ORIGINAL PAPER

UDK: 613.2:37.091.12

DOI: 10.5937/hraish2502017P

Eating habits of primary school teachers (grades 1– 4) in Serbia: A pilot study

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Received 30. 01. 2026.
Revised 15. 02. 2026.
Accepted 18. 02. 2026.

Abstract

Teachers' dietary habits are vital for maintaining their health and energy, which is essential for effective job performance. This study aimed to examine the dietary habits of teachers working in state elementary schools in Serbia. A total of 67 teachers (62 women, 5 men) from the capital city and other areas participated in this cross-sectional pilot study, conducted via an online survey. Data were collected on eating habits, use of supplements, presence of food allergies and chronic diseases, and engaging in physical activity. Nearly half of participants (49.2%) reported eating three meals a day, while 47.8% regularly had breakfast. While working the morning shift, 77.6% teachers ate one meal at school, and most (65.7%) brought food from home. Over 50% of participants regularly consumed meat, vegetables, fruits, dairy products, and cereals, did not take dietary supplements, and were not following any special diets. Most participants engaged in some form of physical activity. Significant differences were found in body mass index (BMI) (p=0.041), meal frequency during the day and morning shift (p=0.012 and p=0.030, respectively), bakery product consumption (p=0.050), and special diet adherence (p=0.001) between teachers living in the capital city and those in other areas. The results highlight the importance of reducing bakery product intake, offering teachers healthier meal choices at work, and encouraging adherence to nutritionist-recommended diets. These initiatives will support teachers in sustaining their health and vitality and position them as role models, fostering healthy habits in children and contributing to a healthier society.

Keywords: *eating habits; diet; online survey; primary school; teachers.*

INTRODUCTION

Individuals, families, and society aim to achieve optimal health, active lifestyle and productivity, reflected in physical, mental, and social well-being. Diet, particularly food choices and eating habits, are key modifiable factor that influences overall health [1]. A healthy diet requires a balanced intake of carbohydrates, fats, proteins and essential micronutrients. However, many adults consume insufficient amounts of vegetables, fruits, and whole-grain products, while excessively consuming many sugary-sweetened beverages, confectionery, and alcohol. Unhealthy dietary patterns, coupled with a lack of physical activity, substantially contribute to the growing burden of non-communicable diseases, such as obesity, diabetes, hypertension, and cardiovascular disorders, which are leading causes of morbidity and mortality worldwide [2]. Furthermore, inadequate dietary diversity, unhealthy food choices, and improper cooking methods can limit the supply of essential nutrients, foster chronic diseases, and impair individuals' productivity, cognitive function, and daily activities.

Health and work are closely linked. A considerable number of employees consume at least one meal at their workplace, underlying the important role of nutrition in professional settings [3]. Teachers have a demanding workload that requires mental and physical energy, while a proper diet can enhance their focus, mood, and well-being. Moreover, health experts have recognized the pivotal role of schools and teachers in health promotion initiatives [4,5]. As influential role models, teachers significantly contribute to shaping

students' eating habits, and act as nutrition education and health advocacy [6]. Together with parents, they provide accurate nutritional-related information, thereby empowering children to make healthier food choices and to develop lifelong dietary habits that may positively impact their communities [7,8].

Based on the above, teachers play a crucial role in shaping children's health-related knowledge, attitudes, and behaviours, while their own health and lifestyle practices are essential for maintaining work capacity and professional performance. Identifying nutritional trends and providing evidence-based recommendations for dietary improvement among teachers are key components of public health initiatives. Therefore, this study aimed to gain insight into the eating habits of primary school teachers in Serbia.

METHODS

This pilot study was cross-sectional and descriptive. Eligible participants were first- to fourth-grade teachers, 67 of them from 25 primary schools in Serbia (Belgrade - capital city, Leskovac, Cuprija, Prnjavor, Boljevac, Ivanjica, Bojnik, Kraljevo, Ljig, Mirosevac, Senje, Uzice, Valjevo, Pecenjevac). Data were collected using an electronic survey, utilizing a questionnaire designed by our research team with expertise in nutrition and health science. Participants received comprehensive information about the study and an invitation to participate. Prior to the survey, informed consent was obtained from all participants via the online survey interface. The electronic survey was sent to teachers by e-mail, and participation was voluntary. Participants were not required to register, and the survey was not password-protected. No personal data, such as names or email addresses were collected. The study was reported in accordance with the Checklist for Reporting Results of Internet E-Surveys (CHERRIES) [9]. The study was conducted in accordance with the guidelines of General Regulation on Data Protection of the European Union.

The survey consisted of four sections: demographic characteristics; eating habits and dietary supplement use; physical activity; and special diets, allergies, and diseases. The questionnaire collected data on average body mass index (BMI), the number of meals consumed daily and during working hours, whether meals eaten at school were brought from home or purchased, and the most frequently consumed food groups. Additionally, it assessed dietary supplement use (including type and source of recommendation), engagement in physical activity, adherence to special diets (including reasons and source of recommendation), and whether the presence of allergies or chronic diseases influenced teachers' dietary choices (Appendix 1).

ANTHROPOMETRIC DATA

Height and weight were self-reported and used to calculate BMI, which is the person's weight in kilograms divided by the square of their height in meters. The current World Health Organization (WHO) guidelines provide for the following BMI categories: underweight (<20.0 kg/m^2), normal weight (20.0-24.9 kg/m^2), overweight (25.0-29.9 kg/m^2) and obese (≥30.0 kg/m^2) [10].

Statistical analysis

Initially, a descriptive analysis of the participants was carried out. The data were entered into a computer database and analysed using Statistical Package for the Social Sciences (SPSS) version 21, calculating the mean, standard deviation, and proportion of variables studied. The chi-square test was used to compare the proportions.

RESULTS

The total number of participants, the gender distribution and classification according to body weight, as well as age of participants and working time at school, are given in **Table 1**.

Table 1. Participants' gender, age, work experience, and body mass index (BMI).

		Total N (% of overall total)	**Capital city** N (% of total in a group)	**Other area** N (% of total in a group)	p-values
Gender	Female	62 (92.5)	34 (100)	28 (84.8)	
	Male	5 (7.5)	0	5 (15.2)	
Age (year)		47.87 ± 8.7	49.85 ± 7.1	45.88 ± 9.6	0.060
Working time in school (year)		21.75 ± 9.9	23.74 ± 8.4	19.76 ± 10.8	0.100
BMI (kg/m^2)					
(< 20)	Underweight	7 (10.4)	4 (11.8)	3 (9.1)	
(20.0 - 24.9)	Normal weight	31 (46.3)	21 (61.8)	10 (30.3)	
(25.0 - 29.9)	Overweight	25 (37.3)	8 (23.5)	17 (51.5)	0.041
(≥30.0)	Obese	4 (6.0)	1 (2.9)	3 (9.1)	

BMI – Body mass index. Other area vs. capital city; statistical significance: p ≤ 0.05.

Out of 67 teachers participating in the study, 62 were female, and 5 were male. The mean age of participants was approximately 48 years, with an average teaching experience of about 22 years (**Table 1**).

Nearly half (46.3%) of participants were of normal weight. Excess body weight was observed in 29 teachers, including four with first-degree obesity, and was more prevalent in the other area (60.6%) compared with the capital city group (26.4%). The results of chi-square test also revealed a significant association between BMI and locality ($\chi^2(1) = 8.273$, $p = 0.041$) (**Table 1**).

The information on the participants' eating habits is presented in **Table 2**.

The data presented in **Table 2** reveals that out of the 67 participants, 33 (49.2%) consumed three meals per day. However, a significant association was observed between location and the number of meals per day ($\chi^2(4) = 12.823$, $p = 0.012$), given that nearly 85% of teachers from other locations ate at least three or four meals a day, compared to only 55% of those from the capital city.

Most participants, 77.6%, consumed 1 meal, while ~ 20 % did not consume a single meal during the morning shift (Table 2). The results for the afternoon shift were similar, 65.7% and 25.4%, respectively. Moreover, a significant association between location and number of meals was found ($\chi^2(2) = 6.987$, $p = 0.030$), but

Table 2. Teachers' dietary habits.

Dietary habits	Total N (% of overall total)	Capital city N (% of total in a group)	Other area N (% of total in a group)	p-values
Number of meals/days				
1	0	0	0	
2	14 (20.9)	10 (29.4)	4 (12.1)	
3	33 (49.2)	10 (29.4)	23 (69.7)	**0.012**
4	14 (20.9)	9 (26.5)	5 (15.15)	
5	4 (6.0)	4 (11.7)	0	
>5	2 (3.0)	1 (2.9)	1 (3.0)	
Number of meals at work				
Morning shift				
0	13 (19.4)	10 (29.4)	3 (9.1)	
1	52 (77.6)	22 (64.7)	30 (90.9)	**0.030**
2	2 (3.0)	2 (5.9)	0	
Afternoon shift				
0	17 (25.4)	10 (29.4)	7 (24.1)	
1	44 (65.7)	22 (64.7)	22 (75.9)	0.241
2	2 (3.0)	2 (5.9)	0	
Meal choices at work				
Bringing from home	44 (65.7)	19 (55.9)	25 (75.8)	
Buying	9 (13.4)	5 (14.7)	4 (12.1)	
Sometimes bringing/or buying	6 (9)	4 (11.8)	2 (6.1)	0.310
Skipping meals	8 (11.9)	6 (17.6)	2 (6.1)	
Feeling hungry during the day				
Yes	21 (31.3)	9 (26.5)	12 (36.4)	
No	11 (16.4)	6 (17.6)	4 (12.1)	0.630
Sometimes	36 (53.7)	19 (55.9)	17 (51.5)	
Eating breakfast				
Yes	32 (47.8)	18 (52.9)	14 (42.4)	0.650
No	12 (17.9)	5 (14.7)	7 (21.7)	
Sometimes	23 (34.3)	11 (32.4)	12 (36.4)	
Consuming meat				
Yes	48 (71.6)	24 (70.6)	24 (72.7)	
No	3 (4.4)	2 (5.9)	1 (3.0)	0.853
Sometimes	16 (23.9)	8 (23.5)	8 (24.2)	

Consuming vegetables				
Yes	57 (85.1)	31 (91.2)	26 (78.8)	
No	1 (1.5)	0	1 (3.0)	0.298
Sometimes	9 (13.4)	3 (8.8)	6 (18.2)	
Consuming fruits				
Yes	46 (68.6)	26 (76.5)	20 (60.6)	
No	3 (4.5)	1 (2.9)	2 (6.1)	0.370
Sometimes	18 (26.9)	7 (20.6)	11 (33.3)	
Consuming dairy product				
Yes	50 (74.6)	24 (70.6)	26 (78.8)	
No	5 (7.5)	3 (8.8)	2 (6.1)	0.741
Sometimes	12 (17.9)	7 (20.6)	5 (15.2)	
Consuming cereals (bread, pasta, rice)				
Yes	43 (64.2)	20 (58.8)	23 (69.7)	
No	3 (4.5)	2 (5.9)	1 (3.0)	0.620
Sometimes	21 (31.3)	12 (%)	9 (27.3)	
Consuming bakery products				
Yes	19 (28.3)	7 (20.6)	12 (36.4)	
No	14 (20.9)	11 (32.4)	3 (9.1)	**0.050**
Sometimes	34 (50.7)	16 (47.1)	18 (54.5)	
Consuming sweets				
Yes	25 (37.3)	12 (35.3)	13 (39.4)	0.640
No	12 (17.9)	5 (14.7)	7 (21.2)	
Sometimes	30 (44.7)	17 (50.0)	13 (39.4)	
Consuming snacks				
Yes	14 (20.9)	7 (20.6)	7 (21.2)	0.589
No	20 (29.8)	12 (35.3)	8 (24.2)	
Sometimes	33 (49.2)	15 (44.1)	18 (54.5)	
Drinking non-alcoholic and sweet drinks				
Yes	12 (17.9)	5 (14.7)	7 (21.2)	0.365
No	26 (38.8)	16 (47.1)	10 (60.3)	
Sometimes	29 (43.3)	13 (38.2)	16 (48.5)	

Other area *vs.* capital city; statistical significance: $p \leq 0.05$.

only for morning shift. Bringing food from home was the most common way teachers obtained meals during working hours, reported by 65.7% of participants (**Table 2**).

Feelings of hunger were reported by 57 participants, whereas 10 participants reported no hunger at all. Similar findings were observed for breakfast consumption: 55 participants reported regularly eating breakfast, while 12 reported skipping breakfast (**Table 2**). Regarding food types, most teachers (65 - 85%) reported regular consumption of meat, vegetables, fruit, dairy products, and cereals (**Table 2**). In contrast, only 18 – 37% of teachers reported regular consumption of bakery products, sweets, snacks, and sugar-sweetened beverages. No significant associations were observed between the consumption of specific food groups and place of residence (capital city vs. other areas), except for bakery products, for which a significant association with place of residence was found ($\chi^2(2) = 5.991$, $p < 0.05$), with higher consumption reported outside the capital compared with the capital city.

Nearly 60% teachers stated no usage of dietary supplements (**Table 3**). For those who supplement their diet, the use of supplements was mostly (~70%) recommended by health professionals. Nine participants made an independent decision to supplement their diet. Our results showed no association between the use of dietary supplements and location teachers came from (the capital city and outside the capital city).

Table 3. Use of dietary supplements.

Supplement usage	**Total** N (% of overall total)	**Capital city** N (% of total in a group)	**Other area** N (% of total in a group)	p-values
Taking supplements				
Yes	28 (41.8)	15 (44.1)	13 (39.4)	0.695
No	39 (58.2)	19 (55.9)	20 (60.6)	
Supplement type	N (% of those taking supplements)	N (% of those taking supplements)	N (% of those taking supplements)	
Vitamins	19 (67.9)	12 (35.2)	7 (21.2)	
Minerals	3 (10.7)	2 (5.9)	1 (3.0)	0.339
Probiotics	4 (14.3)	1 (2.9)	3 (9.1)	
Vitamins, minerals, probiotics	1 (1.5)	0	1 (3.0)	
Detoxamin	1 (1.5)	0	1 (3.0)	
Supplement recommendation				
Doctor	9 (32.1)	3 (20.0)	6 (56.2)	
Nutritionist	8 (28.6)	6 (40.0)	2 (15.4)	
Pharmacist	2 (7.1)	1 (6.7)	1 (7.7)	
Independently	9 (32.1)	5 (33.3)	4 (30.8)	

Other area *vs.* capital city; statistical significance: $p \leq 0.05$.

Approximately half of the teachers (n = 34; 50.7%) reported being physically active in some form (e.g., walking, folklore dancing, hiking, pilates, aerobics, swimming, yoga), and 18 of them engaged in physical activity for 2 to 3 hours per week (**Table 4**).

Allergy to food was present in three participants, one each to gluten, honey, and dill (**Table 6**).

Of the 67 participants, 43 reported no chronic diseases or other health conditions (**Table 7**). Hypertension was reported by 12 teachers, thyroid disorders by five, and diabetes by two, while other conditions such as rheumatic diseases, insulin resistance, ulcerative colitis and psoriasis were also reported (data not shown).

Table 4. Engaging in physical activity.

Engaging in physical activity	**Total** N (% of overall total)	**Capital city** N (% of total in a group)	**Other area** N (% of total in a group)	p-values
Yes	34 (50.7)	19 (55.9)	15 (45.5)	0.393
No	33 (49.3)	15 (44.1)	18 (54.5)	
Time spent (h/week)	N (% of those engaged in physical activity	N (% of those engaged in physical activity)	N (% of those engaged in physical activity)	
<1	5 (14.7)	3 (15.8)	2 (13.3)	
2-3	18 (52.3)	10 (52.6)	8 (53.3)	0.985
4-5	5 (14.7)	3 (15.8)	2 (13.3)	
≥6	6 (17.6)	3 (15.8)	3 (20.0)	

Other area *vs.* capital city; statistical significance: $p \leq 0.05$.

Only 9 participants followed a special diet, all from the capital city (**Table 5**), indicating significant difference between the groups ($X^2(1) = 11.409$, $p < 0.001$). Two teachers adhered to the diet for weight control, and the other two for religious reasons. Insulin resistance, high blood glucose and allergies were also reasons to adopt special diets, prescribed by physician (in three cases) or nutritionist (in three cases).

Table 5. Adherence to special diets.

Special diet	**Total** N (% of overall total)	**Capital city** N (% of total in a group)	**Other area** N (% of total in a group)	p-values
Yes	9 (13.4)	9 (26.5)	0	0.001
No	58 (86.6)	25 (72.5)	33 (100)	
Diet recommendation	N (% of those on special diet)	N (% of those on special diet)	N (% of those on special diet)	
Doctor	3 (33.3)	3 (33.3)	0	
Nutritionist	3 (33.3)	3 (33.3)	0	
Faith	2 (22.2)	2 (22.2)	0	
Independently	1 (11.1)	1 (11.1)	0	

Other area *vs.* capital city; statistical significance: $p \leq 0.05$.

Table 6. The presence of allergies among the participants.

Allergies	**Total** N (% of overall total)	**Capital city** N (% of total in a group)	**Other area** N (% of total in a group)	p-values
Yes	3 (4.5)	2 (5.9)	1 (3.0)	0.573
No	64 (95.5)	32 (94.1)	32 (97.0)	

Other area *vs.* capital city; statistical significance: $p \leq 0.05$.

Table 7. Chronic diseases and other health issues among teachers.

Chronic diseases or other health issue	**Total** N (% of overall total)	**Capital city** N (% of total in a group)	**Other area** N (% of total in a group	p-values
Yes	24 (35.8)	9 (26.5)	15 (45.5)	0.105
No	43 (64.2)	25 (73.5)	18 (54.5)	

Other area *vs.* capital city; statistical significance: $p \leq 0.05$.

DISCUSSION

To the best of our knowledge, this is the first study to investigate eating habits in primary school teachers in Serbia. Study findings might be significant to identify the weakest points in adherence to healthy diet patterns and highlight the need for targeted interventions to improve dietary behaviours in this population. Obtained results indicated that nearly half of the participating teachers demonstrated good eating habits, while certain differences were observed between teachers from the capital city and those from other areas. Teachers from non-capital areas reported more frequent food consumption, particularly during the morning shift, along with a higher intake of bakery products, as well as no adherence to special diets and significantly higher BMI compared with teachers from the capital city.

Over recent decades, obesity rates have risen globally, with Serbia following this trend [11]. In our study, 46.3% of participants had a normal BMI (20.0-24.9 kg/m^2), consistent with reports showing 47.5% of teachers working in primary and high school in Turkey had a normal weight [8,12]. However, 43.3% of teachers were overweight or obese, particularly those from non-capital areas, likely reflecting differences in daily diet quality, at least in part due to the greater availability of diverse food options in large cities. The frequency of food intake and the number of meals consumed are crucial for maintaining a balanced body physiology [13]. In contrast, irregular meal patterns, prolonged hunger and overconsumption may have adverse effects on health. In our study, most teachers (~80%) ate three or more meals per day, in line with the general recommendation to divide daily food intake into three main meals with snacks in between [14]. Of the teachers from the capital, 41.1% ate four or more meals per day, indicating a habit of snacking. In contrast, snacking frequency was significantly lower among teachers from non-capital areas, with 69.7% reporting consumption of only three meals per day and no snacks between. Consuming high-quality

snacks (e.g., fruit- and vegetable-based snacks or bars high in protein and fiber) contributes to improved energy balance throughout the day [15] and should be encouraged among teachers, particularly those from non-capital areas, to support the maintenance of normal body weight and overall health.

Regarding food intake at work, groups differed in the number of meals eaten during the morning shift, with nearly a third of teachers from the capital skipping eating at school compared with less than 10% from other areas. Nevertheless, breakfast frequency did not differ between groups, suggesting that teachers from the capital likely eat their breakfast at home and/or before the morning shift. Breakfast, consumed by over 80% of participants, is a key meal that provides energy and essential nutrients for daily activities. Regular breakfast consumption may help maintain a normal body weight, whereas skipping breakfast has been associated with overweight, obesity, and increased cardiovascular risk [16,17].

The teachers in the capital and non-capital areas did not differ in their consumption of various food groups such as meat, vegetables, fruit, dairy products, cereals, sweets and drinks. The regular consumption of dairy products, meat, vegetables, and fruit was previously detected also in Turkish female teachers [12]. However, our study groups differed in the consumption of baked goods, which was significantly more common in the other group than in the capital group. The consumption of bakery products rich in saturated fats and refined carbohydrates can relate to increased energy intake and low intake of valuable nutrients, which increases the risk of obesity and related health disorders [18]. To improve their dietary patterns, teachers should be advised to reduce or avoid this type of food and replace it with healthier alternatives such as vegetables, fruit or whole grain snacks. E.g. consuming high-fiber foods can help maintain stable energy levels, while adequate protein intake supports muscle maintenance and repair, particularly for teachers who engage in physical activity outside the classroom [19].

Dietary supplements are concentrated sources of essential vitamins, minerals, and other nutrients, designed to enhance and support a balanced diet by providing additional nutritional or physiological benefits [20]. While supplements can be beneficial for addressing specific nutrient deficiencies, evidence for their effectiveness in preventing non-communicable diseases such as cardiovascular conditions, cancer, and obesity in otherwise healthy individuals remains limited [21]. In our study, 41.8% of teachers reported using supplements, particularly vitamins, with nearly 70% prescribed by a doctor, nutritionist, or pharmacist. This is encouraging, as guidance from health professionals is crucial for treating diagnosed deficiencies. Moreover, awareness of personal health and nutrient needs, alongside a focus on obtaining nutrients from a balanced diet, is essential for teachers to avoid the risks of inappropriate supplementation.

Daily physical activity is essential for overall health, with the WHO recommending 150 min of moderate or 75 min of vigorous exercise weekly [22]. In our study, about half of teachers engaged in some physical activity, mainly walking, for 2 - 3 hours per week, reflecting a need for increased participation, especially among women, who often do not practice sports [5,23]. Regular physical activity can reduce work-related stress and health risk, improving well-being and productivity, and schools can further support these efforts by organizing sports activities and providing access to fitness facilities [24].

In line with previously published data [25], most teachers in our study (64.2%) reported having no chronic diseases or regular medication use. Nevertheless, approximately one-third of the participants reported health conditions such as obesity, allergies, type 2 diabetes, cardiovascular disease, and osteoporosis, conditions that can often be effectively managed or mitigated through improved dietary habits. E.g., eating foods rich in potassium and magnesium, such as Swiss chard, can help reduce high blood pressure, dairy products support bone health, fiber-rich foods assist in managing insulin resistance and diabetes, and avoiding certain foods can prevent allergic reactions [26–28]. However, only six participants, all from the capital city, followed a special diet prescribed by doctors or nutritionists, to avoid carbohydrates and glutens, for weight control, insulin resistance and/or diabetes (data not shown).

This study has several limitations. Participation was voluntary, which may have introduced selection bias. Dietary behaviours, anthropometric parameters and physical activity were self-reported and therefore subject to reporting inaccuracies. In addition, the number of study participants is rather limited, and the male teachers were underrepresented; however, this reflects the gender structure of primary school teachers in Serbia, where women predominate in grades 1–4.

By adopting a balanced diet and engaging in regular physical activity, teachers not only invest in their own health and productivity but also strengthen their capacity to provide quality educational support to their young pupils. As positive role models, teachers inspire children to embrace healthier lifestyles, promoting long-term improvements in public health.

CONCLUSION

This pilot study provides insights into the dietary habits of primary school teachers in Serbia. While about half of the participants followed balanced diets with regular intake of diverse food groups, improvement is needed, especially in non-capital areas, where the

intake of bakery products should be reduced and adherence to nutritionally guided diets promoted. Larger studies are warranted to confirm these findings and extend to the broader teaching population in Serbia.

ACKNOWLEDGEMENTS

This work was supported by the Ministry of Science, Technological Development, and Innovation of the Republic of Serbia, No. 451-03-136/2025-03/200015.

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Navike u ishrani nastavnika razredne nastave (I–IV razred) u Srbiji: pilot istraživanje

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Kratak sadržaj

Navike u ishrani imaju značajan uticaj na očuvanje zdravlja i radne sposobnosti nastavnika, što je od ključnog značaja za kvalitetno obavljanje njihovih profesionalnih obaveza. Cilj ovog istraživanja bio je da se ispitaju navike u ishrani nastavnika (I-IV razred) zaposlenih u državnim osnovnim školama u Srbiji. U ovoj pilot studiji preska učestvovalo je 67 nastavnika (62 žene i 5 muškaraca) iz glavnog grada i drugih područja Srbije, a podaci su prikupljeni putem on-lajn upitnika. Prikupljene su informacije o navikama u ishrani, upotrebi dijetetskih suplemenata, prisustvu alergija na hranu i hroničnih bolesti, i učešću u fizičkim aktivnostima. Gotovo polovina ispitanika (49,2%) navela je da konzumira tri obroka dnevno, dok je 47,8% redovno doručkovalo. Među nastavnicima koji su radili u prepodnevnoj smeni, njih 77,6% je imalo jedan obrok u školi, pri čemu je većina (65,7%) donosila hranu od kuće. Više od 50% ispitanika redovno je konzumiralo meso, povrće, voće, mlečne proizvode i žitarice, nisu koristili dijetetske suplemente i nisu se pridržavali nekog posebnog režima ishrane. Većina ispitanika bila je fizički aktivna. Između nastavnika koji žive u glavnom gradu i onih iz drugih sredina uočene su statistički značajne razlike u indeksu telesne mase (eng. body mass index, BMI) (p=0,041), učestalosti obroka tokom dana i tokom prepodnevne smene (p=0,012 i p=0,030), konzumaciji pekarskih proizvoda (p=0,050) i pridržavanju posebnih dijetetskih režima (p=0,001). Dobijeni rezultati ukazuju na značaj smanjenja unosa pekarskih proizvoda, obezbeđivanja zdravijih obroka na radnom mestu i podsticanja nastavnika da se pridržavaju ishrane zasnovane na stručnim preporukama. Ove mere mogu doprineti očuvanju zdravlja i vitalnosti nastavnika, kao i jačanju njihove uloge kao pozitivnih uzora u usvajanju zdravih navika kod dece i unapređenju zdravlja društva u celini.

Ključne reči: *navike u ishrani; ishrana; onlajn upitnik; osnovna škola; nastavnici.*