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ASSOCIATION BETWEEN DIETARY PATTERNS, EATING BEHAVIOR AND SELF-REPORTED STRESS AMONG WORKING ADULTS IN ILORIN WEST LOCAL GOVERNMENT AREA, KWARA STATE, NIGERIA

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ABSTRACT

Background: Dietary patterns and eating behaviors are important determinants of health, and unhealthy dietary practices contribute substantially to the burden of chronic diseases among adults. This study assessed perceived stress, dietary patterns, and eating behaviors among working adults aged 30–60 years in Ilorin West Local Government Area, Kwara State, Nigeria.

Methods: A descriptive cross-sectional study was conducted among 108 working adults. Data were collected using a structured questionnaire comprising socio-demographic characteristics, the 10-item Perceived Stress Scale (PSS-10), a Food Frequency Questionnaire, and eating behavior assessment items. Data were analyzed using SPSS version 27. Descriptive statistics were summarized using frequencies and percentages, while Chi-square tests were used to examine associations between variables at a significance level of $p < 0.05$.

Results: Most respondents (80.6%) experienced moderate perceived stress, while 13.0% and 6.5% reported low and high stress levels, respectively. Moderate dietary patterns were observed in 61.1% of respondents, whereas 20.4% and 18.5% exhibited healthy and unhealthy dietary patterns, respectively. Common eating behaviors included snacking between meals, meal skipping, and emotional eating. Perceived stress was not significantly associated with dietary patterns ($\chi^2 = 6.412$, $p = 0.170$), but it was significantly associated with eating behaviors ($\chi^2 = 18.472$, $p < 0.001$). Educational level, occupation, and monthly income were significantly associated with dietary patterns.

Conclusion: Moderate perceived stress was common among working adults and was significantly associated with eating behaviors but not dietary patterns. Workplace stress management, nutrition education, and interventions that promote healthy eating behaviors may improve the health and well-being of working adults.

Keywords: perceived stress; dietary patterns; eating behaviors; working adults; occupational health.

INTRODUCTION

Dietary patterns and eating Behavior are important determinants of health and well-being throughout adulthood. Unhealthy dietary practices contribute substantially to the global burden of non-communicable diseases (NCDs), including cardiovascular diseases, type 2 diabetes, obesity, and certain cancers (Iriti et al., 2020; Ahmed & Mohammed, 2025). In addition to physical health, diet influences mental health, cognitive function, and psychological well-being. Contemporary work environments characterized by rapid urbanization, demanding work schedules, and changing food systems have made maintaining healthy eating habits increasingly challenging for working adults (Casari et al., 2022).

Dietary patterns describe the habitual combinations and frequency of foods consumed over time and provide a more comprehensive assessment of diet than individual nutrients or foods (Segun et al., 2024). Eating Behavior, on the other hand, refer to how individuals eat, including meal frequency, meal timing, portion size, food choices, emotional eating, and meal skipping (Stover et al., 2023). These Behavior are influenced by biological, psychological, socioeconomic, environmental, and occupational factors and play an important role in determining nutritional status and long-term health outcomes (Abubakar et al., 2024).

Self-reported stress has become an increasingly important public health concern among working adults. Stress occurs when perceived environmental or occupational demands exceed an individual's coping capacity, leading to physiological and psychological responses (Ahmed et al., 2022). Prolonged exposure to stress activates the hypothalamic-pituitary-adrenal (HPA) axis, resulting in sustained cortisol secretion, increased appetite, and greater preference for energy-dense foods (James et al., 2023; Yoo et al., 2021). Stress has also been associated with maladaptive eating Behavior such as emotional eating, binge eating, irregular meal patterns, and increased consumption of highly processed foods (Dakanalis et al., 2023).

Several studies have demonstrated that adults experiencing higher levels of perceived stress are more likely to consume diets rich in refined carbohydrates, saturated fats, and added sugars while consuming fewer fruits, vegetables, and whole grains (Okube et al., 2020). Stress has also been linked with meal skipping, frequent snacking, and emotional eating, Behavior that may increase the risk of obesity and other chronic diseases over time (Fatima, 2025; Mason et al., 2023). However, the relationship between stress and dietary practices may vary according to socioeconomic status, occupation, and cultural context (Barakat et al., 2023).

Working adults aged 30–60 years represent a population particularly vulnerable to both occupational stress and unhealthy eating habits because of competing work, financial, and family responsibilities (Infurna et al., 2020). Long working hours, job demands, and limited time for meal preparation often encourage dependence on convenience foods and irregular eating patterns (Ameye et al., 2025). Dietary habits established during this stage of life have important implications for future health and quality of life (Food and Agriculture Organization [FAO], 2022). Nigeria is undergoing a nutrition transition characterized by increasing consumption of processed foods, refined grains, sugar-sweetened beverages, and fast foods, alongside declining adherence to traditional diets rich in whole grains, legumes, fruits, and vegetables (Petrikova et al., 2023; Sanni, 2025). Urbanization and changing food environments have contributed to increasing rates of overweight and obesity among Nigerian adults (Adeloye et al., 2021). At the same time, occupational stress has become increasingly common because of economic uncertainty, demanding work environments, and financial pressures (Aderibigbe et al., 2020). These stressors frequently coexist with unhealthy eating Behavior, including meal skipping and reliance on convenience or street foods (Sholeye et al., 2021). This study assessed the association between dietary patterns, eating Behavior and self-reported stress among working adults in Ilorin West Local Government Area, Kwara State.

METHODS

Study Design and Setting

A descriptive cross-sectional study was conducted among working adults aged 30–60 years residing in Ilorin West Local Government Area (LGA), Kwara State, Nigeria. Ilorin West

LGA is an urban administrative and commercial area with an estimated population of 364,666 according to the 2006 National Population Census. The area comprises twelve electoral wards and hosts a diverse workforce engaged in civil service, trading, artisan occupations, transport services, private-sector employment, and self-employment. The urban nature of the LGA, together with increasing occupational demands and changing food environments, makes it an appropriate setting for investigating dietary patterns, eating behaviors, and perceived stress among working adults.

Study Population

The study population consisted of men and women aged 30–60 years who had been engaged in income-generating employment for at least six months and were resident in Ilorin West LGA. Participants included civil servants, traders, artisans, transport workers, private-sector employees, and self-employed individuals.

Inclusion and Exclusion Criteria

Eligible participants were working adults aged 30–60 years who had resided in the study area and had been employed in their current occupation for at least six months. Individuals who were unemployed, temporarily residing in the area, seriously ill, physically incapacitated, or unable to complete the questionnaire were excluded from the study.

Sample Size Determination

The minimum sample size was determined using Fischer's formula for populations greater than 10,000 (Bolarinwa, 2020):

$n=Z^2pq/d^2$

where Z = 1.96 at a 95% confidence level, p = 0.928 (prevalence of stress among working adults reported by Akinbule et al., 2025), q = 1 − p, and d = 0.05. The calculated minimum sample size was 108.

Sampling Technique

A multistage sampling technique was employed. Four wards were selected from the twelve wards in Ilorin West LGA using simple random sampling. Two communities were subsequently selected from each chosen ward by balloting. The sample size was proportionately allocated to the selected communities based on population size. Households were selected using systematic random sampling, and one eligible respondent was selected from each household by simple random sampling whenever more than one eligible participant was available.

Data Collection Instrument

Data were collected using a structured interviewer-administered questionnaire developed from relevant literature and standardized instruments. The questionnaire consisted of five sections covering: socio-demographic characteristics; perceived stress; dietary patterns; eating behaviors; and factors associated with dietary patterns and eating behaviors. Perceived stress was assessed using the 10-item Perceived Stress Scale (PSS-10). Dietary patterns were assessed using a semi-quantitative Food Frequency Questionnaire (FFQ), while eating behaviors were evaluated using structured questions on meal frequency, meal skipping, snacking habits, emotional eating, and responsiveness to hunger and satiety cues.

Validity and Reliability

Content validity was established through expert review by specialists in nutrition and public health. Face validity was assessed through a pilot study involving approximately 10% of the study sample among working adults in Ilorin South LGA. Necessary revisions were made based on participant feedback. Internal consistency of the questionnaire was evaluated using Cronbach's alpha, with a coefficient of 0.79 and considered acceptable.

Data Collection Procedure

Trained research assistants administered the questionnaire through face-to-face interviews after obtaining informed consent from eligible participants. Each interview lasted approximately 20–30 minutes. Completed questionnaires were checked daily for completeness and consistency before data entry.

Measurement of Variables

Perceived Stress: Perceived stress was assessed using the 10-item Perceived Stress Scale (PSS-10). Positively worded items (4, 5, 7, and 8) were reverse-scored before summing the scores (range: 0–40). Respondents were classified as having low (0–13), moderate (14–26), or high (27–40) perceived stress.

Dietary Patterns: Dietary patterns were assessed using a semi-quantitative Food Frequency Questionnaire (FFQ) covering eight food groups: fruits, vegetables, whole grains, processed foods, sugary foods and drinks, fried

and fatty foods, dairy products, and protein sources. Consumption frequencies ranged from never to daily. Respondents were classified as having healthy, moderate, or unhealthy dietary patterns.

Eating Behaviors: Eating behaviors were assessed using eight items covering meal skipping, portion sizes when stressed, snacking, emotional eating, difficulty stopping eating, attention to hunger and fullness cues, eating quickly, and meal planning. Responses ranged from never to always. Respondents were classified as having healthy, moderate, or unhealthy eating behavior.

Data Analysis

Data were entered, cleaned, and analyzed using IBM SPSS Statistics version 27. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize participants' characteristics, perceived stress levels, dietary patterns, and eating behaviors. Associations between categorical variables were assessed using the Chi-square test, while logistic regression analysis was performed to identify factors associated with dietary patterns and eating behaviors after controlling for potential confounders. Statistical significance was set at $p < 0.05$.

Ethical Considerations

Ethical approval for the study was obtained from the Kwara State Ministry of Health Ethical Research Committee **(Approval No. ERC/MOH/2026/05/644)** before the commencement of data collection. Permission to conduct the study was also obtained from the relevant authorities in Ilorin West Local Government Area, Kwara State. Written informed consent was obtained from all participants after explaining the study objectives, procedures, potential benefits, and their right to decline or withdraw from the study at any time without any consequences. Participation was entirely voluntary, and confidentiality and anonymity were strictly maintained throughout the study. No personal identifiers were collected, and all information obtained was used solely for research purposes and stored securely to ensure participants' privacy.

RESULTS

Table 4.1 Socio-Demographic Characteristics of Respondents (N = 108)

Variable	Frequency	Percent
Age (years)		
30–34	34	31.5
35–48	50	46.3
49–60	24	22.2
Mean Age ± SD	**40.6 ± 8.6**	
Gender		
Male	54	50.0
Female	54	50.0
Marital Status		
Single	15	13.9
Married	66	61.1
Divorced	10	9.3
Widowed	17	15.7
Tribe		
Yoruba	88	81.5
Hausa	8	7.4
Igbo	7	6.5
Nupe	5	4.6
Educational Level		
No Formal Education	14	13.0
Primary	11	10.2
Secondary	26	24.1
Bachelor's	35	32.4
Master's	20	18.5
Doctorate	2	1.9
Occupation		
Self-Employed	59	54.6
Civil Servant	31	28.7
Private Sector	18	16.7
Monthly Income (₦)		
<50,000	44	40.7
100,000–149,999	45	41.7
150,000–199,999	13	12.0
≥200,000	6	5.6
Mean Income ± SD	**₦91,667 ± ₦63,700**	
Years of Work Experience		
<1 year	3	2.8
1–5 years	45	41.7
6–10 years	33	30.6
>10 years	26	24.1

Table 4.1 shows that respondents had a mean age of 40.6 ± 8.6 years, with nearly half (46.3%) aged 35–48 years. Male and female respondents were equally represented (50.0% each). Most respondents were married (61.1%) and belonged to the Yoruba ethnic group (81.5%). About one-third (32.4%) possessed a Bachelor's degree, while more

than half (54.6%) were self-employed. Regarding income, the largest proportion earned between ₦100,000 and ₦149,999 monthly (41.7%). Furthermore, 41.7% had between 1–5 years of work experience.

Table 4.2 Responses to Perceived Stress Scale (PSS-10) (N = 108)

PSS-10 Item	Never n(%)	Almost Never n(%)	Sometimes n(%)	Fairly Often n(%)	Very Often n(%)
Upset because of something unexpected	17 (15.7)	12 (11.1)	32 (29.6)	13 (12.0)	34 (31.5)
Unable to control important things in life	22 (20.4)	8 (7.4)	42 (38.9)	18 (16.7)	18 (16.7)
Felt nervous and stressed	21 (19.4)	7 (6.5)	32 (29.6)	29 (26.9)	19 (17.6)
Felt confident in handling personal problems (R)	5 (4.6)	7 (6.5)	44 (40.7)	23 (21.3)	29 (26.9)
Felt that things were going your way (R)	7 (6.5)	7 (6.5)	61 (56.5)	22 (20.4)	11 (10.2)
Could not cope with all things to do	14 (13.0)	10 (9.3)	40 (37.0)	25 (23.1)	18 (16.7)
Able to control irritations in life (R)	10 (9.3)	4 (3.7)	60 (55.6)	17 (15.7)	17 (15.7)
Felt on top of things (R)	16 (14.8)	11 (10.2)	50 (46.3)	21 (19.4)	10 (9.3)
Angered by things outside your control	13 (12.0)	19 (17.6)	35 (32.4)	24 (22.2)	17 (15.7)
Difficulties were piling up too high	14 (13.0)	9 (8.3)	45 (41.7)	25 (23.1)	15 (13.9)

Table 4.2 reveals the majority of respondents reported experiencing stress-related feelings at least sometimes during the previous month. Nearly one-third (31.5%) very often felt upset because of unexpected events, while 26.9% fairly often felt nervous and stressed. Most respondents reported moderate levels of perceived stress.

Table 4.2b: Level of Perceived Stress Among Respondents

Stress Level	Frequency	Percent
Low Stress	14	13.0
Moderate Stress	87	80.6
High Stress	7	6.5
Mean PSS Score	**20.0 ± 5.1**	

More than four-fifths (80.6%) of respondents experienced moderate perceived stress, while only 6.5% experienced high stress and 13% reported low stress.

Table 4.3 Dietary Patterns Based on Food Frequency Questionnaire (N = 108)

Food Group	Never n(%)	≤1/Week n(%)	2–4/Week n(%)	5–6/Week n(%)	Daily n(%)
Fruits	1 (0.9)	26 (24.1)	32 (29.6)	12 (11.1)	37 (34.3)
Vegetables	0 (0.0)	31 (28.7)	16 (14.8)	11 (10.2)	50 (46.3)
Whole grains	2 (1.9)	20 (18.5)	37 (34.3)	16 (14.8)	33 (30.6)
Processed foods	22 (20.4)	36 (33.3)	30 (27.8)	10 (9.3)	10 (9.3)
Sugary foods/drinks	18 (16.7)	31 (28.7)	32 (29.6)	11 (10.2)	16 (14.8)
Fried/Fatty foods	15 (13.9)	21 (19.4)	50 (46.3)	9 (8.3)	13 (12.0)
Dairy products	15 (13.9)	18 (16.7)	36 (33.3)	16 (14.8)	23 (21.3)
Protein sources	1 (0.9)	16 (14.8)	21 (19.4)	11 (10.2)	59 (54.6)

Daily consumption was highest for protein sources (54.6%) and vegetables (46.3%). Consumption of processed foods was generally low, with only 9.3% consuming them daily.

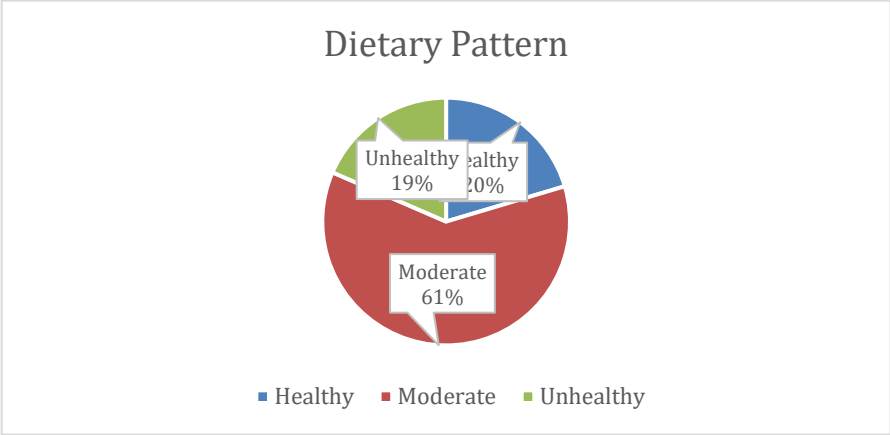

Fig. 4.1. Overall Dietary Pattern of Respondents

Most respondents exhibited a moderate dietary pattern (61.1%), while 20.4% and 18.5% demonstrated healthy and unhealthy dietary patterns, respectively.

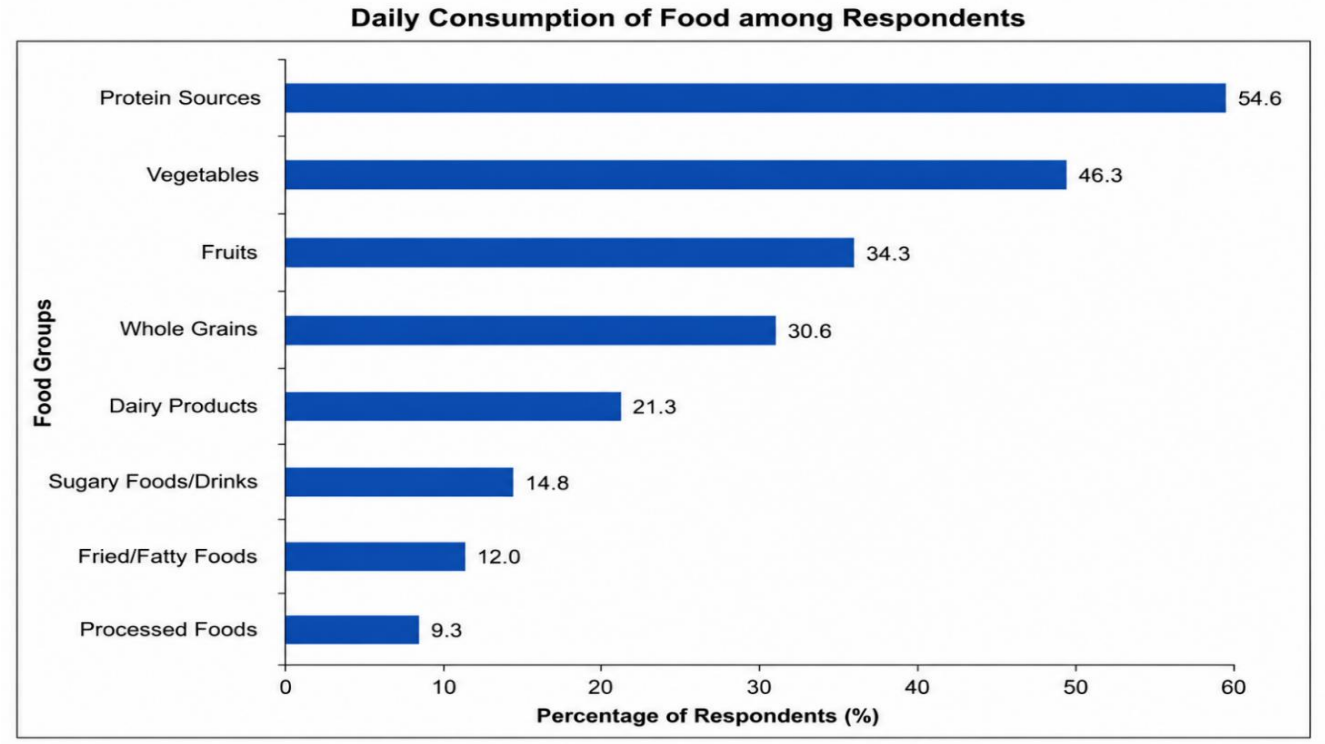

Fig. 4.2 Bar Chart showing Consumption Pattern of Food among Respondents

The chart shows that protein sources (54.6%) and vegetables (46.3%) were the most commonly consumed food groups on a daily basis. Fruits (34.3%) and whole grains (30.6%) were also consumed regularly. In contrast, daily consumption of processed foods (9.3%), fried/fatty foods (12.0%), and sugary foods/drinks (14.8%) was relatively low.

Table 4.4 Eating Behaviors of Respondents (N = 108)

Statement	Never	Rarely	Sometimes	Often	Always
Skip meals when busy at work	11 (10.2)	16 (14.8)	41 (38.0)	14 (13.0)	26 (24.1)
Eat larger portions when stressed	41 (38.0)	18 (16.7)	29 (26.9)	8 (7.4)	12 (11.1)
Snack between meals	10 (9.3)	16 (14.8)	62 (57.4)	11 (10.2)	8 (7.4)
Eat in response to emotions	19 (17.6)	26 (24.1)	32 (29.6)	23 (21.3)	8 (7.4)
Cannot stop eating once I start	53 (49.1)	12 (11.1)	29 (26.9)	8 (7.4)	6 (5.6)
Pay attention to hunger/fullness cues	9 (8.3)	12 (11.1)	47 (43.5)	18 (16.7)	22 (20.4)
Eat quickly without noticing	48 (44.4)	12 (11.1)	36 (33.3)	7 (6.5)	5 (4.6)
Plan meals in advance	11 (10.2)	15 (13.9)	50 (46.3)	15 (13.9)	17 (15.7)

Table 4.4 shows that snacking between meals (57.4%), meal skipping when busy at work (38.0%), and meal planning (46.3%) were common eating behaviors among respondents. About 29.6% sometimes ate in response to emotions, while 49.1% reported never being unable to stop eating once they started. Additionally, 43.5% sometimes paid attention to hunger and fullness cues, and 44.4% never ate quickly without noticing what they were eating.

Table 4.5 Relationship Between Perceived Stress, Dietary Patterns and Eating Behaviors (N = 108)

Statement	SD n(%)	D n(%)	N n(%)	A n(%)	SA n(%)
When stressed, I eat more unhealthy foods	36 (33.3)	4 (3.7)	7 (6.5)	24 (22.2)	37 (34.3)
Stress affects meal timing	32 (29.6)	9 (8.3)	3 (2.8)	21 (19.4)	43 (39.8)
Stress influences portion sizes	35 (32.4)	5 (4.6)	9 (8.3)	16 (14.8)	43 (39.8)
More likely to snack impulsively when stressed	28 (25.9)	7 (6.5)	10 (9.3)	21 (19.4)	41 (38.0)
Stress affects ability to maintain balanced diet	25 (23.1)	8 (7.4)	7 (6.5)	22 (20.4)	45 (41.7)
Certain foods help me manage stress	26 (24.1)	5 (4.6)	2 (1.9)	21 (19.4)	54 (50.0)

From Table 4.5, Half of the respondents (50.0%) strongly agreed that certain foods help them manage stress. Furthermore, 41.7% strongly agreed that stress affects their ability to maintain a balanced diet, while 39.8% strongly agreed that stress influences both meal timing and portion sizes.

Table 4.6 Association Between Perceived Stress Levels and Dietary Patterns Among Working Adults Aged 30–60 Years in Ilorin West Local Government Area, Kwara State (N = 108)

Perceived Stress Level	Unhealthy Diet n (%)	Moderate Diet n (%)	Healthy Diet n (%)	χ^2	df	p-value
Low Stress	1 (7.1)	8 (57.1)	5 (35.7)			
Moderate Stress	16 (18.4)	54 (62.1)	17 (19.5)			
High Stress	3 (42.9)	4 (57.1)	0 (0.0)			
Total	**20 (18.5)**	**66 (61.1)**	**22 (20.4)**	**6.412**	**4**	**0.170**

Table 4.6 shows the association between perceived stress levels and dietary patterns among working adults aged 30–60 years in Ilorin West Local Government Area, Kwara State. The majority of respondents across all stress

categories exhibited a moderate dietary pattern. The Chi-square test revealed that there was no statistically significant association between perceived stress levels and dietary patterns ($\chi^2 = 6.412$, $p = 0.170$).

Table 4.7 Association Between Perceived Stress Levels and Eating Behaviors Among Working Adults Aged 30–60 Years in Ilorin West LGA, Kwara State (N = 108)

Perceived Stress Level	Healthy Eating Behavior n(%)	Moderate Eating Behavior n(%)	Unhealthy Eating Behavior n(%)	Total n(%)	χ^2	P-value
Low Stress	8 (57.1)	5 (35.7)	1 (7.1)	14 (13.0)		
Moderate Stress	23 (26.4)	49 (56.3)	15 (17.2)	87 (80.6)	18.472	<0.001*
High Stress	0 (0.0)	3 (42.9)	4 (57.1)	7 (6.5)		
Total	**31 (28.7)**	**57 (52.8)**	**20 (18.5)**	**108 (100.0)**		

Significant at $p < 0.05$

Table 4.7 shows the association between perceived stress levels and eating behaviors among working adults aged 30–60 years in Ilorin West Local Government Area, Kwara State. More than half (57.1%) of respondents with low stress levels exhibited healthy eating behaviors, whereas over half (57.1%) of respondents with high stress levels exhibited unhealthy eating behaviors. Respondents with moderate stress levels predominantly demonstrated moderate eating behaviors (56.3%). The Chi-square test revealed a statistically significant relationship between perceived stress levels and eating behaviors ($\chi^2 = 18.472$, $p < 0.001$).

DISCUSSION

This study found that most working adults in Ilorin West Local Government Area experienced moderate perceived stress, with only a small proportion reporting high stress. This finding suggests that psychological stress is common among working adults, likely reflecting the combined effects of occupational demands, financial responsibilities, and family obligations during midlife. A similar pattern was reported by Adekeye et al. (2024) among bankers in Southwest Nigeria, where moderate work-related stress was the predominant stress category. Likewise, Bashar et al. (2024) found that healthcare workers in a Nigerian tertiary hospital experienced considerable work-related stress, largely attributed to heavy workloads and demanding work environments. These findings reinforce the growing burden of occupational stress among Nigerian workers.

Most respondents in the present study demonstrated a moderate dietary pattern, characterized by relatively frequent consumption of protein-rich foods, vegetables, fruits, and whole grains, alongside low daily consumption of processed, fried, and sugary foods. This finding is consistent with Petrikova et al. (2023), who described the Nigerian diet as undergoing a nutrition transition in which traditional diets coexist with increasing consumption of processed foods. Similarly, Segun et al. (2024) identified distinct dietary patterns among Nigerian adults, reporting that healthier dietary patterns were associated with lower odds of obesity, while westernized dietary patterns were linked to increased obesity risk. The predominance of moderate dietary patterns in the present study may therefore reflect the coexistence of healthy and less healthy food choices among working adults.

Regarding eating behaviors, snacking between meals and meal skipping during busy work periods were common, while a considerable proportion of respondents reported eating in response to emotions. These findings are consistent with Imran and Farooq (2025), who found that breakfast skipping was common among office workers because of work schedules and time constraints, negatively affecting productivity. Similarly, Sholeye et al. (2021) reported that meal skipping was prevalent among Nigerian students and was associated with unhealthy dietary practices. The observed emotional eating also aligns with Dakanalis et al. (2023), whose review concluded that emotional eating is strongly associated with stress, anxiety, depression, and overweight, highlighting its importance as a behavioral response to psychological distress.

Although respondents generally perceived that stress influenced their food choices and meal patterns, no significant association was found between perceived stress and overall dietary patterns. This finding differs from Akinbule et al. (2025), who reported significant associations between perceived stress and dietary behaviors among Nigerian university personnel, and from Shatwan and

Alzharani (2024), who found that higher perceived stress was associated with poorer adherence to healthy eating patterns among Saudi college students. The discrepancy may be explained by differences in study populations, socioeconomic characteristics, dietary assessment methods, and cultural food practices. It is also possible that dietary patterns among working adults are more strongly influenced by food availability, income, and nutrition knowledge than by stress alone.

In contrast, perceived stress showed a significant association with eating behaviors, with respondents experiencing high stress more likely to exhibit unhealthy eating behaviors, whereas those with low stress more frequently demonstrated healthy eating behaviors. This finding agrees with the systematic review by Hill et al. (2022), which concluded that stress is consistently associated with maladaptive eating behaviors, including emotional eating, overeating, and irregular meal patterns. Similarly, Guo et al. (2025) found that perceived stress significantly increased problematic eating behaviors through emotional pathways. These findings suggest that stress influences how people eat rather than necessarily altering their overall dietary pattern. Interventions that combine workplace stress management with nutrition education may therefore help promote healthier eating behavior among working adults.

CONCLUSION

This study found that moderate perceived stress was common among working adults in Ilorin West Local Government Area, with most respondents also exhibiting moderate dietary patterns. Although perceived stress was not significantly associated with dietary patterns, it showed a significant association with eating behaviors, indicating that stress influences how individuals eat rather than the overall quality of their diets. Participants with higher stress levels were more likely to engage in unhealthy eating behaviors such as emotional eating and meal skipping. Educational level, occupation, and monthly income were significant determinants of dietary patterns, highlighting the influence of socioeconomic factors on food choices. These findings underscore the need for integrated workplace and public health interventions that address stress management alongside nutrition promotion to improve the health and well-being of working adults.

RECOMMENDATIONS

- Workplace stress management programmes, including stress reduction training, employee wellness initiatives, and access to counseling services, should be strengthened to promote healthier eating behaviors among working adults.
- Nutrition education and behavioral interventions should encourage regular meal consumption, healthy snacking, and increased intake of fruits, vegetables, whole grains, and other nutrient-rich foods.
- Policies that improve access to affordable healthy foods, particularly for lower-income workers, should be supported as part of workplace and public health nutrition strategies.
- Future longitudinal and occupation-specific studies are recommended to further explore the causal relationship between perceived stress, dietary patterns, and eating behaviors among working adults.

DECLARATIONS

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