food or complete aversion from food. Proportion of subjects showed complete aversion was higher than who showed inclination for food. Rest of the subjects remained neutral under stress i.e. neither eat more food nor abstain from food and consumed the regular meals.

Table 6: Food choices made by respondents under stress

Food	Doctors	Nurses	Bankers	Professors	Total
High energy refined foods	4(18.18)	1(6.66)	5(20.83)	12(28.57)	22(21.35)
Highly sweetened products	4(18.18)	1(6.66)	5(20.83)	5(20.83)	15(14.56)
Diuretics	3(13.63)	-	5(20.83)	10(23.80)	18(17.47)
Ready-to-eat foods	2(9.09)	-	5(20.83)	13(30.95)	20(19.41)
Processed or Preserved foods	2(9.09)	-	4(16.66)	8(19.04)	14(13.59)

* All Multiple Responses

The choices for food under stress were shifted from healthier to unhealthier ones (Table 6). On inclination towards food, respondents chose mainly high energy refined foods (21.35%) followed by ready-to-eat foods (19.41%), more of

diuretics (17.47%), highly sweetened products (14.56%) and processed or preserved foods (13.59%).

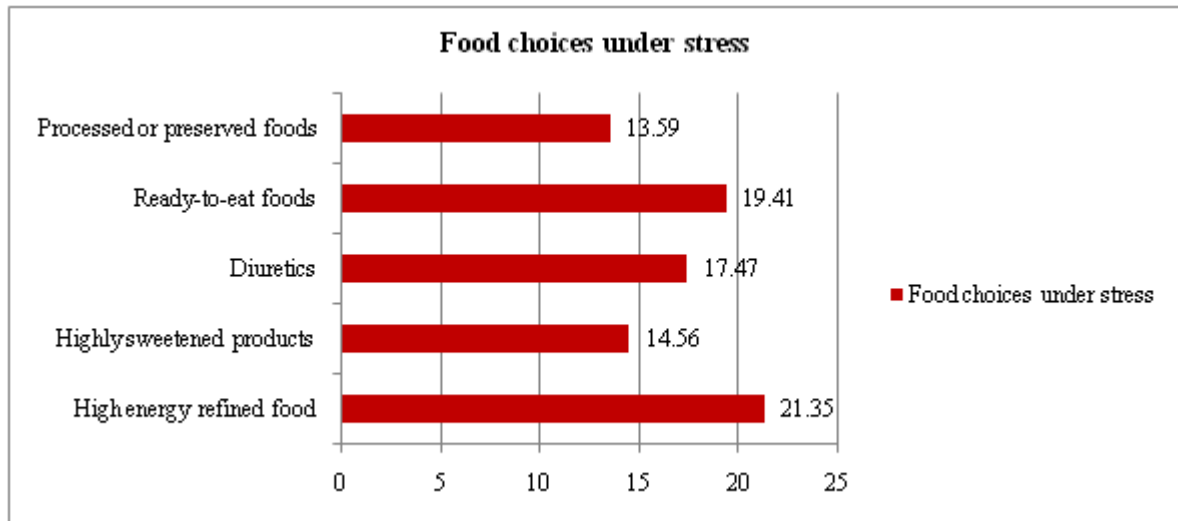


Figure 4: Food choices among professionals under stress

Various food choices made by professionals who had high inclination towards food i.e. eat more under stress (Fig 3). Refined foods rich in energy were mainly consumed followed by ready-to-eat foods, diuretics, highly sweetened products and processed or preserved foods.

Finding of the present study fell in the line with the other studies done in the past. Stress had great impact on food choices; stressed emotional eaters ate sweeter high-fat foods and a more energy-dense meal than unstressed and non-emotional eaters [10]. Stress not only increases the intake of food in certain individuals but also shifts their food choices from lesser to higher fatty food. Stress alters food choices in humans and shifts it toward energy-dense items that contain saturated fat and sugar [17]. A study on effect of stress on appetite and eating habits related to comfort foods in college population when stressed revealed that subjects with an increased appetite chose significantly more of sweet foods and mixed dishes. Sweet foods commonly eaten were desserts, chocolate/candy bars, candy, ice creams, muffins/sweet breads and fresh or canned fruits; whereas mixed dishes commonly eaten were burgers or sandwich meat items, pizza, casseroles, tacos, ethnic foods and fast food. Interestingly, the variety of foods selected in each category decreased under stressful conditions [7]. A study on the effects of carbohydrates on satiety: differences between liquid and solid food justified that people who drink sugary beverages do not feel as full as if they had eaten the same calories from solid food and studies showed that people don't compensate for their high caloric content by eating less food [11]. Consumers drinking sweetened beverages-whether low calorie or not- tend to have an overall lower dietary quality [9]. Drinking water in place of SSBs (sugar-sweetened beverages) or fruit juices is associated with lower long-term weight gain [12]. Stress lead to overeating and women are more vulnerable to restrained eating [6]. Certain foods can effectively reverse or moderate the physiological effects of stress. Vitamin C (citrus fruits) helps one combat short term, intense stress. Protein (lean meats or fish), calcium (milk products) and potassium (vegetables and fruit) help offset the negative effects of long term stress. Carbohydrates (sugars and starches) can settle nerves. Some foods can make stress worse. High-fat foods (fatty meats, fried foods, chips) are hard to digest and can produce

fatigue. Alcohol causes mental depression and dehydration and depletes the body of important vitamins and minerals and should therefore be avoided. Caffeine is a stimulant that can cause increased tension and should also be avoided. Although caffeine, nicotine, and alcohol may give a person a boost in the short term, they actually increase fatigue, and excessive amounts exhaust the nervous system. A person needs to eat regularly, as skipping meals leaves a person working on insufficient energy. A person should also try to reduce intake of fats, sugar and red meat and rather go for fruits, vegetables, salads and whole grains [2].

4. Conclusion

Though nutritional knowledge level of professionals was quite high, yet this knowledge was not implemented to cope up with stress. Skipping of meals specifically breakfast was very common. The food choices under stress were shifted from healthier to unhealthier ones. An inclination was observed towards having energy dense foods, ready-to-eat food and more diuretics. Lack of time was the main reason for not adopting stress-busting food as one of the stress coping tool.

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