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DEPARTMENT OF NUTRITION AND DIETETICS

EVALUATION OF THE RELATIONSHIP BETWEEN EATING ATTITUDES AND SUSTAINABLE NUTRITION IN FEMALE CLIENTS APPLYING TO A PRIVATE DIET CLINIC

MASTER'S THESIS

SİNEM ALTUNAY

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SUPERVISOR

Assoc. Prof. Dr. Hülya DEMİR

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DECLARATION

I hereby declare that this thesis is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which has been accepted for the award of any other degree except where due acknowledgment has been made in the text.

09.06.2023

SİNEM ALTUNAY

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Sonsuz teşekkürlerimi sunarım,

SİNEM ALTUNAY

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LIST OF SYMBOLS AND ABBREVIATIONS

AN: Anorexia nervosa

B: Bulimia

BN: Bulimia nervosa

n : Number of Samples

p: Difference Value

BMI: Body Mass Index

DSM: The diagnostic and Statistical Manual of Mental Disorders

EAT: The eating Attitude Scale

IES: Intuitive eating Scale

EAT-26: Eating Attitude Test-26

WHO: World Health Organization

MEDAS: Mediterranean Diet Adaptation Scale

MD: Mediterranean Diet

PREDIMED: Prevention with Mediterranean Diet

ABSTRACT

Altunay, S. (2023). "Evaluation of the relationship between eating attitudes and sustainable nutrition in female patients who applied to a special diet clinic". Yeditepe University Health Sciences Institute, Department of Nutrition and Dietetics. Master Thesis. Istanbul.

In order to increase awareness about sustainable nutrition, to develop policies on this issue and to contribute to the literature, this study aimed to evaluate the "eating attitude behaviors of female individuals and the adaptation to the Mediterranean diet, which is a sustainable nutrition model. An online questionnaire, which includes questions about socio-demographic characteristics, anthropometric measurements and nutritional habits, was applied to the individuals participating in the research. The test was applied to measure the sustainable nutrition knowledge level of individuals, the Mediterranean Diet Adaptation Scale (MEDAS) consisting of 14 questions to measure Mediterranean diet compliance, and the Eating Attitude Test-26 to determine the eating behaviors of individuals. In this study, 1.8% of female individuals were underweight, 27.9% were normal, 38.1% were overweight, 14.6% were grade 1 obese, 4.3% were grade 2 obese and 3.2% were grade 3 obese.

The Eating Attitude Test-26 (EAT-26) was used to screen for the risk of eating disorders. In this study, low-level positive correlations were found between individuals' eating attitudes and BMI and bulimia and eating preoccupation variables, and low-level negative correlations between BMI and control variables. When the scores they got from the Mediterranean diet adaptation scale, bulimia and preoccupation with eating, and the sub-dimension of controlling eating were evaluated according to the groups whether they received sustainable nutrition education or not, no significant difference was found between the groups ($p>.05$). When the scores they got from the Eating Attitude Scale ($t(504)=2.16$, $p<0.05$) and the Dieting subscale ($t(504)=2.31$, $p<0.05$) were evaluated according to the groups whether they received sustainable nutrition education or not, a significant difference was found between the groups. It is necessary to carry out more research to increase the knowledge and awareness of sustainable nutrition in the society and to provide sustainable nutrition education to individuals.

Key words: Sustainable nutrition, eating attitude, nutrition education, Mediterranean diet

ABSTRACT (TURKISH)

Altunay, S. (2023). "Özel bir diyet kliniğine başvuru yapan kadın hastalarda yeme tutumları ile sürdürülebilir beslenme arasındaki ilişkinin değerlendirilmesi". Yeditepe Üniversitesi Sağlık Bilimleri Enstitüsü, Beslenme ve Diyetetik ABD. Master Tezi. İstanbul.

Sürdürülebilir beslenme ile ilgili farkındalığın artması, bu konu hakkında politikalar geliştirilmesi ve literatüre katkı sağlamak için bu araştırmada "kadın bireylerin yeme tutum davranışları ve sürdürülebilir beslenme modeli olan Akdeniz diyetine uyumun değerlendirilmesi hedeflenmiştir. Araştırmaya katılan bireylere sosyo-demografik özellikleri, antropometrik ölçümleri ve beslenme alışkanlıkları ile ilgili soruların bulunduğu online anket formu uygulanmıştır. Bireylerin sürdürülebilir beslenme bilgi düzeyini ölçmek için test, Akdeniz diyeti uyumunu ölçmek için 14 sorudan oluşan Akdeniz Diyeti Uyum ölçeği (MEDAS) ve bireylerin yeme davranışlarını saptayabilmek adına Yeme Tutum Testi-26 uygulanmıştır. Bu çalışma kadın bireylerin %1,8'i zayıf, %27,9'u normal, %38,1'i fazla kilolu, %14,6'sı 1.derece obez, %4,3'ü 2.derece obez, %3,2'si ise 3.derece obezdir.

Yeme bozukluğu riskinin taranması için Yeme tutum testi-26 (YTT-26) kullanılmıştır. Bu çalışmada da bireylerin yeme yeme tutumunun ve BKİ ile bulimiya ve yeme meşguliyeti değişkenleri arasında düşük düzey pozitif korelasyon, BKİ ile yemeyi kontrol değişkenleri arasında düşük düzey negatif korelasyonlar saptanmıştır. Akdeniz diyetine uyum ölçeği, bulimiya ve yeme meşguliyeti, yemeyi kontrol alt boyutundan aldıkları puanlar sürdürülebilir beslenme eğitimi alıp, almama durumu gruplarına göre değerlendirildiğinde gruplar arasında anlamlı bir fark saptanmamıştır ($p>.05$). Yeme Tutumu Ölçeğinden *($t(504)=2.16$, $p<0.05$)*, Diyet Yapma alt ölçeğinden *($t(504)=2.31$, $p<0.05$)* aldıkları puanlar sürdürülebilir beslenme eğitimi alıp, almama durumu gruplarına göre değerlendirildiğinde gruplar arasında anlamlı bir fark saptanmıştır. Sürdürülebilir beslenme bilgi ve bilincinin toplumda arttırılmasına yönelik daha fazla araştırma yapması ve bireylere sürdürülebilir beslenme eğitimleri verilmesi gerekmektedir.

Anahtar kelimeler: Sürdürülebilir beslenme, yeme yutumu, beslenme eğitimi, akdeniz diyeti

1. INTRODUCTION

The state of obtaining the energy necessary for the survival of living things from outside is called nutrition. Differences in food consumption; wrong attitude and behavior consists of lack of knowledge. Inadequate and balanced nutrition negatively affects the health of living things and causes diseases. Excessive or malnutrition brings along many diseases such as obesity, diabetes, cardiovascular diseases, hypertension, and hypercholesterolemia (1-7). Adequate and balanced nutrition principles should be applied (8).

Eating attitude; it defines the relationship between food, which creates the emotions, thoughts and behaviors transferred to the person. Biological, genetic factors, psychological state and family factors and social environment affect eating attitude behaviors (9,10).

The World Commission on Environment and Development first defined the concept of sustainability in 1987. It is defined as the ability of the present generation to meet their needs without compromising the ability of future generations to meet their needs. sustainable food; It is not only related to the production and consumption of foods, but also to all concepts involved in production and consumption (11).

Consumers have a great role in sustainable food and healthy food consumption. They need to be more insistent on providing sustainable products and services (11,12).

Eating disorders (ED); defines the negativities seen in the eating behavior of individuals. Deterioration in eating attitude; American Psychiatric According to the Association (APA), bulimia nervosa (BN), anorexia nervosa (AN), eating disorders, pica, binge eating disorder, ruminant disorder constitute eating disorders classified elsewhere. Eating disorders have increased in the last 25 years in our country (13). It has been defined as an abnormal and malnutrition eating disorder. The main reason for the formation of eating disorders is the feeling of being overweight, uncontrollable emotional turmoil and excessive food consumption, excessive desire due to anxiety about weight gain, and body perception disorder related to it. Environmental pressures towards thinness and dissatisfaction with their body lead individuals to make a wrong diet. Faulty diet attempts increase the risk of eating disorders. It can result in overeating as a result of short-term and low-energy diets. Eating disorders are more common in women than men (14,16).

It was planned to evaluate the behaviors and knowledge levels of female clients on sustainable nutrition and to examine the relationship between food preferences and eating attitudes in order to increase awareness about sustainable nutrition, to develop policies on this issue and to contribute to the literature.

2. GENERAL INFORMATION

2.1.Nutrition

Nutrition is the state of obtaining the energy necessary for the survival of living things and the protection of health (1).

Protein, fat, carbohydrates, vitamins, water and minerals must be taken for the healthy functioning of body functions and for body requirements. World Health Organization (WHO); defines the intake of food for the needs of the body as nutrition. It begins in the womb and continues throughout life. Therefore, it is the most important environmental factor affecting human health (2-5).

2.1.1. Adequate and Balanced Nutrition

Adequate and balanced nutrition, intake of nutrients in required amounts and their proper use in the body; On the other hand, unbalanced nutrition is defined as the consumption of some nutrients, especially energy, more or less than the requirement. Incorrect cooking and storage methods also lead to loss of nutrients. Therefore, it has a negative effect on insufficient intake of nutrients and energy intake (4-6). Inadequate and unbalanced nutrition brings many diseases such as obesity, diabetes, cardiovascular diseases, hypertension, and hypercholesterolemia (6-8).

Adequate and balanced nutrition and maintaining it have a protective effect against diseases. It is one of the protective factors that are effective in reducing the risk of diseases such as obesity, diabetes, cardiovascular diseases, hypertension, and hypercholesterolemia (7).

The basic principles of adequate and balanced nutrition; gender, age, disease status, physical activity, pregnancy, etc. of the individual. Conditions should be taken into consideration, their needs should be met and the meals should be balanced, foods should be prepared and consumed using appropriate cooking methods, and finally, the foods should be fresh, natural, easily accessible and economical (8).

2.1.2. Sustainable Nutrition

For the first time in the 1980s by the Brundtland Commission in the report 'Our Common Future'. The Brundtland Commission defined sustainable development as meeting the needs of current generations and the ability of future generations to meet their own needs. Although this report contains guiding principles for sustainable development,

it still remains valid today. Gussow and Clancy made the definition of sustainable nutrition in 1986. He defined it as the sustainability of the agricultural system as well as the sustainability of health (11).

The definition of sustainable nutrition is not universally accepted. But in 2010 the Food and Agriculture Organization (FAO); " *Sustainable diets have low environmental impact, contributing to food and nutritional security for healthy living in current and future generations; nutritionally adequate, safe, healthy; culturally acceptable; protective and respectful towards biodiversity and ecosystem; accessible; economically viable and affordable; it is the diets that use natural and human resources in the best possible way"* and defined sustainable nutrition (12-14).

The items in the definition of sustainable diet are interrelated. For example; a healthy and sustainable diet; it reduces the consumption of packaged and processed foods, includes less animal-based food consumption, and contains more plant-based foods. Sustainable diets provide nutritional security and are less harmful to the environment (14-16).

2.2.Sustainable Nutrition Models

2.2.1. Mediterranean diet

The Mediterranean diet was first introduced in the 1960s by Ancel. The 'Seven Countries Study' was defined by Keys as a result of the study conducted in the United States, Finland, the Netherlands, Italy, Greece, Japan, Yugoslavia. Nutrition and lifestyle habits of middle-aged people have been observed. Heart diseases were less common in participants living in the Mediterranean region, and they were observed to live longer than people living in other regions (17).

The Mediterranean diet consists of fruits, vegetables, legumes, grains (unrefined), oil seeds, nuts, etc., which are rich in antioxidants and fiber. Mediterranean diet is a type of nutrition that is planned according to the cultures of the nations on the basis of these recommendations (18,19).

In 2009, Italy and FAO came together to develop the International Mediterranean Food Cultures. A meeting on 'Mediterranean Diet as a Sustainable Dietary Model' was held by CIISCAM and the Mediterranean diet was accepted as *'a sustainable diet model due to its nutritional, environmental, economic and sociocultural dimensions' (20)*. In a study published by Dernini et al. in 2016, four sustainable benefits of the Mediterranean diet are mentioned (21).

- A healthy eating model: It provides benefits in terms of obesity, cardiovascular diseases, neurological diseases, cardiovascular diseases and mental health.
- Low environmental damage and rich biodiversity: The Mediterranean diet is a vegetable-based diet, lower consumption of animal products, therefore low greenhouse gas emissions and more efficient use of water resources. Consumption of self-grown vegetables and fruits also ensures the continuity of the natural habitat.
- High sociocultural nutritional value: The Mediterranean diet was recognized as an Intangible Cultural Heritage of Humanity by UNESCO in 2010. He draws attention to the fact that the Mediterranean diet is not only a way of eating, but also a lifestyle that is specific to a certain place, that cares about hospitality and neighborhood sharing.
- Positive local economic returns: The Mediterranean diet respects local characteristics, supports local producers and encourages the consumption of these foods. The Mediterranean diet can help reduce food waste as it promotes a 'culture of food conservation'.

The 'Traditional Mediterranean Diet Pyramid' was created for the first time in 1995 and changed over time, eating habits, environmental factors, lifestyle changes. Eyelash it was revised by Bach-Faigh in 2011 (22). The Mediterranean diet is being reassessed by scientists and experts in public health, dietetics, food sciences, sociology, social anthropology, cultural heritage, family and consumer sciences, agricultural and environmental sciences. Geographical, socioeconomic and cultural in order to adapt them to their values and dietary habits a simplified Mediterranean diet food pyramid revised in 2020 (23).

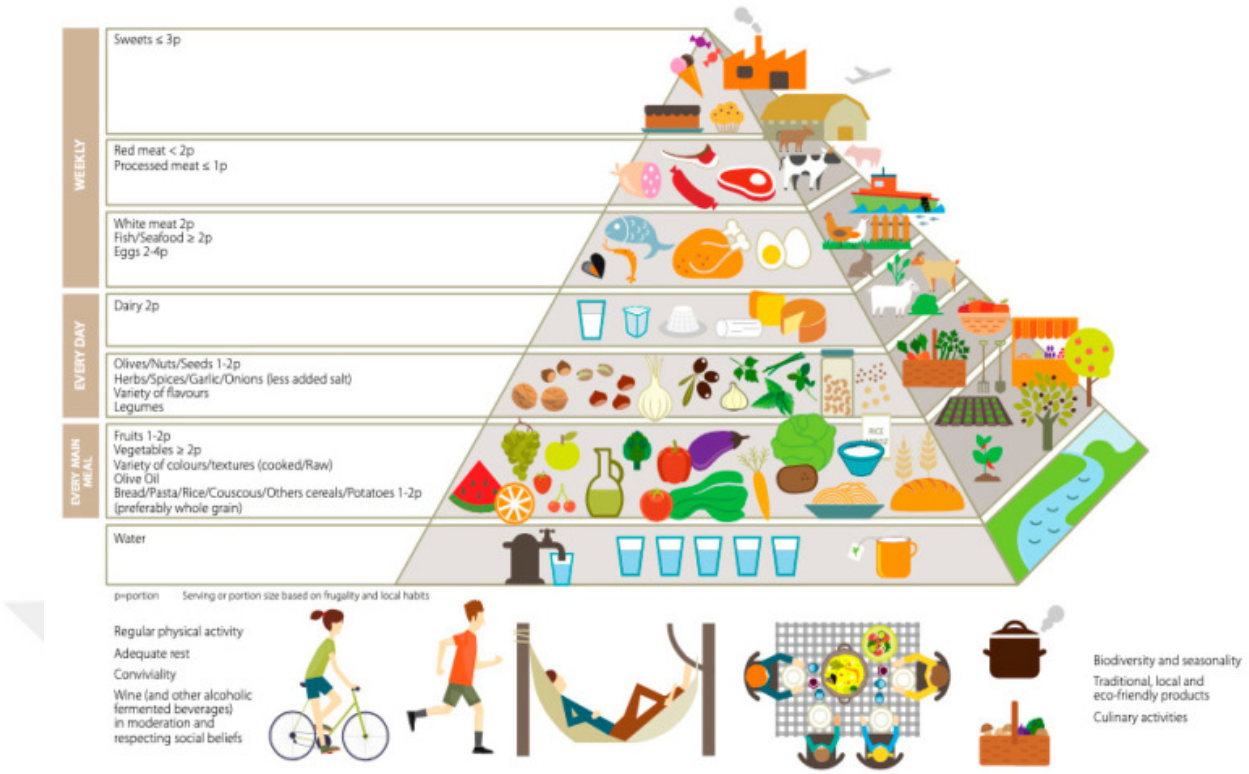

Figure 1 Pyramid for a Sustainable Mediterranean Diet (2020)

At the bottom of the pyramid, there are lifestyle suggestions such as physical activity, water, herbal tea consumption, biodiversity, seasonal nutrition, environmentally friendly products, sleep and rest, kitchen activities, the Mediterranean diet is not only a simple diet, but also a healthy lifestyle also stands out. At the base of the pyramid, foods such as vegetables, fruits, whole grains and olive oil are recommended to be consumed most frequently, while there are foods of animal origin, which are recommended to be consumed less, and foods that are rich in fat and sugar content and can be consumed rarely. In order to create a healthy and balanced diet, foods are classified as meals, daily and weekly consumption (24,25).

2.2.2. Barilla double pyramid model

The double pyramid model was developed in 2009. It is the visual that improves the way of eating healthy food with its production-consumption and environmental effects (Figure 2) (27).

According to the FAO, the principles of the Mediterranean diet as a sustainable diet are located in the left pyramid. The Mediterranean diet is a diet rich in vegetables, fruits, oil seeds, monounsaturated fatty acids, some fish, moderate amounts of wine, far from

refined foods, and limited red meat and saturated fat. The fat born at the top of the pyramid indicates less consumption of sugar and salt. In addition to its positive effects on human health, the Mediterranean diet also contributes to the environment (26).

The pyramid on the right is a double pyramid model and shows the impact of food choices on the environment. It is a pyramid created by classifying the ecological footprints of foods. The bottom column is based on the principles of balanced nutrition and herbal sources. The upper part contains foods that should be consumed less, fats and sugars (26, 27).

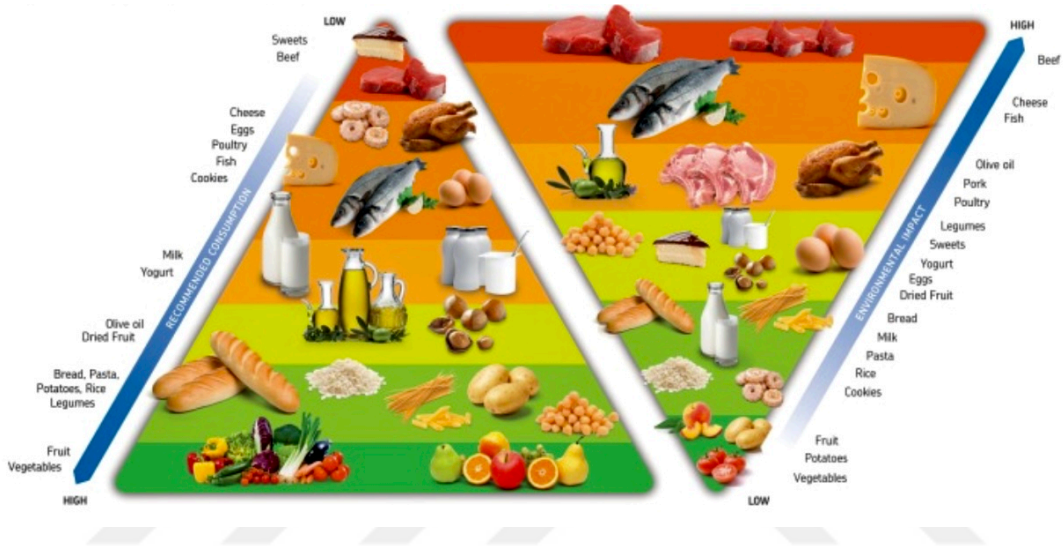

Figure 2 The Double Pyramid Model (27).

The double pyramid model classifies foods according to their impact on the environment. The foods that cause the most damage to the environment are at the top, while the foods that cause the least harm to the environment are at the bottom of the pyramid. It showed the energy consumption and environmental burden of the production system (26,27).

2.2.3. DASH (Dietary) Approaches to Stop Hypertension) diet

DASH diet; plant foods, low-fat dairy products, poultry, fish, oil seeds, legumes. Sweets, sugar-sweetened beverages, red meat intake is limited. The DASH diet has been shown in studies to reduce blood pressure and reduce cardiometabolic risk in patients with hypertension without sodium restriction (28).

In addition to the positive health effects of the DASH diet, it also discusses the environmentally positive effects. The DASH diet pattern emerged in the EPIC-Norfolk cohort study, where the plant-centered diet would reduce nutrient consumption and

greenhouse gas production. Greenhouse gas emissions were positively associated with meat consumption and negatively associated with whole grain consumption (29,30).

2.2.4. Vegetarian and vegan diet

Vegetarianism is the state of not consuming animal meat and preferably consuming animal products. Semi-vegetarians are vegetarians who consume limited amounts of meat. Lacto-vegetarianism is a type of diet that consumes milk and dairy products but not eggs. Ovo-vegetarianism is a diet in which all meat and dairy products are excluded and only eggs are consumed. Pesco-vegetarianism is a diet that excludes red meat and poultry but includes fish. Veganism, on the other hand, is a type of diet that rejects all products of animal origin and animal products (31).

In the researches; The environmental and health effects of vegan, vegetarian and omnivorous diets were investigated. It has been observed that the decrease in meat consumption, greenhouse gas emissions, and land and water use proportionally decrease (32,33). In a study conducted in Italy, it was found that beef has a high impact on the ecosystem, while vegan diets have a low impact (33).

The American Dietary Guidelines do not recommend following a vegetarian or vegan diet. Omnivorous diets have more environmental impact than vegetarian diets. However, low consumption of essential nutrients such as meat, fish and milk can lead to health problems (34).

2.2.5. The new Nordic diet

It is a common diet in Scandinavian countries such as Norway, Finland, Iceland, Denmark and Sweden. The new Nordic diet of locally sourced foods was created to examine obesity and unsustainable agricultural practices. The New Nordic Diet; it was developed by nutritionists, scientists, and chefs who are experts in their fields (35).

The new Nordic diet and the Mediterranean diet were looked at and their health effects were similar. The reason for the similarity was the consumption of fruits and vegetables, cereal products, fish, low-fat dairy products, less meat and sweets in both diets. The difference is that the Nordic diet uses the nutrients of the northern climate (36).

Scandinavian foods that form the basis of the new Nordic diet that they belong to their country. Of nutrients; Being an organic, local product is of great importance in terms of sustainability and health. Most of the energy in the diet consists of plant-based foods. The

remaining energy should come from foods of animal origin. It contains high quality foods with biodiversity (36).

2.3.Eating Attitude

2.3.1. Definition of Eating Attitude

The whole of the beliefs, feelings, thoughts and behaviors towards eating defines the eating attitude. Just as nutrition has an impact on mental health, mental health also affects nutrition. Factors such as homeostatic systems, motor and sensory system development, and the environment in which the individual lives in the development of the individual's eating behavior from birth are factors in the formation of eating disorders. Emotional and cognitive factors affect eating attitude (37). In cases of depression, anger, anxiety, appetite loss or increased appetite is often seen. This is an example of the effect of emotional factors on eating attitude (38).

2.3.2. Eating Disorder and Eating Attitude

Eating behaviors that lead to impairment of health and psychosocial functions and continue to deteriorate. It defines the negativities seen in individuals' eating behaviors (39).

Eating disorder is one of the psychiatric disorders that start in early adolescence and continue in adulthood, which takes a long time to treat, and has a high mortality rate. Eating disorders are becoming a social problem with an increasing frequency and increasing day by day. Increasing or decreasing the amount of food taken daily to a level that may impair health, and experiencing excessive anxiety about body appearance negatively affect eating behavior (40,41). anorexia Nervosa (AN) was classified by specific diagnostic measures developed in 1970 and was the first eating disorder. Bulimia in 1979 Nervosa (BN) has been defined. The most common eating disorders are AN, BN, and binge eating (42).

American Psychiatric According to the Association (APA), bulimia nervosa (BN), anorexia nervosa (AN), binge eating disorder, pica, ruminant disorder constitutes eating disorders classified elsewhere (13).

Numerous theoretical models have emerged to explain the etiology of eating disorders. These models suggest the following risk factors: (43)

- Poor body image, beauty, gender factor, sociocultural factors
- Family and personal factors, comparison with peers
- Traumatic life situation, sexual/physical abuse
- Personal vulnerability, genetic factors, personality traits, behaviors

Eating attitude is affected by age and gender. Eating disorder that emerges during adolescence can continue in adulthood (41-43). Gender is one of the important reasons because women give more importance to their appearance than men (42).

Eating disorders have increased in the last 25 years in our country (13). The main reason for the formation of eating disorders is the feeling of being overweight, uncontrollable emotional turmoil and excessive food consumption, excessive desire due to anxiety about weight gain, and body perception disorder related to it. Environmental pressures towards thinness and dissatisfaction with their body lead individuals to make a wrong diet. Faulty diet attempts increase the risk of eating disorders. It may result in overeating as a result of short-term and low-energy diets (14,16, 42).

2.4.Nutrition and Eating Disorders

Nutrition and Eating Disorders are divided into 7 subheadings according to DSM-5 (44);

- Anorexia Neurosa
- Bulimia Neurosa
- Binge Eating Disorder,
- Pica
- Ruminant Disorder (Removal)
- Avoidant/Restrictive Food Intake Disorder
- Unspecified Nutrition and Eating Disorder.

2.4.1. Anorexia nervosa

Anorexia Nervosa (AN) is a psychiatric disorder characterized by both physical and psychological symptoms. It is the first eating disorder to be grouped with diagnostic criteria developed in 1970 (42). It is a low body weight and life-threatening eating disorder. Excessive fear of weight gain and marked deterioration in body image and amenorrhea (absence of menstruation) are observed. Because they feel fat, they

constantly want to lose weight and are afraid of gaining weight (45). In addition to these symptoms, social distancing, irritability, being tired and sluggish, insomnia, obsession with calorie amounts and nutritional content, excuses for not eating, regular menstruation, loose clothing to hide weight loss, diet pills, use of diuretics, sleep problem, anemia, serious harm to health such as infertility, suicidality, and death may occur. They have a desire to calculate calories, starve themselves, and be constantly weighed. Menstrual irregularities, skin problems (such as excessive dryness of the skin, hair growth, acne, etc.), dizziness and headache, shortness of breath, heart rhythm abnormalities, slowing of metabolism, thinning of hair strands and shedding are seen in people who lose weight rapidly (46).

According to DSM-5 criteria (44);

1. According to requirements, age, gender, development, body weight is too low.
2. Concern about gaining weight or being overweight, or obviously desire not to gain weight despite being of low body mass.
3. There is a disturbance in the way the individual perceives their body weight or shape. They attach too much meaning to their own body weight and shape, or the individual does not understand the negative effects of low body weight on their body at the time.

Restrictive type: A condition in which weight is lost by doing excessive exercise, or by dieting or not eating too much. In the last 3 months, the individual has not had a binge-eating or purging period, laxative drugs, or self-vomiting.

Binge eating/purging: In the last 3 months, repeated binge eating or purging is the condition of using laxative medication (40, 47).

AN is divided into 4 groups according to the body mass index of the individual (48);

- Non-heavy AN: BMI ≥17 kg/m^2
- Moderate AN: BMI 16-16.99 kg/m^2
- Heavy AN: BMI 15-15.99 kg/m^2
- Extreme AN: BMI< 15 kg/m^2

2.4.2. Bulimia nervosa

Bulimia nervosa, uncontrolled eating or binge eating and laxatives to prevent weight gain use, make themselves vomit, go on a diet, fast, and exercise excessively.

They always struggle to lose weight because they are not satisfied with their bodies (49). It means pathological appetite, whose etymological origin is derived from the words “bous ” (ox) and “ limos ” (hunger), meaning “a hunger big enough to eat an ox” (50).

BN is more common in women than men. Bulimia nervosa begins on average at the age of 18 (51). When patients feel anxious, stressed or lonely during the day, they experience binge eating if they are unconscious. They have bouts of binge eating from three thousand to twenty thousand calories at a time. They experience feelings of guilt and shame after eating (52).

DSM-5 criteria created in 2013 according to BN Diagnosis (44);

Episodes of binge eating. A binge eating period is explained by both of the following (53).

- Same conditions, at the same time, most people eating more food than you can eat in a separate time unit (for example, in any thirty-minute period).
- Loss of control over eating during this period.
- Unnecessary use of self-induced vomiting, laxative drugs, diuretic drugs or other drugs in order not to gain weight. Recurring inappropriate behavior, such as hardly eating or exercising too much.
- Both binge-eating behaviors and inappropriate attitudes were experienced at least once a week, on average, for three ¸months.
- Self- evaluation is negatively affected by body shape and weight.
- Bulimia nervosa, just anorexia nervosa does not occur during periods.

Bulimia in nervosa; overeating, self-vomiting, calorie restriction are seen. Calorie restriction causes intense hunger, triggers overeating and leads to extra nutrient consumption. This type of behavior is called the Constraint Pattern. One study was conducted in patients with eating disorders. The foods taken during the binge period contain an average of 2200 kcal (54,55).

Bulimia Nervosa refers to the individual's frequency of inappropriate behavior. divided into 4 groups according to (53):

- Mild BN: Negative compensatory 1 to 3 times per week on average behavior.
- Moderate BN: Negative compensatory 4 to 7 times per week on average behavior.

- Heavy BN: Negative compensatory 8 – 13 times per week on average behavior.
- Extremely BN: 14 or more negative compensators per week on average behavior.

2.4.3. Binge Eating Disorder

Bulimia as in nervosa, there are eating attacks, but they do not try to lose weight (45). Having binge at least once a week distinguishes it from other disorders (46). The patients are above their ideal weight and have a diagnosis of obesity. People with binge eating disorder tend to eat in secret. bulimia as in nervosa, there is a tendency to eat uncontrollably and cannot stop the act of eating (47). They do not want to enter the social environment where the food is. They attempt a lot of dieting and think that their life will be good when they lose weight, but they continue to eat because they do not realize physical satisfaction (48).

DSM-5 criteria created in 2013 Diagnosis of Binge Eating Disorder according to (44);

A. A period of recurrent binge eating. Two of the following occur during a binge eating episode:
    a. More food in a discrete time unit (for example, in any three-hour period) in the same conditions than most individuals can eat at the same time.
    b. This period, the control over eating is lost (for example, the individual cannot stop eating, cannot control what and how much he eats).

The binge eating period, three or more appear:

a. Eating faster than usual
b. Eating until you feel uncomfortably full,
c. Excessively when not feeling bodily hunger,
d. Ashamed of the amount he ate for self - eating,
e. Later self-disgust, depression life or a great guilty.

C. There is marked distress associated with binge eating.
D. These binge eating behaviors occur at least once a week for an average of three, months times has been repeated.
E. Binge eating, bulimia in nervosa repetitive as inappropriate behaviors unaccompanied and binge eating, bulimia only nervosa or anorexia nervosa. It doesn't appear during the run.

2.4.4. Pica

Pica is the habit of constantly and persistently eating non-nutritive substances (soil, paper, hair, paint, ash, clay, etc.). It is a behavior that lasts at least one month (47).

According to DSM-5, pica has 4 criteria (44);

A: Attitude to eat non-nutritive, non-nutritive objects for at least one month uninterruptedly,

B: Consistency of eating non-nutritive, non-nutritive objects, lack of compatibility with the person's developmental level,

C: This eating situation is not an acceptable practice with a social or cultural basis,

D: This eating condition is associated with another mental disorder (eg, autism, schizophrenia, intellectual disability), it is a condition that requires clinical evaluation.

2.4.5. Ruminant Disorder (Removal)

It is defined as the situation of withdrawing the food that one eats frequently in at least one month. Removal is not due to health status (53).

According to DSM-5, withdrawal disorder has 4 criteria (44);

Criterion A: It is the situation of withdrawing the foods that are frequently eaten for at least 1 month. He can chew, swallow, or spit out the reclaimed food again.

Criterion B: Recurrent withdrawal without medical treatment.

Criterion C: Anorexia nervosa, bulimia nervosa, avoidant/restricted eating disorder, or binge eating disorder is a condition that occurs at the onset of the disease.

Criterion D: If your symptoms are the result of another mental disorder, it requires clinical evaluation.

2.4.6. Avoidant/Restrictive Food Intake Disorder

People with avoidant/restrictive food intake disorder do not have a fear of gaining weight despite experiencing marked eating restriction and growth retardation. People with restrictive eating behavior limit consumption by restricting calories by controlling the amount and type of food. These individuals can eat more when under

stress than those who do not experience this type of eating behavior and they are constantly on a diet (56). Therefore, anorexia nervosa and bulimia It was defined as a separate diagnosis from nervosa in 2013 (49).

2.4.7. Unspecified Nutrition and Eating Disorder

Conditions with clinical signs of an eating disorder but not classified as an eating disorder are classified as unspecified feeding and eating disorders. Unlike other eating disorders, it does not meet the diagnostic criteria (44,50).

3. MATERIAL AND METHOD

This section; the place and time of the research, its universe and sample, data collection tools, and information about the analysis of the obtained data are included.

3.1.Place and Time of Research

The research was applied to 506 female volunteers between the ages of 18-65 who came to Sinem Altunay Nutrition and Counseling Center in Istanbul Bahcelievler between September 2022 and April 2023. It was conducted to evaluate the relationship between eating attitudes and sustainable nutrition. The approval of the Bezmialem University Non-Interventional Research Ethics Committee (Annex-1) dated 06.09.2022 and numbered 19 was received for the research.

3.2.Population and Sample of the Research

Female individuals between the ages of 18-65 who applied to a special diet clinic in Istanbul constitute the population of the research. The sample consists of 506 people who voluntarily participated in the research. Female individuals over the age of 18 and younger than 65, who can use the internet and computer enough to fill out the questionnaire, were included in the study. Male individuals and individuals not in the age range were not included in the study. Online consent (Appendix-2) was obtained from the individuals who agreed to participate in the study, indicating that they voluntarily participated in the study.

3.3.Data Collection and Evaluation

Bezmialem University Non-Interventional Research Ethics Committee on 06.09.2022.

“Participants who voluntarily agree to participate in the research; After giving detailed preliminary information, a voluntary consent form, a personal information form to collect demographic information, a test to measure the sustainable nutrition knowledge level of individuals, the Mediterranean Diet Adaptation Scale (MEDAS)

consisting of 14 questions to measure Mediterranean diet compliance, and the Eating Attitude Scale to determine the eating behaviors of individuals. Test-26 was applied.

3.3.1. Evaluation of Anthropometric Measurements

Body Mass Index (BMI) (kg/m^2) values; [body Weight (kg)/ Length^2 (m^2)] was calculated with the formula¨. In the BMI classification, the World Health Organization¨ classification is based on (57).

Table 1 BMI Values World Health Classification According to Organization¨

Classification	*BMI (kg/m ^{2})*
Weak	<18.5
Normal	18.5-24.99
Light weight	25-29.99
Obese	>30

3.3.2. Mediterranean Diet Adherence Scale (MEDAS)

In the Prevention with Mediterranean Diet (PREDİMED) study conducted by Martínez-González et al., to prevent cardiovascular diseases, the Mediterranean Diet Adherence Screener (MEDAS) was used, and then this 14 question questionnaire was validated by Schröder H et al. (58,59).

Each positive answer is a score on the 14-question Mediterranean Diet Adherence Scale (MEDAS). Participants with a score of seven and above are classified as agreeable, and participants below seven points are classified as nonconforming. The Cronbach Alpha coefficient of the scale is 0.829, which indicates that the scale is reliable.

MEDAS scale Turkish validity reliability Pehlivanoğlu et al., Eskişehir Osmangazi University Family Medicine Reliable as a result of the study done in the outpatient clinic found (60).

3.3.3. Eating Attitude Scale

Were evaluated with EAT-26. EAT-26 is a self-report scale developed to measure the disorders in eating attitudes and behaviors that individuals can fill in themselves (61). The

Eating Attitude Test-40, developed by Garner and Garfinken in 1979, was later transformed into its short form, the Eating Attitude Test-26, by Garner, Olmstad, Bohr and Garfinkel in 1982. The items of the 6-point Likert- type test are marked with one of the options "always", "very often", "often", "sometimes", "rarely", and "never". The higher the score on the EAT, the more it is interpreted as an approach to an abnormal eating attitude. EAT-26 test; 26 items are evaluated with the sum of the scores of 26 items. A score between 0 and 53 can be obtained from the test, however, 20 points are used as the cut-off point for EAT-26. According to the score results, individuals who score 20 and above are called as individuals with "impaired eating behavior", while individuals who score below 20 points are considered as individuals with "normal eating behavior". The Turkish validity and reliability study of the test was performed by Ergüney et al. Necessary permissions were obtained from the authors regarding the use of the scale. The test-retest reliability was found to be r = .65, and the Cronbach Alpha internal consistency coefficient was found to be (61).

3.4. Statistical Analysis

Data analysis was performed using the SPSS 27 program. After the scales were calculated, it was checked whether all measurement tools provided the assumption of normal distribution before starting the analysis. During this control phase, the skewness and kurtosis values of the scales are checked. It includes the -2+2 reference range of these values (62). As a result of this valuation, the use of parametric tests was preferred.

Pearson Correlation analysis was used to analyze the relationship between the scales, Independent Samples t-test and ANOVA to analyze the comparison of scale scores to categorical demographic variables, and Kruskal Wallis-H test was applied when the assumptions of the ANOVA test were not met. In addition, the 95% confidence interval for this study was referenced as a p-value of .05.

Table 2 Skewness and Kurtosis Values of Childhood Trauma Scale, Somatization Scale, Multidimensional Scale of Perceived Social Support and Coping with Stress Scale

	Kurtosis	**Distortion**
Eating Attitude Scale	-.19	.56
Dieting	-.64	.18
Bulimia and Eating Preoccupation	.13	.89

Control Eating	-.03	.78
Mediterranean Diet Compliance Scale	1.13	.24

4. RESULTS AND CONCLUSIONS

Demographic Information

Table 3 Demographic Characteristics of Participants

		n	%
Marital status	Married	330	65.2
	Single	176	34.8
Education status	Primary education	30	5.9
	High school	110	21.7
	University	366	72.3
Income status	My income is less than my expenses	110	21.7
	My income is equal to my expenses	254	50.2
	My income is more than my expenses	142	28.1
Have you heard of the term 'Sustainability' before?	Yes	424	83.8
	No	82	16.2
Have you heard of the term 'Sustainable Nutrition' before?	Yes	349	69.0
	No	157	31.0
Have you received sustainable nutrition education?	Yes	42	8.3
	No	464	91.7
Do you pay attention to consuming foods produced in the region you live in?	Never	62	12.3
	Rarely	182	36.0
	Now and again	144	28.5
	Always	118	23.3
Do you consume imported foods?	Never	180	35.6
	Rarely	65	12.8
	Now and again	247	48.8
	Always	14	2.8
Do you consume out-of-season foods?	Never	200	39.5
	Rarely	39	7.7
	Now and again	259	51.2
	Always	8	1.6
	Total	506	100.0

65.2% of the participants are married, 34.8% are single, 5.9% are primary school graduates, 21.7% are high school graduates, 72.3% are university graduates, 21.7% have income less than their expenses, 50.2% have income equal to their expenses, 28.1% of

them have more income than their expenses, 83.8% have heard of the concept of sustainability, 16.2% have not heard, 69% have heard of the concept of sustainable nutrition before, 31% have not heard, 8.3% have received sustainable nutrition education, 91.7% never, 12.3% never, 36% rarely, 28.5% occasionally, 23.3% always pay attention to consuming food produced in the region where they live, 35.6% never, 12.8% rarely , 48.8% sometimes consume imported foods, 2.8% always consume imported foods, 39.5% never, 7.7% rarely, 51.2% occasionally, 1.6% always consume out-of-season foods.

Table 4 Frequency Table Findings According to the Source Heard the Concept of Sustainable Nutrition

		n	%
Internet / social media	Yes	401	79.2
	No	105	20.8
Article	Yes	31	6.1
	No	475	93.9
Book	Yes	46	9.1
	No	460	90.9
Magazine	Yes	26	5.1
	No	480	94.9
Nutritionist	Yes	14	2.8
	No	492	97.2
No information	Yes	40	7.9
	No	466	92.1
	Total	506	100.0

79.2% of the participants heard the concept of sustainable nutrition from the internet/social media, 20.8% did not, 6.1% learned it from the article, 93.9% did not learn from the article, 9.1% learned it from the book, 90.9% did not learn from the book, 5.1% learned from the magazine, 94.9% did not learn from the magazine, 2.8% heard from a dietitian, 97.2% did not hear from a dietitian. 7.9% of them do not know about the concept of sustainable nutrition, 92.1% of them have.

Table 5 Features Consider While Buying Food Frequency Table Findings by Respect

		n	%
Price	Yes	308	60.9
	No	198	39.1
Expiration date	Yes	407	80.4
	No	99	19.6
Contents	Yes	174	34.4
	No	332	65.6
Being a diet product	Yes	43	8.5
	No	463	91.5
Seasonality	Yes	264	52.2
	No	242	47.8
Production place	Yes	110	21.7
	No	396	78.3
Whether there is packaging	Yes	121	23.9
	No	385	76.1
	Total	506	100.0

While purchasing food, 60.9% of the participants pay attention to the price, 39.1% do not pay attention to the price, 80.4% pay attention to the expiration date, 19.6% do not pay attention to the expiration date, 34% .3% pay attention to the ingredients, 65.6% do not pay attention to the ingredients, 8.5% pay attention to the diet product, 91.5% do not pay attention to the diet product, 52.2% pay attention to the seasonality 47.8% do not pay attention to seasonality, 21.7% pay attention to the place of production, 78.3% do not pay attention to the place of production, 23.9% pay attention to the packaging or not, 76%, 1 is not paying attention.

Table 6 Frequency Table Findings According to Sustainable Nutrition Characteristics

		n	%
Promote healthy living	Yes	417	82.4
	No	89	17.6
Must have low environmental impact	Yes	98	19.4
	No	408	80.6

It should be economical	Yes	285	56.3
	No	221	43.7
Include local foods	Yes	172	34.0
	No	334	66.0
Contains seasonal fruits	Yes	165	32.6
	No	341	67.4
It should be appropriate to cultural and ethnic preferences.	Yes	50	9.9
	No	456	90.1
Must meet nutritional and nutritional needs	Yes	256	50.6
	No	250	49.4
Ensure food safety	Yes	167	33.0
	No	339	67.0
Include accessible foods	Yes	292	57.7
	No	214	42.3
Other	Yes	5	1.0
	No	501	99.0
	Total	506	100.0

In terms of sustainable nutrition, 82.4% of the participants should promote healthy life, 17.6% should not, 19.4% should have low environmental impact, 80.6% should not, 56.3% should be economical. should be 43.7% not include 34% local foods, 66% should not contain local foods, 32.6% should contain seasonal fruits, 67.4% should not contain seasonal fruits, 9.9% 90.1% should not be suitable for cultural and ethnic preferences, 50.6% should meet their nutritional and nutritional needs, 49.4% should not meet their food and nutrient needs, 33% should ensure food safety, 67% should not provide food safety, 57.7% should include accessible foods, 42.3% should not include accessible foods, 1% other, 99% other.

Table 7 Descriptive Values of the Mediterranean Diet Scale, Eating Attitude Scale

	n	**min**	**Max**	**$\bar{X}$**	**ss.**
Mediterranean Diet Compliance Scale	506	0	14	7.12	2.62
Eating Attitude Scale	506	0	75	24.86	15.40
Dieting	506	0	36	14.18	7.86
Bulimia and Eating Preoccupation	506	0	18	4.21	4.18
Control Eating	506	0	21	6.47	4.79

Mean Mediterranean Diet Adherence Scale ($\bar{X}$=7.12 SD=2.62) , Eating Attitude Scale mean ($\bar{X}$=24.86 SD=15.40) , Dieting mean ($\bar{X}$=14.18 SD=7.86) , Bulimia and Eating Preoccupation mean ($\bar{X}$=4.21 SD=4.18) , Eating Control mean ($\bar{X}$=6.47 SD=4.79).

Correlation Analysis

In this part, Pearson Correlation analysis was applied to analyze the relationship between measurement tools. The results are given in Tables 7 and 8.

Table 8 The Relationship between the Mediterranean Diet Scale and the Eating Attitude Scale

	1	2	3	4	5
1-Mediterranean Diet Compliance Scale	1				
2-Eating Attitude Scale	-.15 **	1			
3-Diet	-.13 **	.95 **	1		
4-Bulimia and Eating Preoccupation	-.19 **	.87 **	.75 **	1	
5-Control Eating	-.11 *	.89 **	.78 **	.69 **	1

***p<0.01, *p<0.05 Name of the test applied: Pearson Correlation Test*

Mediterranean Diet Adherence Scale and Eating Attitude Scale (r=-0.15, p<0.01) , Mediterranean Diet Adherence Scale and Dieting (r=-0.13, p<0.01) , Mediterranean Diet Adherence Scale and Bulimia and Eating Preoccupation (r=-- 0.19, p<0.01) , low-level negative correlations were found between the Mediterranean Diet Scale and Control Eating (r=-0.11, p<0.05) variables.

Table 9 Between Mediterranean Diet Scale, Eating Attitude Scale, Age, Height, Weight, and BMI

	Age	Size	Weight	BMI
Mediterranean Diet Compliance Scale	.41 **	-.06	-.08	-.06
Eating Attitude Scale	-.11 *	.10 *	.06	.02
Dieting	-.13 **	.09 *	.07	.04
Bulimia and Eating Preoccupation	-.06	.10 *	.14 **	.11 *
Control Eating	-.08	.09 *	-.05	-.10 *

***p<0.01, *p<0.05 Name of the test applied: Pearson Correlation Test*

Moderate positive correlation between age and Mediterranean Diet Adaptation Scale (r=0.41, p<0.01) variables, Age and Eating Attitude Scale (r=-0.11, p<0.05), Age and Dieting (r=-0.13, p< 0.01) low-level negative correlations were detected between the variables.

Height and Eating Attitude Scale (r=0.10, p<0.05), Dieting (r=0.09, p<0.05), Bulimia and Eating Preoccupation (r=0.10, p<0.05), Eating Control (r=0.09, p<0.05) 0.05) low-level positive correlations were found between the variables.

Weight and the variables of Bulimia and Eating Preoccupation (r=0.14, p<0.01).

Were found between BMI and Bulimia and Eating Preoccupation (r=0.11, p<0.01) variables, and low-level negative correlations between BMI and Eating Control (r=-0.10, p<0.05) variables.

Comparison Analysis

In this section, Independent Groups t-test and ANOVA, Kruskal Wallis-H test were applied to compare the scores of the Mediterranean Diet Scale and Eating Attitude Scale in terms of socio-demographic variables. The results are presented in Tables 9-17.

Table 10 Comparison of Mediterranean Diet Compliance Scale and Eating Attitude Scale by Marital Status

		n	X	ss.	t	sd.	p
Mediterranean Diet Compliance Scale	Married	330	7.35	2.60	2.80	504	**0.005***
	Single	176	6.68	2.60			
Eating Attitude Scale	Married	330	24.76	16.10	-0.21	401,590	0.835
	Single	176	25.05	14.04			
Dieting	Married	330	14.01	8.11	-0.67	504	0.501
	Single	176	14.51	7.37			
Bulimia and Eating Preoccupation	Married	330	4.29	4.25	0.61	504	0.539
	Single	176	4.05	4.06			
Control Eating	Married	330	6.45	5.03	-0.08	404,587	0.937
	Single	176	6.49	4.34			

**p<0.05 Test Used: Independent Samples T-Test*

The scores they got from the Eating Attitude Scale, Dieting, Bulimia and Preoccupation with Eating, and Controlling Eating were evaluated according to the marital status groups, no significant difference was found between the groups (p>.05).

From the Mediterranean Diet Scale *(t(504)=2.80, p<0.05)* When the scores they got were evaluated according to the marital status groups, a significant difference was found between the groups. When the averages were compared, those who were married scored higher than those who were single.

Table 11 Comparison of Mediterranean Diet Adherence Scale and Eating Attitude Scale, According to Whether or Not Heard of the Concept of 'Sustainability' Before

		n	$\bar{X}$	ss.	t	sd.	p
Mediterranean Diet Compliance Scale	Yes	424	7.07	2.54	-0.83	104,565	0.406
	No	82	7.37	3.00			
Eating Attitude Scale	Yes	424	24.19	15.19	-2.23	504	**0.026***
	No	82	28.32	16.15			
Dieting	Yes	424	13.83	7.80	-2.30	504	**0.022***
	No	82	16.00	7.96			
Bulimia and Eating Preoccupation	Yes	424	4.08	4.12	-1.62	504	0.106
	No	82	4.89	4.43			
Control Eating	Yes	424	6.28	4.75	-1.99	504	**0.047***
	No	82	7.43	4.92			

**p<0.05 Test Used: Independent Samples T-Test*

When the scores they got from the Mediterranean Diet Scale, Bulimia and Eating Preoccupation sub-dimension were evaluated according to the groups of whether or not they had heard of the concept of 'Sustainability' before, no significant difference was found between the groups (p>.05).

Eating Attitude Scale *(t(504)=-2.23, p<0.05)* , Dieting subscale *(t(504)=-2.30, p<0.05*, Control Eating subscale *(t(504)=-1.99, p<0.05) 0.05)* When the scores they got were evaluated according to the groups of whether or not they had heard of the concept of 'Sustainability' before , a significant difference was found between the groups. When the averages are compared, those who have not heard the concept of 'Sustainability' before got higher scores than those who have heard the concept of 'Sustainability' before.

Table 12 Comparison of the Mediterranean Diet Adaptation Scale and the Eating Attitude Scale according to whether or not to have heard of the concept of 'sustainable nutrition' before

		n	$\bar{X}$	ss.	t	sd.	p
Mediterranean Diet Compliance Scale	Yes	349	7.11	2.59	-0.12	504	0.901
	No	157	7.14	2.68			
Eating Attitude Scale	Yes	349	24.46	15.28	-0.87	504	0.385
	No	157	25.75	15.70			
Dieting	Yes	349	14.00	7.78	-0.77	504	0.440
	No	157	14.59	8.02			
Bulimia and Eating Preoccupation	Yes	349	4.08	4.19	-1.00	504	0.319
	No	157	4.48	4.17			

Control Eating	Yes	349	6.37	4.84	-0.66	504	0.512
	No	157	6.68	4.69			

**p<0.05 Test Used: Independent Samples T-Test*

When the scores obtained from the Mediterranean Diet Scale, Eating Attitude Scale, Dieting, Bulimia and Preoccupation with Eating, and Controlling Eating sub-dimension were evaluated according to the groups of whether or not they had heard of the concept of 'Sustainable Nutrition' before , no significant difference was found between the groups (p>.05).

Table 13 Comparison of Mediterranean Diet Adaptation Scale and Eating Attitude Scale according to Sustainable Nutrition Education or Not

		n	**$\bar{X}$**	**ss.**	**t**	**sd.**	**p**
Mediterranean Diet	Yes	42	6.95	2.96	-0.43	504	0.668
Compliance Scale	No	464	7.13	2.59			
Eating Attitude Scale	Yes	42	29.76	15.62	2.16	504	**0.031***
	No	464	24.41	15.33			
Dieting	Yes	42	16.86	7.58	2.31	504	**0.021***
	No	464	13.94	7.84			
Bulimia and Eating	Yes	42	5.07	4.66	1.40	504	0.162
Preoccupation	No	464	4.13	4.13			
Control Eating	Yes	42	7.83	5.22	1.93	504	0.054
	No	464	6.34	4.74			

**p<0.05 Test Used: Independent Samples T-Test*

The scores they got from the Mediterranean Diet Scale, Bulimia and Eating Preoccupation, Control Eating sub-dimension When the status of receiving sustainable nutrition education was evaluated according to the groups, no significant difference was found between the groups (p>.05).

Eating Attitude Scale *(t(504)=2.16, p<0.05)* , Dieting subscale *(t(504)=2.31, p<0.05)* When the scores they received were evaluated according to the groups of whether they received sustainable nutrition education or not, a significant difference was found between the groups. When the averages were compared, those who received sustainable nutrition education scored higher than those who did not receive sustainable nutrition education.

Table 14 Comparison of Mediterranean Diet Compliance Scale and Eating Attitude Scale by Educational Status

		n	X̄	ss.	There is. k.	KT	sd.	KO	F	p
Mediterranean Diet Compliance Scale	Primary education	30	6.00	3.04	Between G.	45.52	2	22.76	3.36	**0.036***
	High school	110	6.99	2.48	G.Inside	3411.37	503	6.78		
	University	366	7.25	2.60	Total	3456.89	505			
Eating Attitude Scale	Primary education	30	27.47	18.81	Between G.	331.22	2	165.61	0.70	0.499
	High school	110	23.80	15.09	G.Inside	119508.53	503	237.59		
	University	366	24.96	15.21	Total	119839.75	505			
Dieting	Primary education	30	14.83	9.70	Between G.	35.03	2	17.51	0.28	0.754
	High school	110	13.75	7.87	G.Inside	31124.88	503	61.88		
	University	366	14.26	7.70	Total	31159.91	505			
Bulimia and Eating Preoccupation	Primary education	30	5.23	4.72	Between G.	66.41	2	33.21	1.91	0.149
	High school	110	3.66	3.73	G.Inside	8754.80	503	17.41		
	University	366	4.29	4.25	Total	8821.21	505			
Control Eating	Primary education	30	7.40	5.34	Between G.	27.89	2	13.95	0.61	0.546
	High school	110	6.38	4.78	G.Inside	11578.04	503	23.02		
	University	366	6.42	4.76	Total	11605.93	505			

**p<0.05 Test Used: One Way Analysis of Variance (ANOVA)*

The Eating Attitude Scale, Dieting, Bulimia and Preoccupation with Eating, and Controlling Eating sub-dimensions were evaluated according to the educational status groups, no significant difference was found between the groups (p>.05).

The scores obtained from the Mediterranean Diet Adaptation Scale (*F(2.503)=3.36, p<0.05) according to* education level, a significant difference was found between the averages. According to the findings obtained as a result of the Tukey test applied, it has been determined that the scores of those who are university graduates have a significantly higher score when compared to those who are primary school graduates.

Table 15 Comparison of Mediterranean Diet Compliance Scale and Eating Attitude Scale by Income Status

		n	X̄	ss.	There is. k.	KT	sd.	KO	F	p
Mediterranean Diet Compliance Scale	My income is less than my expenses	110	7.45	2.83	Between G.	28.87	2	14.43	2.12	0.121
	My income is equal to my expenses	254	6.89	2.63	G.Inside	3428.02	503	6.82		
	My income is more than my expenses	142	7.27	2.38	Total	3456.89	505			
Eating Attitude Scale	My income is less than my expenses	110	25.34	13.14	Between G.	81.36	2	40.68	0.17	0.843
	My income is equal to my expenses	254	24.99	16.44	G.Inside	119758.39	503	238.09		
	My income is more than my expenses	142	24.25	15.20	Total	119839.75	505			
Dieting	My income is less than my expenses	110	14.77	6.77	Between G.	49.01	2	24.51	0.40	0.673
	My income is equal to my expenses	254	14.04	8.28	G.Inside	31110.90	503	61.85		
	My income is more than my expenses	142	13.99	7.88	Total	31159.91	505			
Bulimia and Eating Preoccupation	My income is less than my expenses	110	4.05	3.74	Between G.	40.86	2	20.43	1.17	0.311
	My income is equal to my expenses	254	4.48	4.44	G.Inside	8780.35	503	17.46		
	My income is more than my expenses	142	3.84	4.01	Total	8821.21	505			

Control Eating	My income is less than my expenses	110	6.51	4.26	Between G.	0.39	2	0.20	0.01	0.991
	My income is equal to my expenses	254	6.47	5.04	G.Inside	11605.53	503	23.07		
	My income is more than my expenses	142	6.43	4.76	Total	11605.93	505			

**p<0.05 Test Used: One Way Analysis of Variance (ANOVA)*

When the Mediterranean Diet Scale, Eating Attitude Scale, Dieting, Bulimia and Preoccupation with Eating, and Controlling Eating sub-dimension were evaluated according to income status groups, no significant difference was found between the groups (p>.05).

Table 16 Comparison of Mediterranean Diet Scale and Eating Attitude Scale according to Consumption of Food Produced in the Region

		n	**X̄**	**ss.**	**There is. k.**	**KT**	**sd.**	**KO**	**F**	**p**
Mediterranean Diet Compliance Scale	Never	62	6.52	2.36	Between G.	113.20	3	37.73	5.66	**0.001***
	Rarely	182	7.49	2.73	G.Inside	3343.69	502	6.66		
	Now and again	144	6.56	2.31	Total	3456.89	505			
	Always	118	7.54	2.77						
Eating Attitude Scale	Never	62	24.94	14.19	Between G.	1172.93	3	390.98	1.65	0.176
	Rarely	182	23.34	15.15	G.Inside	118666.83	502	236.39		
	Now and again	144	24.69	14.99	Total	119839.75	505			
	Always	118	27.37	16.73						
Dieting	Never	62	14.35	7.28	Between G.	80.61	3	26.87	0.43	0.729
	Rarely	182	13.76	7.89	G.Inside	31079.30	502	61.91		
	Now and again	144	14.14	7.78	Total	31159.91	505			
	Always	118	14.81	8.23						
	Never	62	4.40	3.74	Between G.	98.72	3	32.91	1.89	0.130

Bulimia and Eating Preoccupation	Rarely	182	3.64	4.04	G.Inside	8722.49	502	17.38		
	Now and again	144	4.43	4.29	Total	8821.21	505			
	Always	118	4.71	4.42						
Control Eating	Never	62	6.18	4.47	Between G.	301.00	3	100.33	4.46	**0.004***
	Rarely	182	5.94	4.67	G.Inside	11304.93	502	22.52		
	Now and again	144	6.12	4.35	Total	11605.93	505			
	Always	118	7.86	5.42						

**p<0.05 Test Used: One Way Analysis of Variance (ANOVA)*

The Eating Attitude Scale, Dieting, Bulimia, and Eating Occupation sub-dimension were evaluated according to the status of consuming foods produced in the region where they lived, no significant difference was found between the groups (p>.05).

The scores obtained from the Mediterranean Diet Scale (*F(3.502)=5.66, p<0.05) according to* the consumption status of the foods produced in the region where they lived, a significant difference was found between the averages. According to the findings obtained as a result of the Tukey test applied, it has been determined that the scores of those who rarely and always consume the foods produced in the region they live have a significantly higher score when compared to those who consume it occasionally.

The scores obtained from the Eating Control subscale (*F(3.502)=4.46, p<0.05) according to* the consumption status of the foods produced in the region where they lived, a significant difference was found between the averages. According to the findings obtained as a result of the Tukey test, it was determined that the scores of those who always consume the foods produced in the region they live in have significantly higher scores when compared to those who rarely and occasionally consume them.

Table 17 Comparison of the Mediterranean Diet Compliance Scale and the Eating Attitude Scale according to Imported Food Consumption Status

		n	X̄	ss.	There is. k.	KT	sd.	KO	F	p
Mediterranean Diet Compliance Scale	Never	180	7.12	2.70	Between G.	33.05	3	11.02	1.62	0.185
	Rarely	65	6.68	2.48	G.Inside	3423.83	502	6.82		
	Now and again	247	7.29	2.58	Total	3456.89	505			

	Always	14	6.14	2.54						
Eating Attitude Scale	Never	180	26.11	16.41	Between G.	873.60	3	291.20	1.23	0.299
	Rarely	65	25.66	14.41	G.Inside	118966.16	502	236.98		
	Now and again	247	23.56	14.74	Total	119839.75	505			
	Always	14	27.93	17.59						
Dieting	Never	180	14.66	8.21	Between G.	175.50	3	58.50	0.95	0.417
	Rarely	65	14.83	7.84	G.Inside	30984.41	502	61.72		
	Now and again	247	13.60	7.54	Total	31159.91	505			
	Always	14	15.43	8.78						
Bulimia and Eating Preoccupation	Never	180	4.42	4.37	Between G.	42.99	3	14.33	0.82	0.484
	Rarely	65	4.37	4.03	G.Inside	8778.22	502	17.49		
	Now and again	247	3.95	4.02	Total	8821.21	505			
	Always	14	5.29	5.06						
Control Eating	Never	180	7.03	5.15	Between G.	114.62	3	38.21	1.67	0.173
	Rarely	65	6.46	4.24	G.Inside	11491.31	502	22.89		
	Now and again	247	6.02	4.62	Total	11605.93	505			
	Always	14	7.21	5.15						

**p<0.05 Test Used: One Way Analysis of Variance (ANOVA)*

When the Mediterranean Diet Scale, Eating Attitude Scale, Dieting, Bulimia and Eating Preoccupation, Eating Control sub-dimension were evaluated according to the imported food consumption status groups, no significant difference was found between the groups (p>.05).

Table 18 Comparison of Mediterranean Diet Adaptation Scale and Eating Attitude Scale according to Out of Season Food Consumption Status

		n	**SO**	**x ^{2}**	**sd.**	**p**
Mediterranean Diet Compliance Scale	Rarely	39	134.00	2.62	2	0.270
	Now and again	259	156.94			
	Always	8	137.19			

Eating Attitude Scale	Rarely	39	154.47	5.47	2	0.065
	Now and again	259	151.13			
	Always	8	225.38			
Dieting	Rarely	39	157.33	5.53	2	0.063
	Now and again	259	150.72			
	Always	8	224.75			
Bulimia and Eating Preoccupation	Rarely	39	155.26	5.07	2	0.079
	Now and again	259	151.13			
	Always	8	221.56			
Control Eating	Rarely	39	149.49	2.19	2	0.334
	Now and again	259	152.71			
	Always	8	198.56			

**p<0.05 Test used: Kruskal Wallis-H*

The Mediterranean Diet Scale, Eating Attitude Scale, Dieting, Bulimia and Eating Preoccupation, Eating Control sub-dimension were evaluated according to the non-seasonal food consumption status groups, no significant difference was found between the groups (p>.05).

5. DISCUSSION

Disordered eating behaviors and attitudes have become a global problem, especially among female individuals. Obesity; unhealthy eating attitudes are closely associated with an increased risk of disordered eating, including weight concerns, very low-calorie diets, anorexia, bulimia, and binge eating disorder. All eating disorders, including obesity, are a major public health problem today. There are many factors that affect eating attitudes and behaviors, these are social, cultural and psychological factors. In developing countries, nutrition and cultural transition, social changes, family order, exposure to mass media and globalization affect eating attitudes and behaviors (63).

Data between the ages of 18-65 are very valuable in order to increase awareness about sustainable nutrition, to develop policies on this issue and to contribute to the literature. For this reason, this study was planned to evaluate the behaviors and knowledge levels of female clients coming to Sinem Altunay Nutrition and Counseling Center about sustainable nutrition and to examine their relationship on food preferences. In this part of the thesis, the demographic characteristics of the participants and the relationship between these characteristics and the scales will be discussed in line with the findings.

The most common measure used in clinical screening for obesity is the BMI assessment. The BMI value, which is calculated by the ratio of the person's weight in kilograms to their height in meters (kg/m2), is evaluated according to the World Health Organization's international adult classification (64). According to Turkey Nutrition and Health Survey (TBSA, 2019) 2019 data, 24.8% of women aged 15 and over are obese (BMI ≥ 30.00) and 30.4% are slightly obese (25.00≤BMI<30) .00) (65). In this study, 1.8% of female individuals are underweight, 27.9% are normal, 38.1% are overweight, 14.6% are first degree obese, 4.3% are second degree obese and 3.2% of them are 3rd degree obese. It is seen that the obesity rates of the individuals participating in the study are lower than the Turkish population.

The Eating Attitude Test-26 (EAT-26) was used to screen for the risk of eating disorders. In this study, low-level positive correlations were found between individuals' eating attitudes and BMI and bulimia and eating preoccupation variables, and low-level negative correlations between BMI and control variables. There are similar findings in

the literature (66-68). Since the Mediterranean diet is a diet model rich in plant-based foods and high in fish consumption, it has a positive effect on weight control.

When the findings of the participants in the study are examined; female individuals between the ages of 18 and 65 participated in this study and the majority of the participants were between the ages of 26-30. Considering the educational status of individuals, 72.3% are university graduates. 83.8% of the individuals participating in the study have heard of the concept of sustainability before. It is a possible result that individuals who have heard the definition of sustainability have a higher behavioral score. According to these findings, it is thought that more awareness of the concept of sustainability may affect sustainable behaviors. 69% of the participating individuals have heard of the concept of sustainable nutrition, but have not received sustainable nutrition education. The rate of people who received training on the concept of sustainable nutrition is 8.3%. In another study conducted on individuals aged 20 and over, it was observed that women heard the concept of sustainable nutrition more than men (69). It may be due to the perception of beauty that women are more interested in their body image.

79.2% of the participants heard the concept of sustainable nutrition through the internet/social media. In another study conducted in a different way, participants stated that they heard the concept of sustainable nutrition mostly from health professionals (doctor / dietitian) (70).

80.4% of the attention is paid to the expiry date when purchasing foods, while 60.9% of the price is also looked at 52.2% of the participants consider seasonality. In a study conducted in America and China, it was found that they paid more attention to sensory appeal and weight control (71). In another study, it is seen that the expiry date is mostly looked at when purchasing foods (72). In Çelik's study, it is seen that the expiry date and production date are mostly looked at from the information on the label. Afterwards, it is seen that the price and energy value are looked at (73). When it is determined what affects food preferences, it can make important contributions to the dissemination of sustainable nutrition.

In this study, it was determined that the income of the majority (50.2%) of the participants whose income status was examined was equal to the expenditure (Table 2).

In another study conducted on women, it was determined that 55.7% of the participants had equal income and expenditure (74). The results of the study show similarity.

The Mediterranean diet has protective effects on health. It is a diet that includes multigrain foods, dried legumes, oil seeds, and fruit-vegetables, fish is frequently consumed as a quality protein source, red wine is consumed in moderation, and olive oil is included (75). In the study, the Mediterranean diet adherence scale (MEDAS) was used to determine the suitability for the Mediterranean diet. One reason why this scale was used in this study is that it is a valid criterion that can be useful in clinical practice for short-term evaluation of adherence to the Mediterranean diet (76,77). The second reason is that this 14-item scale of individuals is to record both faster and more accurate data instead of taking food consumption records, since it is collected by online survey method.

Among the findings of this study, the relationship between the age of the participants and the Mediterranean diet adaptation scale variables and their eating attitudes were examined, and it was found that there was a significant relationship between the eating attitudes and age of the individuals. Low-level negative correlations were found between age and eating attitude scale ($r=-0.11$, $p<0.05$), and age and dieting ($r=-0.13$, $p<0.01$) variables. However, in the study published in the Journal of The Academy of Nutrition and Dietetic, 1553 people in three different age groups (20-49 years, 49-62 years, 62-80 years) were compared in terms of their adherence to the Mediterranean diet, the age group with the lowest compliance was 20-49. young adults in the age group, and the highest adaptive age group was reported as individuals in the 62-80 age group (78).

The data were collected by the online survey method and the anthropometric values are based on the statements of the person. Since it is not a direct measurement, the limitation of the study is that the individuals' body weight and height values are under- or over-specified. In this study, a negative correlation was observed between Mediterranean diet adherence scale scores and BMI, but it was not found statistically significant. In a different study, when dietary habits and socio-demographic variables were examined, BMI was positively correlated with meat consumption and negatively correlated with plant foods and fish consumption (78). In the Mediterranean diet, rich vegetable consumption and fish consumption have positive effects on weight control.

Level positive correlations were found between BMI and bulimia and eating preoccupation variables, and low level negative correlations between BMI and eating control variables.

From the Mediterranean Diet Scale *(t(504)=2.80, p<0.05)* When the scores they got were evaluated according to the marital status groups, a significant difference was found between the groups. When the averages were compared, those who were married scored higher than those who were single. In a different study, individuals whose marital status was married showed more compliance with the Mediterranean diet compared to other marital statuses (79).

Eating attitude test-26 (EAT-26) was used to determine the risk of eating disorders. When the scores obtained from the eating attitude scale, dieting, bulimia and preoccupation with eating, and control over eating were evaluated according to marital status groups, no significant difference was found between the groups (p>.05).

When the scores they got from the Mediterranean diet adaptation scale, bulimia and preoccupation with eating sub-dimension were evaluated according to whether or not they had heard of the concept of 'sustainability' before, no significant difference was found between the groups (p>.05). Scores of Mediterranean diet adaptation scale, bulimia and preoccupation with eating, and control over eating sub-dimension When the status of receiving sustainable nutrition education was evaluated according to the groups, no significant difference was found between the groups (p>.05). However, in another study, it was determined that with the increase in the level of sustainability knowledge, the sustainable consumption behavior increased (80).

When the educational status is evaluated according to the groups; no significant difference was found between the eating attitude scale, dieting, bulimia and preoccupation with eating, and control over eating (p>.05). However, in the study conducted by Güraksu (2021), when we compared the educational status of the eating attitude scale, dieting, bulimia and preoccupation with eating, controlling eating, and life satisfaction subscale according to the variable of educational status, no significant difference was found between the averages (81). When we compared the scores obtained from the Mediterranean Diet Scale (*F(2.503)=3.36, p<0.05) according to* education level , a significant difference was found between the averages. According to the findings obtained as a result of the Tukey test applied, it has been determined that the scores of

those who are university graduates have a significantly higher score when compared to those who are primary school graduates.

When the Mediterranean diet adaptation scale, eating attitude scale, dieting, bulimia and preoccupation with eating, and controlling eating sub-dimension were evaluated according to income status groups, no significant difference was found between the groups ($p>.05$).

The scores obtained from the Mediterranian Diet Scale according to the consumption of foods produced in the region where they lived, a significant difference was found between the averages. According to the findings obtained as a result of the Tukey test applied, it has been determined that the scores of those who rarely and always consume the foods produced in the region they live have a significantly higher score when compared to those who consume it occasionally. Factors affecting food preferences include consumers' ecological food preferences and sustainable eating behaviors. In the researches, local nutrition, seasonal nutrition, consuming organic foods and not consuming packaged foods have come to the fore.

The scores obtained from the Eating Control subscale according to the consumption of foods produced in the region where they lived, a significant difference was found between the averages. According to the findings obtained as a result of the Tukey test, it was determined that the scores of those who always consume the foods produced in the region they live in have significantly higher scores when compared to those who rarely and occasionally consume them.

When the scale of adaptation to the Mediterranean diet, the eating attitude scale, dieting, bulimia and preoccupation with eating, and the sub-dimension of controlling eating were evaluated according to the imported food consumption status groups, no significant difference was found between the groups ($p>.05$). Reducing the distance between production and consumption points provides more greenhouse gas to the nature. Since the majority of the greenhouse gas is formed during the production phase, there are opinions stating that what comes from the food mile is unimportant, and how the food is transported is more important than the distance it is transported (82-84). The lack of significant difference in this regard may be due to the fact that the individuals participating in the survey do not have enough ideas.

When the Mediterranean diet scale, eating attitude scale, dieting, bulimia and preoccupation with eating, and control over eating sub-dimension were evaluated according to the out-of-season food consumption groups, no significant difference was found between the groups ($p>.05$). Preferring seasonal food is recommended for a more sustainable diet. While artificial conditions such as heated greenhouses are required to grow food that is not in its natural growing season, the absence of such a requirement for in-season food causes less greenhouse gas emissions (85).

As a result, this study is a pioneering study examining the eating attitude behaviors of individuals and the evaluation of adherence to the Mediterranean diet, which is a sustainable nutrition model. Low-level negative correlations were found between adherence to the Mediterranean Diet and eating attitude behaviors.

6. CONCLUSION

This study was conducted on 506 female individuals who came to Sinem Altunay Nutrition and Counseling Center. The following results were found in the study, which was planned to evaluate the eating attitude behaviors of female individuals and the adaptation to the Mediterranean diet, which is a sustainable nutrition model.

1. 15.0% of the participants are between 18-25 years old, 25.3% are between 26-30 years old, 19.4% are between 31-35 years old, 16.8% are between 36-40 years old, 23.5% are over 40 years old. According to BMI groups, 1.8% were underweight, 37.9% were normal, 38.1% were overweight, 14.6% were grade 1 obese, 4.3% were grade 2 obese and 3.2% were grade 3 obese.

2. There is a low negative correlation between the scale of adherence to the Mediterranean diet and the eating attitude subscales.

3. There is a moderate positive correlation between age and Mediterranean diet adaptation scale variables, a low level negative correlation between age and eating attitude scale, and age and dieting variables.

4. Low level positive correlation between BMI and bulimia and eating preoccupation variables, low level negative correlation between BMI and eating control variables.

5. When the scores obtained from the eating attitude scale, dieting, bulimia and preoccupation with eating, and controlling eating sub-dimension were evaluated according to marital status groups, no significant difference was found between the groups.

6. When the scores they got from the scale of adaptation to the Mediterranean diet were evaluated according to the marital status groups, a significant difference was found between the groups. Married individuals seem to adapt to the Mediterranean diet more than single individuals.

7. When the scores they got from the Mediterranean diet adaptation scale, bulimia and preoccupation with eating sub-dimension were evaluated according to the groups of whether or not they had heard of the concept of 'sustainability' before, there was no significant difference between the groups.

8. The scores they got from the eating attitude scale, the dieting subscale, and the eating control subscale were higher for those who had not heard of the concept of 'sustainability' before, compared to those who had heard the concept of 'sustainability' before.

9. When the eating attitude scale, dieting, bulimia and preoccupation with eating, sub-dimension of controlling eating were evaluated according to the educational status groups, no significant difference was found between the groups.

10. According to the findings obtained from the scale of adaptation to the Mediterranean diet, individuals who are university graduates are more likely to comply with the Mediterranean diet than those who are primary school graduates.

11. When the consumption of foods produced in the region was evaluated according to the groups, no significant difference was found between the groups.

12. According to the findings obtained from the Mediterranean diet adaptation scale and the eating control attitude scale, it has been determined that the scores of those who rarely and always consume the foods produced in the region they live in have a significantly higher score when compared to those who consume it occasionally.

13. When the scale of adaptation to Mediterranean diet, eating attitude scale, dieting, bulimia and preoccupation with eating, sub-dimension of controlling eating were evaluated according to the imported food consumption status groups, no significant difference was found between the groups.

7. RECOMMENDATIONS

Today, sustainable nutrition is gaining importance, but there are limited studies on sustainable nutrition in our country. The data to be obtained as a result of the evaluation of the behaviors and knowledge levels of female individuals related to sustainable nutrition and their relationship to the Mediterranean diet and eating behaviors are pioneers for future studies on this subject. Understanding what influences preferences can guide the promotion of sustainable dieting. It is necessary to raise awareness about sustainable nutrition, which is gaining importance in the world, and to develop policies on this issue in order to meet the needs of the current and future population. For this, large-scale studies reflecting the whole society and higher levels of evidence, large and diverse populations (studies on sustainable nutrition are needed. In this study, it has been shown that there is a relationship between the education of individuals and healthy and balanced nutrition. In the scope of nutrition education, sustainable nutrition, health and environment issues should be emphasized.

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9. APPENDIXS

Ethical Committee Declaration

Evrak Tarih ve Sayısı: 20.09.2022-78538

T.C.
BEZMİALEM VAKIF ÜNİVERSİTESİ REKTÖRLÜĞÜ
Teknoloji Transfer Ofisi
Etik Kurullar Birimi

Sayı : E-54022451-050.05.04-78538 20.09.2022
Konu : 2022/223 Etik Kurul Kararı

Sayın Doç.Dr.Hülya DEMİR
Yeditepe Üniversitesi Sağlık Bilimleri Fakültesi Beslenme ve Diyetetik Bölümü

2022/223 numaralı "Özel Diyet Kliniğine Başvuran Kadın Danışanlarda Yeme Tutumları ile Sürdürülebilir Beslenme İlişkisinin Değerlendirilmesi" başlıklı başvurunuz Üniversitemiz Etik Kurullar Birimi'nin 06.09.2022 tarihli, 19 sayılı Girişimsel Olmayan Araştırmalar Etik Kurulu toplantısında değerlendirilmiş olup, mevcudun oy birliğiyle onaylanmasına karar verilmiştir.

Bilgilerinizi ve gereğini arz/rica ederim

Prof.Dr. İsmail MERAL
Girişimsel Olmayan Araştırmalar Etik Kurulu Başkanı

Bu belge, güvenli elektronik imza ile imzalanmıştır.
Doğrulama Kodu :BSE4EE3Z84 Pin Kodu :94842 Belge Takip Adresi : https://turkiye.gov.tr/ebd?eK=5394&eD=BSE4EE3Z84&eS=78538
Bezmialem Vakıf Üniversitesi Adnan Menderes Bulvarı (Vatan Caddesi)
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Bilgi için: Zübeyde ÖZDEMİR
Unvan: Sorumlu

Institution Permit Letter

BEZMİÂLEM VAKIF ÜNİVERSİTESİ	GİRİŞİMSEL OLMAYAN ARAŞTIRMALAR ETİK KURULU KURUM İZNİ ÖRNEK FORMU				
	Doküman Kodu: ÜNV-GOAEK-FRM-004	Yayın Tarihi: 17.09.2019	Revizyon No: 02	Revizyon Tarihi: 01.06.2022	Sayfa 1 / 1

06/06/2022

T.C.
BEZMİALEM VAKIF ÜNİVERSİTESİ
ETİK KURULLAR BİRİMİ
GİRİŞİMSEL OLMAYAN ARAŞTIRMALAR ETİK KURULU'NA

Doç. Dr. Hülya Demir danışmanlığında yürüteceği Sinem Altunay Beslenme ve Danışmanlık Merkezi'ne gelen kadın danışanlara "Özel Diyet Kliniğine Başvuran Kadın Danışanlarda Yeme Tutumları ile Sürdürülebilir Beslenme İlişkisinin Değerlendirilmesi" konulu tez çalışması anketi yapılması için gerekli verilerin toplanması ve tanıma uygun danışanlara hem sözlü değerlendirmelerin yapılabilmesi için kliniğimiz sorumlu diyetisyeninden izin istenmiştir.

Çalışmanın kliniğimizde yapılması uygun görülmüştür.

Gereğini bilgilerinize rica ederiz.

Diyetisyen Sinem Altunay

Informed Consent Form for Research Purposes

BEZMİÂLEM VAKIF ÜNİVERSİTESİ	BİLGİLENDİRİLMİŞ GÖNÜLLÜ OLUR FORMU				
	Doküman Kodu: ÜNV-GOAEK-FRM-002	Yayın Tarihi: 17.09.2019	Revizyon No: 03	Revizyon Tarihi: 01.06.2022	Sayfa 1 / 2

Aşağıda bilgileri yer almakta olan bir araştırma çalışmasına katılmanız istenmektedir. Çalışmaya katılıp katılmama kararı tamamen size aittir. Katılmak isteyip istemediğinize karar vermeden önce araştırmanın neden yapıldığını, bilgilerinizin nasıl kullanılacağını, çalışmanın neleri içerdiğini, olası yararları ve risklerini ya da rahatsızlık verebilecek yönlerini anlamanız önemlidir. Lütfen aşağıdaki bilgileri dikkatlice okumak için zaman ayırınız. Eğer çalışmaya katılma kararı verirseniz, **Çalışmaya Katılma Onayı Formunu** imzalayınız. Çalışmadan herhangi bir zamanda ayrılmakta özgürsünüz. Çalışmaya katıldığınız için size herhangi bir ödeme yapılmayacak ya da sizden herhangi bir maddi katkı/malzeme katkısı istenmeyecektir. Araştırmada kullanılacak tüm malzemeler ve yapılabilecek tüm harcamalar araştırmacı tarafından karşılanacaktır

ÇALIŞMANIN KONUSU VE AMACI

Sürdürülebilir tüketim konusu çok geniş bir kavram olduğundan bu araştırmada "bireylerinin yeme tutumları ile sürdürülebilir beslenme modeli olan Akdeniz diyetine uyumun değerlendirilmesi hedeflenmiştir.
Sürdürülebilir tüketim davranışı sergileyen katılımcıların demografik özelliklerini ortaya çıkarmak
Yeme tutumlarının sürdürülebilir beslenme üzerindeki etkisini incelemek
Sürdürülebilirlik konusunda bilinçli katılımcıların sürdürülebilir tüketim davranışını ortaya çıkarmak

ÇALIŞMA İŞLEMLERİ

Araştırmada İstanbul'da özel bir diyet kliniğine başvuran kadın danışanların sosyo demografik özelliklerin ve beslenme alışkanlıklarının karşılaştırılması için veri toplama aracı online anket kullanılacaktır.
Online anket formunu hazırlamak için ücretsiz web sitesi olan "Google Forms" kullanılmış ve katılımcılara e-posta yoluyla gönderilecektir.

ÇALIŞMADA YER ALMAMIN YARARLARI NELERDİR?

Sürdürülebilirlik kavramı dünya üzerindeki kaynakların daha verimli kullanılabilmesi ve gelecek nesillere daha iyi bir dünya bırakabilmesi için çok önemlidir. Sürdürülebilir beslenmenin gelişimine katkı sağlayacaktır.

BU ÇALIŞMAYA KATILMAMIN MALİYETİ NEDİR?

Çalışmaya katılmakla parasal yük altına girmeyeceksiniz ve size de herhangi bir ödeme yapılmayacaktır.

ÇALIŞMAYA KATILMALI MIYIM?

Bu çalışmada yer alıp almamak tamamen size bağlıdır. Şu anda bu formu imzalasanız bile istediğiniz herhangi bir zamanda bir neden göstermeksizin çalışmayı bırakmakta özgürsünüz. Eğer katılmak istemezseniz veya çalışmadan ayrılırsanız, araştırmacı tarafından sizin için en uygun tedavi planı uygulanacaktır. Aynı şekilde çalışmayı yürüten araştırmacı çalışmaya devam etmenizin sizin için yararlı olmayacağına karar verebilir ve sizi çalışma dışı bırakabilir, bu durumda da sizin için en uygun tedavi seçilecektir.

KİŞİSEL BİLGİLERİM NASIL KULLANILACAK?

Çalışma araştırmacınız kişisel bilgilerinizi, araştırmayı ve istatiksel analizleri yürütmek için kullanacaktır ancak kimlik bilgileriniz gizli tutulacaktır. Yalnızca gereği halinde, sizinle ilgili bilgileri etik kurullar ya da resmi makamlar inceleyebilir. Çalışmanın sonunda, kendi sonuçlarınızla ilgili bilgi istemeye hakkınız vardır. Çalışma sonuçları çalışma bitiminde tıbbi literatürde yayınlanabilecektir ancak kimliğiniz açıklanmayacaktır.

SORU VE PROBLEMLER İÇİN BAŞVURULACAK KİŞİLER:

ADI : Sinem Altunay

GÖREVİ : Diyetisyen (Araştırmacı)

TELEFON : 0539-594-63-67

ÇALIŞMAYA KATILMA ONAYI

Yukarıdaki bilgileri ilgili araştırmacı ile ayrıntılı olarak tartıştım ve kendisi bütün sorularımı cevapladı. Bu bilgilendirilmiş olur belgesini okudum ve anladım. Bu araştırmaya katılmayı kabul ediyor ve bu onay belgesini kendi hür irademle imzalıyorum. Bu onay, ilgili hiçbir kanun ve yönetmeliği geçersiz kılmaz. Araştırmacı, saklamam için bu belgenin bir kopyasını bana teslim etmiştir.

Gönüllü Adı Soyadı		**Tarih ve İmza**	
Telefon			

Vasi (var ise) Adı Soyadı		**Tarih ve İmza**	
Telefon			

Görüşme Tanığı Adı Soyadı		**Tarih ve İmza**	
Telefon			

Araştırmacı Adı Soyadı		**Tarih ve İmza**	
Telefon			

Sosyo-Demografic Form

Yaşınız: ……..

Öğrenim Durumunuz

- O İlköğretim
- O Lise
- O Üniversite

Boyunuz:……

Ağırlığınız: ……..

Medeni durumunuz

Evli

Bekar

Gelir durumunuz

- O Gelirim giderimden az
- O Gelirim giderime eşit
- O Gelirim giderimden fazla

Daha önce 'Sürdürülebilirlik' kavramını duydunuz mu?

- O Evet
- O Hayır

Daha önce 'Sürdürülebilir Beslenme' kavramını duydunuz mu ?

- O Evet
- O Hayır

Sürdürülebilir beslenme kavramını nereden duydunuz ?

- O Kitap
- O İnternet /sosyal medya
- O Dergi
- O Makale

O Diğer …….

Sürdürülebilir beslenme eğitimi aldınız mı?

O Evet
O Hayır

Sizce sürdürülebilir beslenme hangi özellikleri içermelidir ?

O Sağlıklı yaşamı teşvik etmeli
O Düşük çevresel etkili olmalı
O Ekonomik olmalı
O Yerel besinleri içermeli
O Mevsim meyvelerini içermeli
O Kültür ve etnik tercihlere uygun olmalı
O Besin ve besin öğesi ihtiyaçlarını karşılamalı
O Besin güvenliğini sağlamalı
O Erişilebilir besinleri içermeli
O Diğer

Yaşadığınız bölgede üretilen besinleri tüketmeye dikkat eder misiniz?

O Her zaman
O Sık sık
O Ara sıra
O Nadiren
O Hiçbir zaman

İthal besinleri tüketir misiniz?

O Her zaman
O Sık sık
O Ara sıra
O Nadiren
O Hiçbir zaman

Organik besinleri tüketmeye dikkat eder misiniz ?

O Her zaman
O Sık sık

O 3 porsiyon veya daha fazla

O 3 porsiyondan daha az

Günde kaç porsiyon kırmızı et, hamburger, etli yemek yada et ürünleri (salam, sosis vb) tüketirsiniz ? 1 porsiyon 100-150 gram 4 köfte büyüklüğünde

O 1 porsiyondan az

O 1 porsiyondan fazla

Günde kaç porsiyon tereyağı, margarin yada krema tüketirsiniz? 1 porsiyon = 12 gram = 2 tatlı kaşığı

O 1 porsiyondan az

O 1 porsiyondan fazla

Günde kaç adet şekerli (soğuk çay, meyve suyu, meyveli soda vb) veya gazlı içecek (kola, gazoz vb.) tüketirsiniz ? 1 porsiyon= 1 şişe / kutu

O 1 porsiyondan az

O 1 porsiyondan fazla

Haftada kaç kadeh şarap içersiniz ? (1 kadeh = 120 ml)

O 7 kadeh ve daha fazlası

O 7 kadehten az

Haftada kaç porsiyon kurubaklagil yemeği tüketirsiniz ? (1porsiyon = 150 gram = 8 yemek kaşığı)

O 3 porsiyon

O 3 porsiyondan az

Haftada kaç porsiyon balık veya kabuklu deniz ürünleri tüketirsiniz ? 1 porsiyon balı = 100-150 gram = 1/2 orta çipura / levrek = 15 hamsi ; 1 porsiyon deniz ürünü = 4-5 adet yada 200 gram

O 3 porsiyon yada daha fazlası

O 3 porsiyondan daha az

Haftada kaç kez ev yapımı olmayan kek, kurabiye, bisküvi, muhallebi gibi tatlı veya hamur işleri (poğaça, börek vb.) tüketirsiniz ?

O 3 kere yada daha azı

O 3 kereden fazla

Yer fıstığı dahil haftada kaç porsiyon yağlı tohum tüketirsiniz ? 1 porsiyon = 30 gram = 3 tam ceviz = 20 adet fındık, badem = 25 adet yer fıstığı = 25 adet antep fıstığı

O 3 porsiyon yada daha fazlası

O 3 porsiyondan daha az

Kırmızı et yerine (dana / koyun/ kuzu eti, sucuk, sosis, köfte vb.) beyaz et (hindi / tavuk eti) tüketmeyi tercih eder misiniz ?

O Ara sıra

O Nadiren

O Hiçbir zaman

Mevsim dışı besinleri tüketir misiniz?

O Her zaman

O Sık sık

O Ara sıra

O Nadiren

O Hiçbir zaman

Besin satın alınırken dikkat ettiğiniz özelikler nelerdir ?

O Fiyatı

O Son kullanma tarihi

O İçindekiler

O Diyet ürün olması

O Mevsimselliği

O Üretim yeri

O Ambalaj olup olmaması

Mediterranean Diet Adherence Scale (MEDAS)

AKDENIZ DIYETI BAĞLILIK ÖLÇEĞI

Mutfağınızda yağ olarak daha çok zeytinyağı mı kullanırsınız ?

O Evet

O Hayır

Günde ne kadar zeytinyağı tüketirsiniz? (kahvaltı, kızartma, salata, ev dışı tüketim vb. dahil) 4 yemek kaşığı yada daha fazla

O Evet

O Hayır

Günde kaç porsiyon sebze tüketirsiniz? 1 porsiyon sebze = 200 gram =4 yemek kaşığı sebze yemeği; garnitürleri yarım porsiyon olarak düşününüz)

O 2 porsiyon ve fazlası

O 2 porsiyondan daha az

Günde kaç porsiyon meyve tüketirsiniz ?(taze sıkılmış meyve suları dahil)

O Evet

O Hayır

Haftada kaç kez sebze, makarna, pilav veya diğer yemekleri zeytinyağı, domates veya salça, soğan, sarımsak/ pırasalı sos ile tüketirsiniz ?

O 2 porsiyon veya daha fazlası

O 2 porsiyondan az

The Eating Attitude Scale

YEME TUTUM TESTİ (YYT-26)

Bu anket sizin yeme alışkanlıklarınızı ve yeme tutumunuz ile ilgilidir. Lütfen her bir soruyu dikkatlice okuyunuz ve size uygun gelen seçeneği kutunun içine işaretleyiniz.

	Daima	Çok sık	Sık sık	Bazen	Nadiren	Hiçbir zaman
1. Fazla kilolu olmaktan çok korkarım.						
2. Açken yemek yemekten kaçınırım.						
3. Kendimi yiyecek düşünürken bulurum.						
4. Kendimi durduramayacağımı hissettiğim tıka basa yeme ataklarım olur.						
5. Yiyeceğimi küçük parçalar halinde bölerim.						
6. Yediğim yiyeceklerin kalori içeriklerinin farkındayım.						
7. Yüksek karbonhidrat içeren yiyeceklerden özellikle kaçınırım. (ör; ekmek, pirinç, patates vb)						
8. Başkaları daha fazla yememi bekler.						
9. Yemek yedikten sonra kusarım.						
10. Yemek yedikten sonra kendimi aşırı suçlu hissederim.						
11. Daha zayıf olma arzusu içerisindeyim.						
12. Kalori yakmak için egzersiz yaparım.						
13. Diğer insanlar çok zayıf olduğumu düşünür.						

14. Vücudumda yağ olmasından endişelenirim. 15. Yemeğimi başkalarına göre daha uzun sürede yerim.						
16. Şekerli gıdalardan kaçınırım.						
17. Diyet besinleri tüketirim.						
18. Yiyecekler hayatımı kontrol eder.						
19. Yeme konusunda kendimi kontrol ederim.						
20. Diğerlerinin yemem için bana baskı yaptıklarını hissederim.						
21. Yiyecekleri çok fazla düşünürüm.						
22. Tatlı yedikten sonra kendimi huzursuz hissederim.						
23. Sürekli diyet yaparım.						
24. Midemin boş olmasından hoşlanırım.						
25. Yemeklerden sonra kusma dürtüm olur.						
26. Ağır yiyecekleri denemekten hoşlanırım.						

EK 13. Özgeçmiş

Kişisel Bilgiler

Adı	SİNEM	**Soyadı**	ALTUNAY
Doğum Yeri		**Doğum Tarihi**	
Uyruğu	T.C	**TC Kimlik No**	
E-mail		**Tel**	

Öğrenim Durumu

Derece	Alan	Mezun Olduğu Kurumun Adı	Mezuniyet Yılı
Doktora			
Yüksek Lisans	Beslenme ve Diyetetik	**Yeditepe Üniversitesi**	2023
Lisans	Beslenme ve Diyetetik	**Bahçeşehir Üniversitesi**	2017
Lise	SAY	**Kemal Hasoğlu Lisesi**	2013

Başarılmış birden fazla sınav varsa(KPDS, ÜDS, TOEFL; EELTS vs), tüm sonuçlar yazılmalıdır

Bildiği Yabancı Dilleri	**Yabancı Dil Sınav Notu (#)**
İngilizce	

İş Deneyimi (Sondan geçmişe doğru sıralayın)

Görevi	**1.1.1 Kurum**	**Süre (Yıl - Yıl)**
Kurucu Diyetisyen	Sinem Altunay Beslenme ve Danışmanlık Merkezi	2018- halen
Diyetisyen	Median Tıp Merkezi	2017-2018

Bilgisayar Bilgisi

Program	**Kullanma becerisi**
Word, excel	İyi

***Çok iyi, iyi, orta, zayıf olarak değerlendirin

Bilimsel Çalışmaları

SCI, SSCI, AHCI indekslerine giren dergilerde yayınlanan makaleler

Diğer dergilerde yayınlanan makaleler

Uluslararası bilimsel toplantılarda sunulan ve bildiri kitabında (*Proceedings*) basılan bildiriler

Hakemli konferans/sempozyumların bildiri kitaplarında yer alan yayınlar

Diğer (Görev Aldığı Projeler/Sertifikaları/Ödülleri)
