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Nutritional knowledge levels and food preferences of teachers

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Abstract

Nutritional knowledge includes knowing nutritional processes, major nutritional sources of foods, the relationship of diet to health and disease, and dietary recommendations. This study aimed to determine teachers' basic nutrition and nutrition-health knowledge levels, who are important opinion leaders in society, and to evaluate their food preferences. The research, a cross-sectional study, was carried out in a district in 2022. 280 teachers were included in the research. The survey form consists of 14 questions about sociodemographic information and nutritional preferences; and 32 questions on the "Nutrition Knowledge Level Scale for Adults" (NKLSA). The t-test in independent groups, Pearson Correlation and the Chi-Square test were used for statistical analysis. More than half of the teachers had a medium level of basic nutritional knowledge, nearly half had a good level of food preferences and a 52% correlation between their knowledge levels. The frequency of those with poor basic nutritional knowledge is significantly higher in men than in women. When the teachers' body mass indexes, daily water consumption, breakfast habits, number of daily meals, and skipping meals were evaluated according to information about nutrition, no significant difference was found in basic nutritional knowledge scores and food preference scores. It should be ensured that teachers have access to the right information sources about nutrition, and awareness activities should be carried out for nutrition, including students, to obtain accurate information about nutritional information and food preferences.

Keywords: Nutritional knowledge, nutrition knowledge level scale for adults, food preferences of teachers

Introduction

One of the basic conditions for the formation of a healthy society is to have individuals who have an adequate and balanced diet. Nutrition is not about filling the stomach, suppressing the feeling of hunger, or consuming the foods that one wants at that moment. A healthy diet is to maintain the body mass index within the required range by eating adequately and balanced with various types of foods, by taking all the nutrients as needed. Healthy nutrition is a lifelong process that starts in the womb and continues for the body's growth, regeneration, functioning, and prevention of chronic diseases. Sufficient and balanced nutrition is defined as an adequate intake of energy and nutrients required for the continuation of body activities and their proper use in the body [1]. If energy and nutrients cannot be taken as much as the body needs, malnutrition occurs. Some of the necessary nutrients cannot be taken into the body if healthy food choices are not made, if the variety in foods is not provided or if cooking methods are applied incorrectly. This condition is called unbalanced nutrition. Malnutrition; While it reduces the ability of people to work efficiently, plan and explore, it can negatively affect health by causing chronic diseases.

Nutritional knowledge includes knowing nutritional processes,

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major nutritional sources of foods, the relationship of diet to health and disease, and dietary recommendations. This definition may vary from person to person or from society to society [2]. Avoiding excessive fat consumption, decreasing the consumption of high-energy and fatty foods, learning healthy cooking methods, reading labels, and acquiring the habit of meal planning are the topics that can be included in the nutritional information [3]. The correct nutrition information received from parents and school will enable the child to apply this information to his/her life, make healthier food choices, to gain and maintain positive eating habits. When he becomes an adult, he will influence the people around him and ensure that positive eating habits are spread and maintained [4].

The source of the information is very important in reaching the right nutrition information. It is important where the information was obtained from, whether it is a personal opinion or newspaper article, and whether it is scientifically supported. When individually declared nutritional information is not tested with realistic experiments, its accuracy cannot be accepted. In areas such as television, newspapers and social media, some statements can be made to increase both the viewing rates and the use of a product. The important thing is to make the appropriate food selection using the right nutrition information and to make the nutrition decision [5]. Along with the developing technology, the information pollution spread by the mass media causes people to gain wrong eating habits with the wrong food selection. This information pollution, which is conveyed to society and includes wrong suggestions, causconfuses the human mind and causes incorrect eating behaviours. behaviours eating habits cause many diseases such as obesity, heart disease, diabetes and hypertension in humans [6].

Due to the lack of nutritional knowledge, some erroneous eating habits may settle in individuals and it may be difficult to get rid of these habits. Although the relationship between nutritional knowledge and behaviour is controversial, there may be more nutritional knowledge and weight loss after nutrition education. Individuals with insufficient nutritional knowledge may acquire faulty eating habits. Because nutrition directly affects healthy development, physiological needs and quality of life. Accurate information is of great importance in healthy nutrition. The first way to ensure the acquisition of the right habit in society is to provide the right information and encourage the right choices [7]. One of the main purposes of health systems is to provide people with the right behaviours that positively affect their health. The first step towards realizing this goal can be achieved with the acquisition of correct information. Current scientific studies are compiled and developed by official guidelines and a scientific committee. These guidelines are made to develop healthy nutrition recommendations for the public. These are published as brochures and booklets. If the nutritional information given is the result of a study, the study should be approved, repeated, and applicable to make healthy nutrition recommendations [5].

To protect the healing nutritional knowledge and status should be determined. In this way, nutrition education and nutrition councounsellingvices can be effectively planned and applied to society. The number of meals eaten in a day, skipped meals, reasons for skipping meals, snacking situations and psychological conditions affecting eating reflect the individual's eating habits [8]. This study aimed to determine teachers' basic nutrition and nutrition-health knowledge levels, who are important opinion leaders for the society, and to evaluate their food preferences.

Material and Methods

The research is a cross-sectional and descriptive study. The research was carried out in a district from December 2021- to January 2022. The universe of the research consisted of 984 teachers working in 40 primary schools and 18 high schools in the a district centre. Schools were selected by cluster sampling method. 95% confidence level and 0.05 margin of error, 280 teachers were included in the research. A questionnaire form as a data collection tool was used, and the data were collected through face-to-face interviews. The consent form was obtained from the participants. The survey form was created by the researchers and consists of 14 questions about sociodemographic information and nutrıtıonal preferences; and 32 questions on the 'Nutrition Knowledge Level Scale for Adults' (NKLSA). NKLSA was developed Batmaz and Güneş in 2018. The Cronbach alpha values for the basic nutrition and food preference part are 0.72 and 0.70, respectively [9]. Body mass index (BMI) was found by dividing the participants' weight by the square of their height. BMI categories defined by current World Health Organization (WHO) guidelines: underweight (<20.0 kg/m²), normal weight (20.0-24.9 kg/m²), overweight (25.0-29.9 kg/m²) and obesity (≥30.0 kg/m²) [10].

Statistical analysis

Descriptive data were shown as frequency, percentage, and mean/standard deviation. It was determined that the quantitative data was distributed in a normal distribution with the Kolmogorov-Smirnov test. For quantitative data, the t-test in independent groups and Pearson Correlation were used. One-way ANOVA test was used to compare the countable data of multiple groups. The Chi-Square test was used for qualitative data. The p-value of <0.05 will be considered statistically significant.

Results

The average age of the teachers participating in the research is 36.3±7.3. 50.4% are female, and 49.6% are male. The descriptive characteristics of the teachers are given in Table 1. 49.3% of teachers are in the 30-39 age range and 46.1% have 10 to 19 working years. 77.9% of the teachers are married and 75.4% have children. 87.9% of the teachers work in primary education. The rate of smokers is 25.7%.

Information on the teachers' BMI and dietary habits are shown

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in Table 2. When the teachers were evaluated according to their BMI, 47.5% were within normal limits, 5.7% were underweight, 37.9% were overweight and 8.9% were obese. The rate of overweight and obesity in males is significantly higher than that of female teachers. While 41.8% of the teachers consume between 5 and 8 glasses a day, 41.4% consume between 2 and 4 glasses a day. While the rate of those who eat breakfast regularly or frequently is 75.8%, the rate of those who eat three meals a day is 55%, the rate of those who eat two meals is 40%, and the rate of those who eat four or five meals is 5%. While 25.7% of the teachers do not skip meals, 74.3% of them can skip meals. The most frequently used sources of nutrition information are scientific publications or experts on nutrition 42.5%, internet sites 32.5%, and social media 16.4%. The rate of obtaining information from nutritionists is significantly higher in men than in women.

Table 1. Descriptive characteristics of the research group

Feature	n	%
Age group		
22-29	51	18.2
30-39	138	49.3
40-61	91	32.5
Gender		
Man	139	49.6
Woman	141	50.4
Marriage		
Not married	53	18.9
The married	218	77.9
Separated/deceased	9	3.2
Number of children*		
0	69	24.6
1-2	137	48.9
3+	74	26.4
School		
Primary education	246	87.9
High school	34	12.1
Number of working years		
1-9	111	39.6
10-19	129	46.1
20+	40	14.3
Cigarette		
Smoking	72	25.7
Not Smoking	195	69.6
Quoted smoking	13	4.6

n;number. *Single participants also answered this question. Descriptive statistics was used

Table 2. Nutritional habits of teachers and the difference in gender

Feature	n	%	Male	Female	p
BMI					
Underweight	16	5.7	1.4	9.9	0.001
Normal	133	47.5	34.5	60.3	
Overweight	106	37.9	54.0*	22.0	
Obese	25	8.9	10.1*	7.8	
Daily water consumption (number of glasses/day)					
2-4 glasses	116	41.4	46.8	36.2	0.039
5-8 glasses	117	41.8	41.7	41.8	
More than 8 glasses	47	16.8	11.5	22.0	
Breakfast habit					
Regular	169	60.4	55.4	65.2	0.207
Usually	43	15.4	18.7	12.1	
Sometimes	41	14.6	13.7	15.6	
Rarely	19	6.8	7.9	5.7	
None	8	2.9	4.3	1.4	
Number of meals per day					
2nd	112	40.0	38.1	41.8	0.661
3	154	55.0	57.6	52.5	
4-5	14	5.0	4.3	5.7	
Skipping meal					
Yes	109	38.9	36.7	41.1	0.478
Sometimes	99	35.4	24.5	27.0	
No	72	25.7	38.8	31.9	
Nutritional information resource					
Nutritionists	119	42.5	38.8*	26.2	0.017
Websites	91	32.5	13.7	19.1	
Social media	46	16.4	11.5	5.7	
TV	24	8.6	36.0	48.9	

n; number, BMI; body-mass index, TV; television. Chi-square test was used. p values <0.05 was accepted as statistically significant. * It refers to the data from which statistical significance originates.

The frequency of consumption of different types of food by the research group is shown in Table 3. Among the teachers, the rate of those who consume fruit at least 4-5 days a week is 57.5%, those who consume milk and yoghurt 67.5%, those who consume nuts 31.1%, those who consume sweets 13.6%, those who consume chocolate 12.9%, those who consume cola 1.8%, those who consume fast-food 1.1%, those who consume biscuits Those who consume /cake are 7.9%, those who consume white bread are 66.8%. Those who consume chips 2-3 times a week are 4.6%. The mean score of Basic Nutrition and Nutrition-Health knowledge is 54.9±6.3. The food Preferemeansmean score is 38.1±5.5.

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Table 3. Frequency of consumption of some foods by the research group

	At least 4 days a week %	3-2 per week %	1 or less per week %
Fruit	57.5	30.7	11.8
Milk, Yoghurt	67.5	22.5	10.0
Nuts	31.1	38.9	30.0
Sweet	13.6	32.1	54.3
Chocolate	12.9	24.3	62.9
Coke	1.8	2.9	95.4
Fast Food	1.1	5.0	93.9
Biscuits, Cake	7.9	17.9	74.3
White Bread	66.8	12.5	20.7
Chips	0.0	4.6	8.9

Descriptive statistics was used

Table 5 shows teachers' basic nutrition, nutrition-health knowledge levels and food preference levels according to descriptive variables. Among male teachers, the frequency of those with poor basic nutrition and nutritional-health knowledge is significantly higher than that of female teachers. There was no significant gender difference in Food Preference. No significant difference was found in terms of basic nutrition food-health knowledge levels and food preferences according to age group, marital status, the number of children, the school worked, the number of working years and smoking status.

Teachers' basic nutrition, nutrition-health knowledge levels and food preference levels are given in Table 4. Basic nutrition and nutrient-health knowledge were moderate in 51.4% of teachers, good in 38.2%, very good in 6.1%, and poor in 4.3%. Food Preferences were good in 41.4%, moderate in 27.5%, very good in 22.9%, and poor in 8.2% of teachers.

Table 4. Teachers' Basic Nutrition Nutrition-Health Knowledge Levels and Food Preference Levels

Basic Nutrition and Nutrition-Health Knowledge Level			Level of Food Preference	
n	**%**		**n**	**%**
12	4.3	**Bad**	23	8.2
144	51.4	**Middle**	77	27.5
107	38.2	**Good**	116	41.4
17	6.1	**Very good**	64	22.9
280	100.0	**Total**	280	100.0

n; number. Descriptive statistics was used.

Table 5. Teachers' Basic Nutritional Nutrition-Health Knowledge Levels and Food Preference Levels According to Descriptive Variables

	n	Basic Nutrition and Nutrition-Health Knowledge Level				Level of Food Preference			
Gender		**BAD**	**MIDDLE**	**GOOD**	**VERY GOOD**	**BAD**	**MIDDLE**	**GOOD**	**VERY GOOD**
Man	139	7.9*	49.6	35.3	7.2	10.1	30.9	39.6	19.4
Woman	141	0.7	53.2	41.1	5.0	6.4	24.1	43.3	26.2
			X^2=9.86	p=0.020			X^2=4.00	p=0.262	
Age group									
22-29	51	3.9	52.9	35.3	7.8	11.8	17.6	41.2	29.4
30-39	138	4.3	47.1	43.5	5.1	7.2	29.0	40.6	23.2
40-61	91	4.4	57.1	31.9	6.6	7.7	30.8	42.9	18.7
			X^2=3.73	p=0.714			X^2=4.96	p=0.548	
Marriage									
Unmarried	53	3.8	45.3	43.4	7.5	13.2	20.8	47.2	18.9
Married	?227	4.4	52.9	37.0	5.7	7.0	29.1	40.1	23.8
			X^2=1.21	p=0.750			X^2=4.04	p=0.257	
Child									
No child		2.9	49.3	39.1	8.7	11.6	27.5	42.0	18.8
Having child		4.7	52.1	37.9	5.2	7.1	27.5	41.2	24.2
			X^2=1.55	p=0.670			X^2=1.93	p=0.588	
School									
Primary		3.7	50.8	39.8	5.7	7.7	27.6	41.5	23.2
High school		8.8	55.9	26.5	8.8	11.8	26.5	41.2	20.6
			X^2=3.89	p=0.274			X^2=1.55	p=0.670	
Number of working years									
<10		5.4	55.0	35.1	4.5	8.1	24.3	40.5	27.0
≥10		3.6	49.1	40.2	7.1	8.3	29.6	42.0	20.1
			X^2=2.18	p=0.535			X^2=2.11	p=0.511	
Cigarette									
Smoking		9.7*	48.6	37.5	4.2	15.3*	30.6	38.9	15.3
Not smoking		2.4	52.4	38.5	6.7	5.8	26.4	42.3	25.5
			X^2=8.70	p=0.030			X^2=8.80	p=0.032	

n; number. Chi-square test was used. p values<0.05 was accepted as statistically significant. * It refers to the data from which statistical significance originates

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Table 6 shows the basic nutrition food-health knowledge score averages and food preference score averages according to the nutrition habits of the teachers. When the teachers' body mass indexes, daily water consumption, breakfast habits, number of meals, and skipping meals were evaluated according to information about nutrition, no significant difference was found in basic nutrition food-health knowledge averages and food preference averages.

Table 6. Averages of basic nutrition food-health knowledge points and food preference points according to the nutrition habits of the teachers

Feature	Basic Nutrition Nutrition-Health Knowledge Level Mean Score±SD	p	Mean Food Preference Score±SD	P
BMI				
Underweight	56.3±5.8	0.337	37.3±4.6	0.385
Normal	55.3±6.1		38.3±5.5	
Overweight	54.6±6.7		38.4±5.5	
Obese	53.1±5.9		36.4±5.9	
Daily water consumption (number of glasses/day)				
2-4 glasses	54.4±6.8	0.525	37.8±5.3	0.691
5-8 glasses	55.1±5.9		38.4±5.2	
More than 10 glasses	55.5±6.0		38.0±6.7	
Breakfast habit				
Regular/ Very often	54.8±6.2	0.342	38.3±5.2	0.534
Sometimes	54.4±6.5		37.2±6.2	
Rarely/Never	56.5±6.8		38.3±6.2	
Number of meals per day				
2nd	55.7±6.1	0.055	38.7±5.8	0.166
3	54.1±6.2		37.6±5.1	
4-5	56.8±7.8		39.4±6.7	
Skipping mail				
Yes	54.9±6.2	0.292	38.5±6.0	0.622
Sometimes	53.9±6.4		37.7±5.7	
No	55.5±6.4		37.9±4.7	
Nutritional information resource				
Nutritionists	55.1±6.5	0.970	38.6±5.5	0.501
Websites	54.5±6.3		38.0±5.0	
Social media	54.8±8.7		36.8±5.0	
Newspaper	54.9±5.7		38.0±5.8	

BMI; body-mass index. One-way ANOVA test was used. p values<0.05 was accepted as statistically significant.

The correlation between teachers' basic nutrition, nutrient-health knowledge scores and food preference scores is given in Table 7. When the teachers' basic nutrition and nutrition-health knowledge scores were evaluated in terms of age and BMI, no significant correlation was found between them. When the food preference scores of the teachers were evaluated in terms of age and BMI, no significant correlation was found between them. There is a significant 52% correlation in the same direction between the teachers' basic nutrition food-health knowledge scores and their food preferences.

Table 7. Correlation between teachers' basic nutrition food-health knowledge scores and food preference scores

r	Age	BMI	Nutrition Knowledge	Food Preference
Age	1			
BMI	0,353*	1		
Nutrition Knowledge	-0,041	-0,084	1	
Food Preference	-0,052	-0,047	0,520*	1

BMI; body-mass index. *p<0.05. Pearson correlation test were used. p values<0.05 was accepted as statistically significant

Discussion

Maintaining a healthy life is important for all segments of society. For education workers to continue their lives in a healthy way and due to the conditions and importance of their profession, they need to have a sufficient and balanced diet and set an example with these nutritional habits.

In our study, when the teachers were evaluated according to their BMI, nearly 40% were slightly obese, nearly 10% were obese, and the rate of overweight and obesity was higher in males. According to the data of the "Türkiye Household Health Survey "Risk Factors Prevalence of Non-Communicable Diseases" study conducted in 2017, the frequency of overweight individuals was 35.6% and the frequency of obese individuals was 28.8%, and obesity was found in women (35.9%) than men (21.6%). It was found to be 1.6 times more [11]. The obesity rate among the teachers participating in our study is below the Türkiye average, and differently in males, it is higher. In a study conducted in seven primary schools in the province of Uşak, the rate of obesity among primary school teachers was 3.3%, and the rate of slightly obese students was 12.0% [12]. In a study conducted in 15 different provinces, the mean BMI of primary school teachers was found to be 23.8±4.2 [13].

When their teachers are evaluated according to their water consumption, 83.2% of them consume less than two litres of water per day and there is no difference between men and women. Among them, 41.4% consume between two and four glasses of water a day. A similar result was found in a study conducted with classroom teachers, and 80% of the teachers stated that they consume 2 litres or less of water per day [14]. According to the 2019 results of the Türkiye Nutrition and Health Survey (TBSA),

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daily water consumption in Türkiye is 1.6 litres on average, 1.77 litres for men and 1.42 litres for women [15]. Although the amount of daily water consumption is low in Türkiye in general, this amount was found to be lower in our study.

In our study, the rate of those who were fed two meals and stated that they skipped a meal was 40%. As a recommendation for an adequate and balanced diet, experts recommend at least three meals a day [16]. In our study, about three-quarters of the teachers stated that they had breakfast regularly or frequently, and one-fourth of them stated that they skipped breakfast. In the TBSA 2019 report, the frequency of skipping breakfast is 15%, skipping lunch is 24.7%; Men mostly skip breakfast, and women skip lunch. Among the reasons for skipping breakfast, 48.7% stated that they did not want to feel or have an appetite, 14.4% stated that they did not have a habit, and 11.2% stated that they got up late [15]. In a study conducted in Elazig, 43% reported that they ate two meals and skipped meals; 44.5% stated that they do not have a regular breakfast every day [14]. Özyazıcıoğlu et al., (2009) reported in their study that the most skipped meals of the participants were breakfast and lunch [17]. Zemzemoğlu et al., (2019) examined the determinants of the nutritional habits of health sciences students and reported that the most skipped meal by the students was lunch [18]. Similarly, Bayramoğlu et al., (2018) in a study examining the nutritional habits of female academicians, stated that the most skipped meal was lunch, and the reason for skipping a meal was not finding the opportunity [19]. If the morning meal is not made, negative effects such as dizziness, headache, weakness, tremor, and hypoglycemia may occur as a result of long-term hunger. It is known that the habit of skipping meals is common in overweight individuals, and the most skipped meal is breakfast [20].

In our study, approximately 40% of the teachers stated that the most common source of nutrition information was the opinions of experts, while 32% stated that they used websites and 16% social media. In a study conducted in Konya in 2013, it was found that consumers' preferences for mass media, through which they access nutritional information, are TV (29.1%), newspaper-magazine (25.7%), and radio (23.0%) and internet (22.1%), respectively. It has been determined that consumers follow the nutritional information from mass media on a daily and weekly basis (52.5%) and to protect their health (64.0%). It has been determined that the consumers apply the knowledge they have acquired regarding the food recipe (52.4%) and food safety (58.8%) and evaluate the nutritional information in the mass media as understandable (64.9%) and scientific (63.3%). Today, mass media have become the most widely used tool in obtaining nutritional information. In a study carried out in 15 provinces in 2004, the sources from which teachers obtain information about nutrition are newspapers with 48%, magazines with 40%, television with 39%, doctors and dietitians with 22% and 29% [13]. Today, especially the increase in the use of the Internet has surpassed broadcasting organs such as TV in accessing information. Although this situation seems to be a positive result in terms of easy access to information, increasing information pollution and sharing non-scientific information negatively affect human health [21]. In addition, advertisements for some industrial products occupy a large place on television, the press and the internet. These advertisements create a perception on the consumer or change the existing perceptions and affect their food preferences. Changing food preferences cause society to consume a product more or less [22].

Among the teachers, the rate of those who consume fruit at least 4-5 days a week is 57.5%, those who consume milk and yoghurt 67.5%, those who consume nuts 31.1%, those who consume sweets 13.6%, those who consume chocolate 12.9%, those who consume cola 1.8%, those who consume fast-food 1.1%, those who consume biscuits Those who consume /cake are 7.9%, those who consume white bread are 66.8%. Those who consume chips 2-3 times a week are 4.6%. In the TBSA 2019 report, the rate of those consuming fruit at least 4-5 days a week is 67.9%, the rate of those consuming milk and its products is over 70%, white bread consumption is 9.5%, biscuits/crackers 24.2%, chocolate 3.3%, chips 4.0% [15]. In a study conducted in Uşak, the rate of primary school teachers consuming fast food at least 4-5 days a week was 29.3% [12]. Environmental factors, as well as genetic factors, have been reported to play a significant role in the different prevalence of chronic and allergic diseases [23,24].

In our study, more than half of the teachers had a medium level of basic nutrition, nutrition-health knowledge, and a good level of food preferences, and there was a significant 52% correlation between the two in the same direction. In studies conducted with teachers from different branches, it was stated that teachers' nutritional knowledge levels were insufficient [21]. In a study conducted in 15 different provinces, 19.1% of primary school teachers were found to have sufficient nutritional knowledge [13]. In a study conducted in Uşak, the rate of primary school teachers' correct knowledge of questions about food varies between 18.7% and 76.0% [12]. In our study, the frequency of those with good basic nutrition and nutritional-health knowledge was significantly higher among female teachers than males, but no significant difference was found in terms of gender in terms of food preference. In a study conducted with university students, no statistically significant difference was found between the nutritional knowledge levels of the students according to the gender variable [25]. In another study that measured the dietary behaviours and nutritional knowledge levels of students according to gender, it was reported that more female students had good nutrition knowledge [26]. This helps demonstrate men's disinterest in nutrition or that women are more concerned with food intake and preparation.

When the teachers were evaluated according to their body mass indexes, daily water consumption, breakfast habits, number of meals, skipping meals, and the sources of nutrition information, no significant difference was found in terms of basic nutrition food-health knowledge averages and food preference points averages. Similar to our study, in a study conducted on university

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students, no significant difference was found between BMI groups in terms of nutritional knowledge scores [27]. In a study conducted with Belgian women, it was shown that education level, age and occupation type were the factors that most affected nutritional knowledge [28].

Conclusion

About half of the teachers have a normal body mass index, while one-third are slightly overweight and 10% are obese. Approximately 40% of teachers do not consume enough water and skip meals during the day. A quarter does not have a regular breakfast. About half of them are informed about nutrition from internet sites and social media. Basic nutrition, nutrition-health information and food preferences are generally sufficient but moderate. Although the food types preferred by more than half of the teachers are beneficial food groups for health, they are not sufficient. First of all, it should be ensured that the right information sources about nutrition are reached and accurate information about nutritional information and food preferences should be obtained. For this purpose, in-service training or awareness activities on nutrition can be carried out with students. Nutrition information; It is one of the important factors affecting the nutritional status and habits of individuals, families, and societies. In this respect, teachers have an important place in terms of their health, professional life and role models for students.

Author Contributions
All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

Conflict of interests
The authors declare that there is no conflict of interest in the study.

Financial Disclosure
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Ethical approval
Permission for the study, dated 16/11/2021 and numbered 2021/09-11, was obtained from the Local Ethics Committee.

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