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## DETERMINATION OF THE EATING HABITS AND PHYSICAL ACTIVITY STATUS OF THE WOMEN WHO DO SPORTS IN KAYSERI

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### Abstract

*Aim.* The aim of this research is to determine the eating habits and physical activity status of the women whose ages range between 18-55 years old and live in Kayseri.

*Methods.* 450 women who live in Kayseri and regularly exercise volunteered to take part in this study. A questionnaire which consisted of 12 personal information questions, 22 eating habits questions and 5 physical activity questions was administered to determine eating habits of volunteers who participate in this research. Data were analyzed by using Med Calc program. Frequency distributions were performed as descriptive statistics.

*Results.* According to the findings, the largest proportion between age groups of women was found to belong to the 20-29 age groups. The largest proportion read respect to education level of women belongs to those who are studying in a university or graduated from a university. It is determined that women who are housewives, have health insurance and with regular income care about their food and physical activity. When we look at the results of women's eating habits, it's determined that they have adequate and balance diet which 3 main meals in a day, the greatest proportion of skip meal between volunteers belongs to noon. When we look at the results of women's physical activity, it is found that the volunteers do regular workout an hour in a day 3 days in a week and they generally prefer aerobic exercise.

*Conclusions.* It's determined that the eating habits and participation in physical activities of women with higher levels of education are higher than those with low levels of education. In addition to it's found that economic conditions increase participation in physical activity and level of consciousness of women.

*Keywords:* women, eating habits, physical activity.

### Introduction

Nutrition as one of the most important issues today is to receive nutrients that will provide sufficient amount of each energy and nutrients required for growth and to live healthy and productive in the most economical way without losing nutritional value, without making disruptive health and use in the body (Baysal, 2002).

Adequate and balanced nutrition is a very important success factor which protects health, can keep people from diseases, provides physical and social peace, improves, nurtures, and energizes the body and increases stamina and strength. Nutrition is one of the leading factors necessary for successful practice and a healthy life (Demirci, 2009).

Today, women are a social icon who are participating in social production beyond the traditional roles, sharing responsibility, is an integral part of human dignity, creating production and value, witnessing the era in arts, politics, science, technology, agriculture, education, industry and home management (Yönel, 2005). As the importance of women's traditional roles endures regardless of their extended role, losses due to women's inability of giving importance to nutrition for reasons such as fatigue, discomfort, lack of information and time can affect both the feeding of family members, the economy of

the family and the economy in general. Because of all these reasons, the importance given to the family nutrition by women, can affect the family members' therefore community's health and its physical and mental structure. The women's work outside the home leads to having more limited time for her role within the family. Women should provide the most appropriate benefits of nutrition by utilizing this limited-time deliberately and new discoveries and technological development in this field should be transferred to women (Koruk, Şahin, 2005).

A woman's health and nutritional status are indicators of development at a personal level as well as at the national level. Because problems related to women's health and nutrition can affect future generations through their children (Eşiyok, 2012). Nutrition constitutes the first core of health problems occurred in women from birth. If women's lifetime need to be made better and more livable, policies to optimize the level of women's health should be targeted. These policies should began in infancy and childhood and cover the entire life cycle including adolescence, adulthood and old age (Oruc, 2008).

The women's nutritional habits are improved as their educational level increases. Women with a higher educational level are leaving the traditional method in order to switch to new methods and can prepare more

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useful food for family members. In addition, they can contact the individuals and organizations (Demirel, 1997). Nutrition training and practice must comply with the family's opportunities, education status, economic level and eating habits once problems are fully and accurately identified. The most important goal of the woman in charge of the work should be the best use of information and do the best without giving much credit to coincidences, traditions on health-related issues (Aktaş, 1987). This study was planned and carried out to determine women's nutrition habits and physical activity status which are important in maintaining and protecting the health of women and plays a central role in the transfer of women's eating habits to the children of this age.

**Methods**

Selection of subjects:

Four hundred and fifty women exercising at various gym between December 2013 and April 2014 in

Kayseri participated in this research on a voluntary basis to determine their eating habits and physical activity status. Erciyes University Medical Faculty Ethics committee was decided before the study. The women who participated in study were informed about the survey.

Survey questionnaires were filled with face to face interviews. The survey consists of three sections. A questionnaire consisting of 39 questions was applied including 12 on personal information, 22 on eating habits and 5 on physical activity status.

**Statistical Analysis**

The data obtained in the study were analyzed using Med Calc 11.4 software. Descriptive statistics are presented as percentages and the frequency distribution.

**Results**

**Table 1.** Distribution of women by age

Age	Frequency (n)	Percent (%)
10-19 years of age	35	7.8
20-29 years of age	172	38.2
30-39 years of age	131	29.1
40-49 years of age	92	20.4
50 and above	20	4.4
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions in the distribution by age of women is between 20-29 years of age(38.2%) and between 30-39 years of age (29.1%), 40-49 years of

age (20.4%), 10-19 years of age (7.8%) and aged 50 and older (4.4%) as the smallest proportion (Table 1).

**Table 2.** Distribution of women by marital status

Marital status	Frequency (n)	Percent (%)
Married	250	55.6
Divorced widow	19	4.2
Single	181	40.2
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions of women distribution according to marital status are married (55.6%) and

single (40.2%). The smallest proportion is widows/divorced the (4.2%) respectively (Table 2).

**Table 3.** Distributions of women by number of children

Number of children	Frequency (n)	Percent (%)
0	225	50.0
1	53	11.8
2	108	24.0
3	50	11.1
4	14	3.1
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions in the distribution of women according to the number of children are no children (50.0%) and two children (24.0%). 1 child

(11.8%), 3 children (11.1%) and of 4 children (3.1%) as the smallest ratio (Table 3).

**Table 4.** Distribution of women by education

Educational status	Frequency (n)	Percent (%)
Primary education	60	13.3
High school	120	26.7
College and higher	270	60.0
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion in distribution according to women's educational attainment are collegesand higher (60.0%) and high school (26.7%). The smallest proportion belongs to primary education (13.3%) (Table 4).



**Table 5.** Distribution of women by occupation

Occupation	Frequency (n)	Percent (%)
Dietician	6	1.3
Student	73	16.2
Instructor	34	7.6
Housewife	145	32.2
Hairdresser	3	.7
Engineer	11	2.4
Teacher	50	11.1
Counselor	14	3.1
Anesthetist	5	1.1
Nurse	25	5.6
Officer	29	6.4
Doctor	15	3.3
Banker	10	2.2
Advertiser	1	.2
Self-Employment	21	4.7
Lawyer	2	.4
Tourism Operator	1	.2
Retired	5	1.1
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions of the distribution of women according to occupation are housewives (32.2%) and students (16.2%). Teacher (11.1%), teachers (7.6%), civil servants (6.4%), nurses (5.6%), self-employed (4.7%), doctors (3.3%), consulting (3.1%), engineering (2.4%), bankers (2.2%), dieticians (1.3%), anesthetist (1.1%), retired (1.1%), hairdresser (0.7%), lawyers (0.4%), advertisers (0.2%) and tourism (0.2%) as the smallest proportion respectively (Table 5).

**Table 6.** Distribution of women by social security

Social security	Frequency (n)	Percent (%)
Government retirement fund	121	26.9
Organization of social insurance and security	276	61.3
Social security organization for artisans and the Self-employed	44	9.8
Private Insurance	9	2.0
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions of women distribution according to social security are organization of social insurance and security (61.3%) and government retirement fund (26.9%). social security organization for artisans and the self-employed (9.8%) and the smallest proportion belongs to private insurance (2.0%) (Table 6).

**Table 7.** Distribution of women's regular income

Income distribution	Frequency (n)	Percent (%)
Yes	300	66.7
No	150	33.3
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion of distributions among the women's regular income is yes (66.7%) and the smallest proportion is no (33.3%) belongs (Table 7).

**Table 8.** Adequate and balanced nutrition status of women

Adequate and balanced nutrition	Frequency (n)	Percent (%)
Yes	191	42.4
No	113	25.1
On occasion	146	32.4
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion of women's adequate and balanced nutrition status is yes (42.4%) and no (25.1%), the smallest proportion belongs to on occasion (32.4%) (Table 8).

**Table 9.** Distribution of women's daily home meal

Home meal distribution	Frequency (n)	Percent (%)
1	23	5.1
2	163	36.2
3	264	58.7
<b>Total</b>	<b>450</b>	<b>100.0</b>



The largest proportion of women in daily main meals range 3 (58.7%) and 2 (36.2%). The smallest one is 1 (5.1%) (Table 9).

**Table 10.** Women's home meal skipping status

Home meal skipping status	Frequency (n)	Percent (%)
Yes	151	33.6
No	158	35.1
On occasion	141	31.3
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion of indication of women's skipping meals are no (35.1%) and yes (33.6). the smallest proportion (31.3%) belongs to on occasion (Table 10).

**Table 11.** Distribution of women's home meal skipping

Home meal skipping distribution	Frequency (n)	Percent (%)
Morning	91	20.2
Noon	328	72.9
Evening	31	6.9
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion of distribution of women's indication of skipping main meals are noon(72.9%) and the morning (20.2%). The smallest proportion is dinner (6.9%) (Table 11).

**Table 12.** Distribution of women's home meal skipping motives

Home meal skipping motive	Frequency (n)	Percent (%)
I have no time	45	10.0
I'm running late	59	13.1
I have no habit	95	21.1
I do not feel wanted	63	14.0
Due to courses and training	18	4.0
As not prepared	170	37.8
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion of indication of women's skipping meals are "as not prepared"(37.8%) and have no habit (21.1%). I do not feel wanted (14.0%), I'm running late (13.1%), I have no time (10.0%) and the smallest proportion is due to sports courses (4.0%) (Table 12).

**Table 13.** Distribution of women's breakfast habits

Breakfast habit	Frequency (n)	Percent (%)
Yes	309	68.7
No	141	31.3
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion of women in breakfast habits is yes (68.7%) and the smallest proportion is no (31.3%) (Table 13).

**Table 14.** Distribution of women's lunch habit

Lunch habit	Frequency (n)	Percent (%)
Yes	231	51.3
No	219	48.7
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion of distribution of women's lunch habit is yes (51.3%) and the smallest proportion is no (48.7%) (Table 14).

**Table 15.** Distribution of women's dining habit

Dining habit	Frequency (n)	Percent (%)
Yes	389	86.4
No	61	13.6
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion of the distribution of women's dinner habit is yes (86.4%) and the smallest proportion is no (13.6%) (Table 15).

**Table 16.** Distribution of women's snack food habit

Snack food habit	Frequency (n)	Percent (%)
0	130	28.9
1	118	26.2
2	132	29.3
3	70	15.6



**Total** **450** **100.0**

The largest proportion of in women snack food habit is 2 times a day (29.3%). 0 a Day(28.9%), 1 a day (26.2%) and 3 times a day with the smallest proportion(15.6%) (Table 16).

**Table 17.** Distribution for women's snack skipping

Snack skipping distribution	Frequency (n)	Percent (%)
Yes	291	64.7
No	113	25.1
On Occasion	46	10.2
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion of the distribution of women's skipping meals are yes (64.7%) and no (10.2%) (Table 17).

**Table 18.** Distribution of women's snack skipping interval

Snack skipping interval	Frequency (n)	Percent (%)
Mid-morning	66	14.7
Afternoon	135	30.0
Night	249	55.3
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions of the distribution of women's skipping are night time (55.3%) and late afternoon (30.0%). The smallest proportion is mid-morning (14.7%) (Table 18).

**Table 19.** Distribution of women's snack skipping motive

Snack skipping motive	Frequency (n)	Percent (%)
I have no time	62	13.8
I'm running late	21	4.7
I have no habit	246	54.7
I do not feel wanted	90	20.0
Due to courses and training	15	3.3
As not prepared	16	3.6
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions of the distribution of women's skipping meals motives are I have no habit (54.7%) and I do not feel wanted (20.0%). I have no time (13.8), I'm running late (4.7%), as not prepared (3.6%) and due courses and training (3.3%) with the smallest proportion (Table 19).

**Table 20.** Distribution of women's regular activity habit

Regular activity habit	Frequency (n)	Percent (%)
Yes	322	71.6
No	128	28.4
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportion of the distribution of women's performing regular activity is yes (71.6%) and the smallest proportion is no (28.4%) (Table 20).

**Table 21.** Distribution of women's regular activity type

Regular activity type	Frequency (n)	Percent (%)
Walking	75	16.7
Aerobic	205	45.6
Swimming	18	4.0
On treadmill, bicycle and sports equipment	152	33.8
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions of the distribution of women's regular activity type are aerobic(45.6%) and treadmill, bicycle and sports equipments (33.8%). Walking (16.7%) and the smallest proportion is swimming (4.0%) (Table 21).

**Table 22.** Distribution of women's activity frequency

Activity frequency	Frequency (n)	Percent (%)
1 Day per week	34	7.6
2 Days per week	83	18.4
3 Days per week	230	51.1
4 Days per week	35	7.8
5 Days per week	20	4.4
6 Days per week	23	5.1
Everyday	25	5.6
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions of the distribution of women's activity frequency are 3 days a week (51.1%) and 2 days a week (18.4%). 4 days a week (7.8%), 1 day a week (7.6%), everyday (5.6%), 6 days a week (5.1%) and 5 days a week (4.4%) with the smallest proportion (Table 22).



**Table 23.** Distribution of women's activity at a time

Activity at a time	Frequency (n)	Percent (%)
30 Minutes	56	12.4
45 Minutes	117	26.0
1 Hour	125	27.8
1.5 Hours	121	26.9
2 Hours	31	6.9
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions of the distribution of women's activity at a time are 1 hour (27.8%) and one and a half hours (26.9%). 45 min (26.0%), 30 min (12.4%) and the minimum proportion is about 2 hours (6.9%) (Table 23).

**Table 24.** Distribution of women's activity time

Activity time	Frequency (n)	Percent (%)
1-6 Months	284	63.1
7-12Months	51	11.3
13-24 Months	34	7.6
25-48 Months	36	8.0
More than 49 Months	45	10.0
<b>Total</b>	<b>450</b>	<b>100.0</b>

The largest proportions of the distribution of women's activity time are 1-6 months (63.1%) and 7-12 months (11.3%). More than 49 months (10.0%), 25-48 months (8.2-0%) and 13-24 months (7.6) with the smallest proportion (Table 24).

### Discussion

A questionnaire consisting of three parts namely personal information, eating habits and physical activity status was applied to 450 women who live and do sports in Kayseri.

In this study, it was observed that the greatest incidence in the age distribution of women belongs to the 20-29 age group with 38.2%. Similarly, in a study with 150 teachers to determine the primary school teachers' eating habits and nutrition knowledge, average teacher were found to be  $37.30 \pm 5.73$  (Sakar, 2013). In a study with 200 women who do regular sports in sports centers in Tokat in order to determine nutrition habits, weight loss-oriented studies and the level of knowledge on nutrition, it was determined that the greatest incidence in the age distribution of women was between 20-29 years with 61.0% (Kozan, 2013). In a study to evaluate physical activity and nutritional status of adult women who applied at a special center for the purpose of weight loss, it was found that 62.0's% of women were between the ages of 20-39 (Sayın, 2009). The majority of the women in this study, as in the previous similar studies covers the young age group.

It was observed that 32.2% of women participating in the study as subjects are housewives 61.3% of these women's social security reputation has been obtained by SSI. In a study for a comparison of three generations of women's eating habits and assessment of some anthropometric measurements, it was found when distribution by occupations is examined that 62.3% of grandmothers and are 43.55% of the mothers housewives 40.32 % of girls are students. It has emerged that, among these three

generations, while social security of 57.38% of grandmothers and 41.94% of mothers is Government Retirement Fund, the social security of 48.39% of girls is provided by Organization of Social Insurance and Security (Demir, 2012). In a study to determine interest levels and nutrition habits among peasant women, the social security status of the women subjects are 67.4% green card, 27.0% Organization of Social Insurance and Security, Social Security Organization for Artisans and the Self-Employed or Government Retirement Fund from the father or spouse only% 5.6 with the social security of its own (Kılıç, 2009). It has been identified that the largest percentage of the occupation of women belongs to housewives as in similar studies. There are differences between the social security situation of women in the study and these differences vary according to the working condition of women.

When we look at the educational level of women, it was found that 60% of them are college graduates. When women's eating habits are considered; the largest proportion of cases with adequate and balanced nutrition were identified as belonging to answer yes with 42.4%. Similarly, nutrition-related information published in mass media education has been found to be important in terms of monitoring in a research conducted on 215 women in order to determine the role of women in family nutrition (Sürücüoğlu, 1986). In a study on level of nutritional knowledge, food preparation and cooking practices with administrative staff of Ankara University Faculty of Agriculture, it was found that 31.7% of women have good level of reputation, 60% of them have adequate level and 8.3% have inadequate level (Hasipek and Örmeci, 1988). Education on eating behavior of the adult population in Lithuania



conducted a study to determine the relationship between the state and the random sampling of 3,000 adults ages 20-64 who are selected for each study. Questionnaire of socio-demographic characteristics and nutrition habits for the adults divided into 3 groups according to the educational level (group 1; not completed their secondary education, group 2; completed secondary education, group 3; university graduates) was applied. In this study it was determined that university graduates have healthier nutrition habits than adults who did not complete secondary education (Grabauskas, Petkeviciene, Kriaucioniene, et al., 2004). In the study, the high level of education leads to a high level of nutrition knowledge. 58.7% of women replied as 3 meals daily for the distribution of daily main meals a day. In a similar study, research on 120 women aged 15-45 have been made. Individuals were divided into 4 groups according to their body mass index. The energy values individuals spent for three daily food consumption and three days activity were calculated. Ultimately, it was found that body mass index increased as the level of education lowered and the number of meals of the majority of whose BMI > 30.0 was 2 meals (Keskin, 1993). In a study conducted on 450 female employees in public institutions in Konya; 86.0% of the women in the study received 3 meals a day, 10.4% two meals, 2.2% 4 meals and 1.3% eat more than four meals (Uyar, 1997). In a different study relating to nutrition habits and the behavior and attitude of weight loss of 338 overweight and 141 obese adult woman, the ratio of consuming 3 meals a day and more were 92.3% for slightly overweight and 76.6% for overweight (Yurttagül, 1995). In a research conducted in order to assess food consumption, nutrition habits and body mass index of the working women, women with normal body weight were found to eat 3-4 meals a day meal (Sayın, 2009). 90 women were researched to determine the effect of nutrition education on food consumption levels, nutrition habits and knowledge of nutrition and osteoporosis. It was determined that 57.8% of the women participating in the study ate 3 meals a day, 41.1% skip meals and 40.6% of them skip because they cannot find the time (Konokman, 2004). As in the preceding similar studies, most of the women in this study prefer to consume 3 meals per day.

Women gave no for an answer with 35.1% in case of skipping the main meals. It was found out that the largest rate the distribution of women skipping meals was lunch with of 72.9%. In a similar study for the comparison nutrition habits of three generations of women and the assessment of some anthropometric measurements, it has been found that 68.85% of the grandmothers, 56.45% of the mothers and 66.13% of daughters skip main meals on occasion. While of mothers and of grandmothers skip mainly the lunch

meal 55.81% and 41.67% respectively, daughters were found to skip breakfast more with 55.18% (Demir, 2012). In a survey of 150 teachers in order to determine the nutrition habits and nutritional knowledge of primary school teachers, it was determined that the most skipped meal was lunch relating to the examination of the eating the main meal (Sakar, 2013). In a survey of 200 women in order to determine the nutrition habits, applications and nutritional knowledge of weight loss of women who attend sports centers in Tokat, lunch was found to be the most skipped meal with 49.1% (Kozan, 2013). The majority of the women in this study, as in the previous similar studies skip lunch. The reason is believed to be snack meal.

The largest proportion of cases with making breakfast were identified as belonging to answer yes with 68.7%. In a research in order to detect nutritional knowledge and eating habits of working and non-working women in the Kâğıthane province of Istanbul, it has been found that 71.5% of working women and 73.1% of non-working women have regular breakfast (Çiltık, 2009). Women's breakfast habits in the study gives the same results as in similar studies. As the morning breakfast is the most important meal among main meals, it is considered to be important to have breakfast.

The women without children have been found to have the largest proportion of the distribution of the number of children with 50.0%. 383 housewives and 414 working women in a total of 797 women participated in a research to evaluate the prevalence of obesity and healthy lifestyle. According to the findings obtained from the research, body weight increases as the number of children increases (Aslan and Ceviz, 2007). According to the results of our study, body weight is more in women with children than women with no children.

In this study, the yes answers were found to be the largest proportion of the women's regular income distributions with 66.7%. 116 women with higher socioeconomic level, 110 women with mid-socioeconomic level and 84 women with low socioeconomic level participated in a study to investigate the food preparation, cooking, storage and purchase habits of women with different socioeconomic status in Antalya. The ratio of high, medium and low socioeconomic status of women were found to be 25.0%, 14.7%, 27.7% respectively (Demirel, 1997). In a survey of 1000 married women in the 21-50 age group including 500 employees and 500 unemployed women in order to investigate the effect of women's work status on the knowledge attitudes and behaviors about food planning, it has been determined that working status and socioeconomic level affect the knowledge attitudes and behaviors about food planning meals, attitudes and behavior (Ugur, 2001). In our study, and



in other studies, it was observed that the increase and decrease of the socio-economic level affects nutrition of women and their physical activity status.

Women gave the answer due to not prepared as the main reason for skipping meals with 37.8%. A total of 426 people including 142 female students, their mothers and grandmothers participated in a study conducted to propose solutions to nutritional status, nutrition knowledge, dietary patterns, food preparation, cooking and storage habits of three generations of women. It was found out in the study that the cause of skipping meals is 38.9% "I do not have time" and 40.7% "On occasion" and while most skipped meal is lunch with 53.2% (Kılıç, 2005). A total of 400 people participated in studies to determine the nutritional habits of health personnel. Among the people participated in the research that the most skipped meal is breakfast with 41.25%, the most frequently seen skipping meals motive is to forget/no opportunities with 66.79% (Özcelik, 2000). In a research conducted in order to assess food consumption, nutrition habits and body mass index of the working women, the motives of women's skipping meals are 42.6% no opportunity, 36.8% unwillingness and 7.4% losing weight (İlter, 2008). There are differences between statuses of women's skipping meals as in similar studies. These differences may vary according to the personal status of women. Overall, skipping meals motives depend on factors such as inability to find opportunity, omission and unwillingness. The most skipped meal is lunch in studies and snack meal is considered the cause of it. The marital status of women in the study were found to be married with the largest rate of 55.6%. 650 women participated in a study to determine the anthropometric measurements and nutritional habits of adult women in Golbasi district of Ankara. Daily nutritional consumption and daily physical activity records were obtained from randomly selected 130 women by 24-hour recall method. Women's marital statuses were 86.5% married, 7.2% single and 6.3% widow/divorced. It was found that women's marital status was to vary in their anthropometric measurements (Yardımcı and Özçelik, 2006). The marital status of women affects the physical condition of women in our study and in similar studies. Married women are participating in more physical activity than unmarried women.

When examining women's physical activity status; yes was the answer with 71.6% regarding the distribution of regular activity of women. Three days a week was determined as the largest proportion in the frequency distribution of activity by 51.1%. 1 hour was observed as the largest proportion of time distribution women's activity made at once with 27.8%. In a study of 50 adult women admitted to a special slimming center in Izmir in order to evaluate the physical activity and nutritional status, women's

physical activity levels were obtained from 3 daily physical activity logs and the mean physical activity level was 1.32 (Sayın, 2009). 90 women were researched to determine the effect of nutrition education on food consumption levels, nutrition habits and knowledge of nutrition and osteoporosis. 77.7% of women surveyed thought that their sport is essential for a healthy life, however 26.6% are found to conduct regular (Konokman, 2004). It was found in similar studies that women do regular exercise for a healthy life 3 days a week.

Aerobics was found to be the largest proportion with 45.6% in women's activity type distribution. In a study for a comparison of three generations of women's eating habits and assessment of some anthropometric measurements, it was found when activity type is examined that 58.82% of grandmothers, 73.33% of the mothers and 50.00% do hiking. In a study to examine the nutritional habits and anthropometric measurements of the working adult women regularly and not regularly engaged in sports, it was found that the type of sport that adult women regularly engaged in sports prefer were 41.3% walking, 74.7% fitness and 53.3% Pilates (İzgi, 2011). Women's activity types vary according to their interests in our study.

It was found that the 1-6 months was the largest proportion in women's activity duration with 63.1%. In a survey of 200 women in order to determine the nutrition habits, applications and nutritional knowledge of weight loss of women who attend sports centers in Tokat, women's activity duration were found to be 46.5% beginners, 28.5% prior 1-6 months, 5.5% prior 6 months-1 year and 19.5% more than 1 year (Kozan, 2013). Considering the women's activity duration in studies, there is no long time regular activity among women and it was determined in our study as well as in other studies in general that they do physical activity for a short time. According to the results of our study, 51.3% have answered yes in the distribution of women's having lunch. In a study on 162 women and 81 men with total of 243 people to determine the eating practices of employees' bringing the lunch from home and factors associated with this, it was observed that 48.1% of employees bring their lunch from home 1-2 times a week. The rate of always bringing lunch from home is determined as 16.9% (Samsatioğlu, 2004). Women in general have chosen to bring their lunch from home in our study and in studies considering women's having lunch habits.

The largest proportion of women were found to have dinner with distribution by 86.4% answered yes. In a survey of 150 teachers in order to determine the nutrition habits and nutritional knowledge of primary school teachers, it was determined that the dinner is found to be renewed meal in terms the distribution of eating dinner (Sakar, 2013). According to our study



and the results from other studies, it was found that dinner is eaten in general.

Two snack meals a day was found to be the largest proportion in the distribution of women's eating snack with 29.3%. Answer yes and night was found to be the largest proportion in the distribution of women's skipping snack with 64.7% and 55.3% respectively. Women's skipping meals motives have been identified as belonging to the option as no habit with 54.7%. In a study to examine the nutritional habits and anthropometric measurements of the working adult women regularly and not regularly engaged in sports, it was found out considering the snack habits that the 32.0% of women regularly engaged in sports and 33.3% of women not regularly engaged in sports were found to eat one snack a day. However, the proportion of those who do not eat snack is 18.7% in the group regularly engaged in sports and 28.0% in the group not regularly engaged in sports (İzgi, 2011). There are differences between women's snack meal habits as in similar studies. These differences may vary according to the personal status of women.

### Conclusions

As a result, we believe that our study for the purpose of determination of nutritional habits and physical activity status of women engaged in sports will contribute to future studies. It is expected that healthy generations will come through conscious women about teaching the of healthy nutritional habits, determination of women's lacking knowledge in nutrition, delivering education on these issues and engagement in regular activities of women. In addition, we believe that the determination of nutritional habits and physical activity status of women with low levels of education would be important in terms of health of the woman.

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