

Food Habits and Nutrient Intake of Bankers in Lagos State

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Abstract: Food habits have been found to affect people's food choice and nutritional status. The nutrient intake and food habit of bankers in Lagos was assessed. One hundred and thirty four (125) adults (59 males and 66 females) were randomly recruited into the study. Information on nutrient intake was obtained using 24-hr dietary recall while structure questionnaire was used to obtain information on marital status and food accessibility. Result showed that energy intake were respectively 2092.54 ± 369.2 and 1870.16 ± 424.3 for males and females. However, the mean protein and iron intakes exceeded RDA for both male and female respondents. Vitamins A, B, C, E values were lower than Recommended Dietary Allowance. Also, the study found that about 40%, 4.8% and 5.6% of the respondents lived alone as single, divorced and widow respectively. Snacking was the convenient way of eating at work for 56.7% of the respondents. There is need for banks to make available cafeteria or invite a health conscious catering outfit that will make healthful meals available to their employees during the lunch hours.

Key words: Bankers, Nutrient, Food, Snacks, Shopping

I. Introduction

Food is anything eaten, drunk or taken into the body which can be absorbed by the body to be used as an energy source, building, regulating or protective material (1). Food refers to anything that is eaten to provide energy and keep the body healthy. Issues with food weight and body in ages are not easy to talk about, most people are looking for ready-to-eat, a magic pill, or the latest popular diet. But the reality is that there are no magic secrets or quick tips when it comes to managing eating habits and maintaining a healthy weight.

Food habits refers to the way in which different people select, cook, serve and eat food that are available to them. Food habit differs from one group to another. These differences come about because of many influences on food. Food habits are formed or changed by factors like education, religion, economic status, profession and availability of food. Food habits affect people's food choice. It is imperative to know that food habit is also a pre-requisite to one's nutritional status (2).

The nutritional status and risk of diseases are not obvious among the working groups because the symptoms of some diseases are sometimes silent, until the disease itself strike (3). Apart from sedentary lifestyle and lack of physical activity, software professionals like bankers are more into junk food and carbonated soft drinks (3).

The banking sector plays a major role in the sustainability of the Nigeria's economy. Due to the recent banking reform, banks in Nigeria have been more effective and improved in their various services. Bankers have been reported to be at higher risk of diseases such as coronary heart disease, hypertension, piles, obesity and diabetics due to their sedentary lifestyles, relatively better socio-economic condition and highly stressful nature of their job. As for bankers, many have regular food habits, but they sit in one place for hours (4). This study is therefore designed to assess the nutritional status and food habit of bankers.

II. Materials And Method

The study is a descriptive cross-sectional survey of male and female bankers in Lagos State. Sample random sampling method was used in the selection of the banks for the study and systematic method was used to select bankers for the study. Structured and pretested questionnaire was used to obtain information on marital status and food accessibility. Data on anthropometric measurement was collected through standard procedure. Information on the respondents' dietary intake was collected using 24-hour dietary recall. The full and appropriate description of all foods eaten including drinks were recorded and converted to nutrients using the food composition table for commonly eaten foods in Nigeria (5). Data collected was analysed using Epi-Info 2000 Nutritional Anthropometry software (6) to determine (BMI). Statistics such as frequencies and percentages was used to analyse socio-economic data while mean and standard deviation was used to analyse anthropometric food intake and others. P. value of 0.05 was regarded as statistical significance.

III. Results

Table 1 shows the demographic data of the respondents. It revealed that 47.2% were males and 52.8% were females. It showed that 53.0%, 3.5%, 5.1% and 6.0% were married, single, divorced and widow respectively.

Table 1: Demographic Data

Demographic	Frequency	%
Sex		
Male	59	44
Female	66	49.3
Total	125	
Marital Status		
Married	62	49.6
Single	50	40
Divorced	6	4.8
Widow	7	5.6
Total	125	100

The table below shows that 43% of respondents did their shopping themselves, 57% by relatives. It further revealed that 46.6% did cooking themselves, and 53.4% by relatives. It showed that 50.5% normally eat snacks at work and 49.5% claimed they eat meals.

Table 2: Domestic Shopping, Cooking and Eating

Who does Shopping for Foodstuff	Frequency	Percent %
Self	49	39.2
Relatives	76	60.8
Total	125	100
Who does the cooking at home		
Self	54	43.2
Relatives	71	56.8
Total	125	100
Food eaten at work		
Snacks	72	57.6
Meals	53	42.4
Total	125	100

Table 3 reveals that nutrient intake of the respondents were generally below recommendations as caloric intakes for male and female were 72% and 85% of RDA respectively. Their micronutrient intakes were grossly inadequate

Table 3: Nutrient intakes of respondents

Nutrient	Intake	Male		Female		
		RDA	%RDA	Intake	RDA	%RDA
Energy(Kcal)	2092.54	2400	72.156	1870.164	2200	85.01
Vit A (µg)	265.889	1000	26.589	242.56	800	30.32
Vit E (eq)(mg)	2.414	10	24.143	1.647	8	20.59
Protein(g)	81.53	63	129.413	75.12	50	150.24
Vit B6(mg)	0.875	2	43.75	1.058	1.6	66.11
Tot.fol.acid(µg)	86.275	200	43.138	99.186	180	55.10
Vit C(mg)	20.6	60	34.33	22.66	60	37.77
Calcium(mg)	320.614	800	40.076	218.197	800	27.28
Magnesium(mg)	211.018	350	60.291	187.839	280	67.09
Phosphorus(mg)	729.021	800	91.128	651.508	800	81.44
Iron(mg)	14.619	10	146.193	13.884	15	92.56
Zinc(mg)	13.446	15	39.64	11.47	12	95.59

The study showed that 57% of the respondents does not do the chopping of food in the house by themselves and 53.4% of them does not involve themselves in cooking of the food they eat. This is typical of the bankers in Nigeria since most of them have their meals away from home. It is important to know that the availability of healthy foods at home and away from home will increase the consumption of such foods. However, access to healthy food options is limited in many work environments since most food vendors and catering outlets only make convenient foods such as fries, pies, doughnuts etc available. This is particularly true for those with irregular hours or with particular requirement (7).

Also, considering the fact that majority of adult women and men are in employment that sometimes takes them far away from home, the influence of work on health behaviours such as food habit, food choice is very important (8). Meal management practices include the skills one has, the time and energy one has for meal

preparation and services. It also includes the facilities available and how well they are used to one's advantage. Majority (57.6%) of the respondent admitted that they mostly snack while at work this they claim was due to time constrain. The effect of snacking on health have been debated widely (9). However, normal weight and overweight individuals may differ in their coping strategies when snack foods are freely available and also in their compensatory mechanism at subsequent meals (9).

The study further revealed that nutrient intake of the respondents were generally below recommendations as caloric intakes for male and female were 72% and 85% of RDA respectively. Their micronutrient intakes were grossly inadequate. This is in agreement with the findings of earlier studies by Ene-Obong *et al*, (10) and Tamer *et al*, (11), they both found low intakes of the some micronutrient which include Vitamin E, Vitamin B6, Vitamin C, potassium, calcium, magnesium and zinc. The inadequate micronutrient intake will of course have a far reaching nutritional implications such the development of chronic metabolic disorders as evident in recent studies showing relationship between micronutrient intake and markers of chronic metabolic disorders (12, 13,14).

IV. Conclusion

As revealed by the findings of this study, there was high prevalence of unhealthy eating and food habit. This is due to limited time for food shopping and cooking which is an important factor influencing food intake and habit among bankers. Also bankers live more on confectionaries (ready-made, canned, baked, fried foods, bottled beverages and drinks. This in turn affected their nutrient intakes.

V. Recommendation

There is need for banks to make available cafeteria or invite a health conscious catering outfit that will make healthful meals available to their employees during the lunch hours. These healthful meals can also be made available at a subsidized rates

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