awareness and practice makes for a healthy work force. Punjab, known as the food basket of India, ironically, suffers the prevalence of 'malnutrition'. This, especially among rural women, is primarily due to lack of nutritional awareness and education. With this premise, a Basic Nutrition Curriculum Development intervention was conducted with rural women in Punjab.

Methodology The nutrition intervention involved 35 trainees pursuing beauty care and stitching training at a charitable trust (MBCT). A 10 sessions' curriculum @2.5 hours each was delivered on a weekly basis and documented using pre and post sessions' questionnaires (Knowledge, Attitude, Practices methodology). A Review was undertaken after three months of the completion of the intervention. Participatory activity-based pedagogy using audio-visual aids and live demonstrations were used. Select ingredients were also given to the trainees.

Results Significant post-attendance changes were observed in the trainees. They had gained awareness about basic food groups, the balanced food platter etc. Notable changes in their daily eating habits – eating at the right time, appropriate water consumption, including different food sources in diet were observed. The intervention also made the respondents rethink their assumptions based on customary beliefs and practices. Mindfulness of cooking practices and use of appropriate quantity of cooking oil was observed. Importantly, awareness about causes and symptoms of nutrition related deficiencies and appropriate foods to overcome them was also noted. The trainees also gained confidence to discuss their health problems with family. Knowledge sharing with peer group and family members was also observed as trainees used the recipe book containing dishes prepared during the training.

Way forward The aim is to advocate the Basic Nutrition Curriculum's adoption gender-neutrally as a compulsory component in all Skill Development Programmes run by government, non-government (NGOs) and private institutions under the Punjab Skill Development Mission.

15 REDESIGNING ONLINE RESTAURANT SURVEYS FOR ASSESSMENT OF NEW NUTRITION DATA AND MARKETING NUTRITION

Jaroslav Guzanic. *Swiss Association for Cooperation on Food Education, Chefs' Manifesto Switzerland*

10.1136/bmjnph-2023-nnedprosummit2022.18

Background As COVID-19 restrictions have begun to relax in many parts of the world, the global demand for restaurant food has been on a rise. Following this trend, there was an appropriate time to collect new feedback from customers.

Objectives The purpose of this survey was to examine and report associations between the nutrition attitudes, food choices and preferences, and consumer demands.

Methods The survey was conducted in October of 2021 and took until March 2022. Online questionnaires were distributed to 252 customers. The questions were divided in four main categories: general questions, customer service, food and beverage quality, food choices and preferences. The questionnaires were disseminated through social media channels and by e-mail. The respondents were also enabled to interact directly with the restaurant culinary chef.

Results 81% of guests usually consumed a three-course menu, including a starter, main and dessert. Personal preferences and wishes to change menu items/sides were detected by 86%. Generally, 92% of the asked were interested in cooking restaurant food menus at home. An interest in hiring a personal chef to learn new recipes and techniques was shown in 83% of the participants and 95% were interested in exploring new ingredients and food pairing combinations. There was an increased number of customers with dietary restrictions and health conditions by 56% of respondents. 68% reported to have developed a newfound passion for cooking. Different understanding and interpretation of plant-based diets was perceived among 73%. Finally, there was a significant improvement of cooking skills after online interaction and communication with a chef, reported by 93% of survey participants.

Conclusion In the last few months, part of the resilience stage for many hospitality facilities, restaurants have been changing their culinary philosophy and business strategy. This survey shows a significant improvement of cooking skills among guests/consumers after having communicated with a restaurant chef online, primarily achieving better outcomes in preparation of sauces, creating textures, baking healthier desserts, breads and improving presentation skills and plating techniques.

Acknowledgments Other contributors include the management team of Hotel Hirschen in Sursee, the canton of Lucerne, Switzerland. Swiss Society for Nutrition, Swiss Association for Cooperation on Nutrition Education, Hotellerie Suisse.

16 NUTRITIONAL STATUS OF THE HEALTH CARE WORKERS FROM URBAN BANGALORE CITY HOSPITALS

Pallavi Bardhar, Rani Ravindra. *IGNOU, Bangalore, Karnataka, India*

10.1136/bmjnph-2023-nnedprosummit2022.19

Introduction Health care worker's job accountability may influence their ability to maintain healthy lifestyle and dietary habits. Therefore, there is a need to address health issues among health care workers (HCW).

Methods Based on quota system, from the urban hospitals of Bangalore city (Karnataka) India, (205) subjects were selected. Professional classification was followed as suggested by WHO, (2020). Self-reported height and weight was noted. Calculated BMI was classified as per WHO, (2020) and compared with macro and micronutrient intake (calculated using 2 day 24 hour dietary recall method), Mean Adequacy Ratio (MAR), Nutritional Adequacy Ratio (NAR), physical activity, stress and sleep pattern.

Results Current study included, 74(36.07%) doctors, 97 (47.32%) nurses and 34 (16.5%) paramedical staff. BMI classification shown more male doctors 15(39.5%) and lesser 5 (13.9%) overweight females. Only 4(11.1%) were female obese consumed (179.19±44.91gm/day) carbohydrates and 2 (5.3%) obese male doctors, consumed more carbohydrates (213.02±38.9gm/day) and less physically active ($P < 0.001$). Among female nurses 23(25.8%) were overweight, consumed 45.05±10.08gm protein per day. Only 10(11.24%) female nurses were obese but more obese males consumed 49.56 ±11.41gm/day and energy intake as 178 kcal/per day. Increase in number of working hours among nurses (8 to 10 hours/day), significantly raised stress level ($r = 5.996$, $P = 0.05$). NAR micronutrient intake showed (70%) were 'inadequate' to "fairly adequate" for calcium, iron and vitamin B12. The Mean Adequacy Ratio (MAR) 82.18% and 44.62%