Barriers to MUST utilisation and accurate scoring by surgical teams should be explored in future studies.

6 EATING IN OR OUT OF HOME IN THE PORTUGUESE POPULATION: ARE THERE DIFFERENCES IN DIETARY INTAKE?

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**Background** Eating out of home (OH) has been increasing due to social and contextual changes. This phenomenon varies according to age, region and eating location and can contribute to a poor diet quality. Overall, there is insufficient information on the nutrient intake and types of food groups consumed OH by the Portuguese population.

**Objectives** Describe and compare energy and nutrient intake and food groups (FG) consumption according to eating out patterns (EOP), by age groups.

**Methods** This analysis used data from the National Food, Nutrition and Physical Activity Survey (IAN-AF;2015-2016) and includes 5005 individuals (3-84 years). Dietary intake was estimated by two non-consecutive days of food diaries in children (<10 years) or 24-hrs recalls for the other age groups. Four EOP were defined according to eating location: ‘Home’ (at least 80% of meals at home) ‘Other homes’, ‘School/Work’ and ‘Restaurants/Other Places’ (<80% of meals at home and the highest prevalence of consumption of meals in the respective location).

**Results** Consumption at Home contributed in 70.3% for total energy intake (TEI). Compared with ‘Home’ EOP, ‘Restaurants/other places’ was characterized by higher TEI (2110 vs. 1780 kcal; p<0.001 in adults), saturated fatty acids (in adults, adolescents and children) and sodium intake (in children and adults). ‘Restaurants/other places’ presented also the highest consumption of sweets/cakes/biscuits and non-alcoholic beverages. ‘School/work’ presented the highest fibre intake and fruit/vegetables/pulses consumption, significant in children, adolescents and adults. ‘Non-alcoholic beverages’ presented higher mean daily intakes in ‘Restaurants and other places’ in adults, in adults and adolescents. In adults, a higher odds of drinking alcoholic beverages in ‘Restaurants and other places’ was found (OR=1.73;IC95%:1.17-2.56).

**Conclusion** ‘School/work’ and ‘Restaurants/other places’ are the EOP more relevant when considering OH-consumption; the first seems to contribute to higher consumption of nutrient-dense foods and the second to higher consumption of energy-dense foods, reflecting different nutrient profiles.

7 ASSESSMENT OF NUTRITION RELATED KNOWLEDGE, ATTITUDES AND PRACTICES OF PREGNANT AND LACTATING MOTHERS IN THE TRIBAL AREAS OF TELANGANA, INDIA

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**Background** Tribal population – especially pregnant and lactating women are susceptible to undernutrition because of low socio-economic, cultural norms and practices regarding dietary habits and practices, market access and availability. Nutrition knowledge, attitudes and practices (KAP) studies offer an opportunity to better understand the socio-cultural-psychological-behavioural determinants of nutrition, providing an evidence for planning knowledge interventions.

**Objectives** This paper aims to assess nutrition KAP during pregnancy and lactation in selected locations of Adilabad and Komaram Bheem-Asifabad districts of Telangana, India.

**Methods** A cross sectional KAP baseline survey was conducted on 358 individuals in the selected locations during February-March 2020. Tablet based data collection was implemented for pregnant and lactating mothers, and frontline workers (Anganwadi workers, School teachers and Accredited Social Health Activist - ASHA workers). Data was validated, coded and analyzed using STATA. Alongside descriptive statistics, differential weightage method was adopted to generate the knowledge, attitudes and practices scores for the respondents.

**Results** The nutrition knowledge of pregnant and lactating mothers was inadequate less than 50 percent across all the respondents (table 1). Pregnant women scored low on attitudes regarding healthy diets compared to lactating mothers and frontline workers. Attitudes translate into practices, however the baseline data revealed that all categories of respondents were not adopting appropriate dietary and nutrition practices.

<table>
<thead>
<tr>
<th>Abstract 7 Table 1</th>
<th>Scoring percentages on KAP during pregnancy and lactation periods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pregnant Women</td>
</tr>
<tr>
<td>Knowledge</td>
<td>27.74</td>
</tr>
<tr>
<td>Attitudes</td>
<td>44.52</td>
</tr>
<tr>
<td>Practices</td>
<td>48.57</td>
</tr>
</tbody>
</table>

**Conclusion** The inadequate knowledge by all categories of respondents indicates a gap in nutrition literacy and education. It is planned to co-design, co-create innovative approaches to improve nutrition knowledge through nutrition messaging for a transformative behavior change about nutrition, healthy diets, dietary behaviors and practices.