

IMPACT OF COVID-19 ON CHANGING FOOD HABITS BY THE STUDENTS IN PUNE

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Abstract

Covid-19 is having a significant impact on the food habits of students, especially as concerns about Covid-19 are wide-ranging and covering both health and financial worries. Students want to maximize their health to boost their immunity and reduce vulnerability to disease and illness. Students need to stay safe and eat food that is rich in nutrients. There are a lot of national and international organizations that are helping the students and people at large to supply food baskets/packages which contain a proper meal for that time or the day. It is also essential to follow the guidelines issued by international bodies like WHO, WFP, and FAO.

The presented study is conducted to describe the changing food habits in association with the students in Pune. It is based on parameters like nutritional diet, healthy food, hygienic food, and improving immunity. More parameters can be added, as the research study continues which will give a much broader perspective to the research. A sample is taken from the students in Pune for testing the hypothesis defined and answering the questionnaire. Finally, several recommendations are made and conclusions have been drawn, the data is analysed using Tableau and SPSS.

Keywords: Covid-19, Food habits, Healthy food, Hygienic food, Improving immunity, Nutritional diet, Students

Introduction

In the amid of increasing population and economic slowdown, the world was hit by a pandemic disease novel Corona Virus or popularly known as Covid-19 in late December 2019. According to The New York Times, the disease surfaced in a Chinese seafood and poultry market in Wuhan. After this outbreak, there has been a lot of changes in food habits not only on a national level but on a global level as well.

Food habits are one of the important aspects of one's life because it defines how well the person is fit for doing a particular task. Food habits not only include how the person eats but also include the type of food they eat, nutritional intake, and cleanliness regarding the food. A person needs to take a balanced diet that contains all the necessary nutrients required for the body especially in the case of students because they are the building blocks of future society. They are looking to be more health-conscious but at the same time are wanting to do so on a budget.

Additionally, as a result of Covid-19, students are becoming more concerned about the environment and are seeking out moments of comfort, both of which will shape eating habits.

Students usually do not have proper knowledge regarding the nutritional intake and even those who are equipped with this knowledge tend to ignore. It is necessary to provide them with such knowledge especially at the time of situations like Covid-19. The research is aimed at focusing on how Covid-19 has led the students to change their food habits presently and will affect their food habits in the near future also.

Research Problem

It has been observed in the previous studies that change in food habits can change the working pattern of a student but have not properly explained what are the reasons for such changing habits. The lack of time, income, etc are some of the factors that can hinder the nutritional intake of the students but these need to be properly defined and explained. It is also important to notice that some students have the knowledge of nutritional intake and have the capability to consume it but are not willingly interested.

Programs that can help students in gaining knowledge about food habits and nutritional diet are less in number. Government initiatives are also not effectively implemented which has implications on the student's diet and food habits. Only a few articles have stated, that what are the ways to keep the food hygienic and clean.

Articles have also been stating the process of washing and sanitizing the hands, the study is to investigate that are students aware of such guidelines and following them. The study will also be focusing on how food habits have been changed after the Covid-19 as no research paper focuses on changing food habits by the students due to Covid-19. Several questions are to be asked regarding restaurants and public places where food is consumed. A much clear view of the problems has been defined in the objectives stated.

Research Objectives

- To study the shift towards nutritional diet due to Covid-19 by the students in Pune.
- To study the shift towards healthy food due to Covid-19 by the students in Pune.
- To study the shift towards hygienic food due to Covid-19 by the students in Pune.
- To study the shift towards improving immunity due to Covid-19 by the students in Pune.

Hypotheses

H0: There is no significant difference between change in nutritional diet and Covid-19 by the students in Pune.

H1: There is a significant difference between change in nutritional diet and Covid-19 by the students in Pune.

H0: There is no significant difference between the consumption of healthy food and Covid-19 by the students in Pune.

H1: There is a significant difference between the consumption of healthy food and Covid-19 by the students in Pune.

H0: There is no significant difference between consumption of hygienic food and Covid-19 by the students in Pune.

H1: There is a significant difference between consumption of hygienic food and Covid-19 by the students in Pune.

H0: There is no significant difference between improving immunity and Covid-19 by the students in Pune.

H1: There is a significant difference between improving immunity and Covid-19 by the students in Pune.

Review of literature

Nutrition during Covid-19:

On an individual level inadequate nutrition level can have a long-lasting impact on the immune system and poor quality of diet and low physical activities can have a major impact not only on physical health but mental health also. There is a link between diet and immunity to combat viral infections just like Covid-19. It has been found that specific nutrition or a combination of nutrition may have an impact on an individual immune system. There has been a huge impact on food access and utilization due to self-isolation and social distancing. Self-isolation has led to a direct effect on one's lifestyle, including eating and dietary habits and physical activities. Irregular eating habits and frequent snacking with high calories increase the chances of obesity. The individual can also feel stressed because of poor quality of diet and uneven eating habits. Choose foods rich in vitamins A, C, E, B6 and B12, zinc, and iron such as citrus fruits, dark green leafy vegetables, nuts, and dairy products. [1].

A responsible individual should choose a healthy lifestyle by including fruits and vegetables in the diet, exercise during free time, try to maintain a healthy weight, and get an appropriate amount of sleep. They should also avoid spreading misinformation regarding diet and nutrition intake. At the community level, food access and availability have a major implication due to Covid-19, this is because of difficulty in transportation, distribution, and delivery. Some individuals may hoard the essential products leading to a reduction of supply in the market, also uncertainty, and volatility in consumer demand. It is also important to spread awareness against panic buy. Older people and patients with chronic diseases should try to maintain a balanced nutritional diet because these are the most vulnerable set of people and most at risk of nutritional imbalance. It is crucial to identify these vulnerable groups and extend help in supplying the food in a structured way [1].

The nutritional intake of the students usually changes with academic stress or even during the exam period. These kinds of food habits should be avoided because this can lead to malnutrition, either deficit or excess, also factors like social and environmental are major determinants amongst lack of food nutrition. It can also be said that economic conditions can also play a role in the selection and type of food consumed [2].

Is food healthy?

The article [3] focuses on the consumption of a high amount of saturated fats, sugar, and refined carbohydrates which is collectively known as western diet (WD) and low levels of fibres, unsaturated fats, and antioxidants in the diet and how does it affect the health of a

normal human being. Due to the consumption of the western diet, there are high chances of causing type 2 diabetes and obesity which is not a normal state of affair for a person.

Also, it reduces the efficiency of the immune system and the loss made by Covid-19 may have long term consequences in those who recover. The saturated fatty acids which can lead to disease like dementia even after a person is recovered this rate can be seen in people with low nutritional diet and people with low income. The health disparity observed due to Covid-19 suggests that people with low income have less access to healthy food and a proper nutritional diet. This may also be possible due to the low medical facilities that are available to people in poverty.

Hygienic Food:

Covid-19 is a respiratory disease and is not food-borne. There is no evidence that this virus can be spread through contact with purchased food. There are some instructions issued by FAO, UNICEF, WFP & WHO [4] jointly to be followed to keep the food hygienic.

- The food can be kept clean by ensuring that hands and utensils are washed with soap before food preparation.
- Separate raw and cooked foods.
- Cook food thoroughly.
- Keep food at safe temperatures.
- Use safe water sources

To maintain the hygiene of an individual who prepares food, should follow the below-mentioned instructions issued by WFP [5]

- Take a bath and wash your hair every day.
- Wear clean clothes every day.
- Keep nails short.
- Wash hands with soap after every 20 minutes, for 20-30 seconds.
- Wash hands with soap after using the toilets.
- Do not touch face, hair, eyes while cooking. In case touched, hands should be washed immediately with soap for at least 20-30 seconds.

Individuals suffering from cough, fever, or sneezing should not cook and seek medical advice also do not sneeze in open, an individual should cover his/her mouth with a tissue paper or handkerchief. It is also suggested that the individual should not talk while handling the food neither the location of the kitchen should be located near a toilet or drainage. It is important to maintain hygiene in the kitchen and wash utensils and sun-dried before using them, preferably one should use hot water above 60 degrees Celsius for washing. Do not spit inside or outside the kitchen and a hand sanitizer (60-70% alcohol) should be available at the washbasin for frequent hand-cleaning to be used in absence of soap and water. Use an alcohol-based disinfectant for cleaning the kitchen [5].

Maintaining Immunity:

Eating food that contains an adequate amount of nutrients or a balanced diet should be consumed. To maintain immunity in the body it is important to consume plenty of fruits, vegetables, and grains, they provide the body with a lot of vitamins and add minerals and fibres

as well. A check on the intake of fats and sugar should also be maintained, one should limit the consumption of such elements. Drinking a fair amount of water can also help in improving immunity and a limit should be made on the consumption of carbonated drinks and alcohol. Exercising daily and having an appropriate amount of sleep can also help in maintaining the immunity of the body [6].

Poor eating habits have been noticed among students. They select the food according to convenience, taste, time, and price rather than its nutritional value and also tend to choose quick and tasty options. It is for sure that students are facing a new environment for preparation, planning, and eating of food but the awareness regarding this is not as much as it is required. Students who are aware and have knowledge tend to ignore and eat as per the situation. Colleges all over the world have programs that are focused on providing knowledge regarding awareness of eating habits to improve the wellbeing of the students [7].

Covid-19 and Food Safety (Processing, Manufacture, and Marketing):

The companies are now focusing on work from home. However, the food industry personnel do not have an opportunity to work from home and have to work on their designated workplace. It is suggested by WHO & FAO that the food industry should have a Food Safety Management System (FSMS). This is a system that will help a firm in laying down the foundation for implementing key hygiene control at each stage of food processing, manufacturing, and marketing to avoid the contamination of the food. This is the need of the hour for the food industry to comply with the safety measures to protect the workers from transmitting the Covid-19 and to strengthen food hygiene. There is no evidence that the disease can be transmitted through food or food processing, it cannot multiply in food, it needs animal or human for transmission. But someone may get infected by touching a contaminated surface or any object which is handled by a person infected with the disease [8].

According to the research, the virus can stay up to 72 hours on plastic and stainless steel, 24 hours on cardboard, and 4 hours on copper. To prevent the transmission from such elements the workers should use Personal Protective Equipment (PPE) such as masks and gloves also effective hand washing and sanitization at each stage of food processing, manufacturing, and marketing could be helpful. Food workers who handle the food or workers who open the food directly as a part of their work should follow the best hygienic practices which include washing and sanitizing hands and cleaning and disinfecting the workplace with an alcohol-based sanitizer, also avoid close contact with anyone with the symptoms of the disease. Disposable gloves should not be used in the workplace as a substitute for washing hands because it is a great protective measure to infection rather than wearing disposable gloves [8].

It is also advisable to maintain a distance of at least 1 meter (3 feet) between fellow workers and if someone is feeling unwell, they should not report to work and seek medical advice at the earliest. Workers are also advised not to touch any surface or object and also should cover their mouth and nose with a disposable tissue when they cough or sneeze and throw the tissue in a closed lid dustbin. If they do not have any tissues available, they should cough or sneeze into the crook of their elbow. Workers who have been in close contact with infected individuals should be asked to stay at home for 14 days in isolation from the last time they had contact with a confirmed case. If they become unwell during this 14-day isolation period and tested positive for the Covid-19 they should not be allowed to return at the workplace unless tested negative after the isolation period ends. Workers who are a part of delivering the food from one place to

another should use an alcohol-based sanitizer before passing delivery. They should also maintain physical distance while passing and picking up deliveries and need to maintain a high degree of personal hygiene. Plexiglass barriers can also be used on counters for additional protection [8].

Government during Covid-19:

In India, the central and the state government have announced and implemented several measures such as direct cash transfer, an additional allotment of grains, and advanced pension payment. Further, the contributions are made under Prime Minister Citizen Assistance and Relief in Emergency Situations Fund (PM CARES fund). The Government of India is running one of the largest safety-net schemes i.e. Integrated Child Development Services to provide supplementary nutrition to children between 6 months to below 3 years and pregnant women and lactating mothers and Hot Cooked Meal is given to the children between 3-6 years [9]. A significant proportion of individuals especially those who are migrant workers are facing a huge problem during this pandemic.

In Costa Rica, initially, the government decided to keep school canteens open amid school closures but later decided to set up collection points for distributing food baskets to families. Such food baskets include perishables and fresh foods sourced from smallholder farmers. In Colombia, the ministry of education is giving autonomy to the regions to make decisions on school feeding responses according to their capacities and needs. In the United Kingdom, the government has released preliminary guidance for vulnerable schoolchildren, promoting various approaches ranging from providing families with supermarket vouchers to maintaining some school canteens open for children of families working in health, police, and delivery services [10].

In a municipality in Brazil, cash is being transferred to families using a card normally used for acquiring school materials. The transfer amount will vary according to the number of meals children usually receive in schools. The Thai government approved a 400-billion-baht economic package to reduce the impact of the outbreak. The package will cover all sectors and is designed to benefit 14.6 million low-income earners who account for 22 percent of the Thai population – a total of 50,000 village funds nationwide, 7.2 million farming households. Peru's Ministry of Social Inclusion is redistributing 30 million soles to ensure preferential assistance to the most vulnerable populations. In Indonesia, 4.56 trillion rupiahs will be given to about 15.2 million of the poorest households, with each getting 50,000 rupiahs more each month in non-cash food aid [10].

Research Methodology

Research Design:

Descriptive research design

Type of sampling:

Probability sampling > Simple random sampling

Sample Size:

315

Primary & Secondary data tool:

Questionnaire and published research papers

Data analysis**Table 1**

Reliability Statistics	
Cronbach's Alpha	N of Items
.696	30

Table 1 depicts the reliability of the data with the help of Cronbach Alpha.

Figure 1

Age	Gender		Grand Total
	Female	Male	
18 to 22	85	32	117
22 to 26	80	78	158
Above 26	21	14	35
Below 18	3	2	5
Grand Total	189	126	315

Figure 1 depicts the distribution in the form of a table of total respondents divided among different age groups and genders.

Table 2

I am aware of the guidelines for washing and sanitizing the hands issued by International organizations/ Government?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.3	.3	.3
	2	1	.3	.3	.6
	3	14	4.4	4.4	5.1
	4	52	16.5	16.5	21.6
	5	247	78.4	78.4	100.0
	Total	315	100.0	100.0	

Table 2 depicts the distribution in the form of a frequency table of total respondents who are aware of the guidelines for washing and sanitizing the hands issued by International organizations/ Government

Where, 1 – Strongly Disagree and 5 – Strongly Agree

H0: There is no significant difference between change in nutritional diet and Covid-19 by the students in Pune.

H1: There is a significant difference between change in nutritional diet and Covid-19 by the students in Pune.

Table 3

Vitamins and Minerals*Eating nutritional diet Crosstabulation					
			Eating nutritional diet		Total
			0	1	
\$Vitamins_and_Minerals ^a	Consuming Vitamin A	Count	95	116	211
		% within \$Vitamins_and_Minerals	45.0%	55.0%	
	Consuming Vitamin C	Count	115	134	249
		% within \$Vitamins_and_Minerals	46.2%	53.8%	
	Consuming Vitamin E	Count	111	117	228
		% within \$Vitamins_and_Minerals	48.7%	51.3%	
	Consuming Vitamin D	Count	80	101	181
		% within \$Vitamins_and_Minerals	44.2%	55.8%	
	Consuming Vitamin B6	Count	73	84	157
		% within \$Vitamins_and_Minerals	46.5%	53.5%	
	Consuming Vitamin B12	Count	91	100	191
		% within \$Vitamins_and_Minerals	47.6%	52.4%	
	Consuming Zinc	Count	76	90	166
		% within \$Vitamins_and_Minerals	45.8%	54.2%	
	Consuming Iron	Count	90	110	200
		% within \$Vitamins_and_Minerals	45.0%	55.0%	

		\$Vitamins_and_Minerals			
Total		Count	159	156	315
Percentages and totals are based on respondents.					
a. Dichotomy group tabulated at value 1.					

Table 3 depicts a cross-tabulation between Eating a nutritional diet and various types of Vitamins and Minerals consumed hence we reject the null hypothesis of no difference and conclude that the difference is statistically significant.

Table 4

ANOVA					
I have changed my nutritional intake during Covid-19?					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	19.203	1	19.203	19.083	.000
Within Groups	314.968	313	1.006		
Total	334.171	314			

Table 4 depicts an Analysis of variance of changing nutritional diet during Covid-19 where $F(1,313) = 19.083$; $p < .05$ hence we reject the null hypothesis of no difference and conclude that the difference is statistically significant.

H0: There is no significant difference between the consumption of healthy food and Covid-19 by the students in Pune.

H1: There is a significant difference between the consumption of healthy food and Covid-19 by the students in Pune.

Table 5

ANOVA					
Before Covid-19 I used to consume a high amount of saturated fat, refined carbohydrates and sugar in my diet?					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	12.496	1	12.496	8.353	.004
Within Groups	468.247	313	1.496		
Total	480.743	314			

Table 5 depicts an Analysis of variance of consuming a high amount of saturated fat, refined carbohydrates, and sugar before Covid-19 where $F(1,313) = 8.353$; $p < .05$ hence we reject the null hypothesis of no difference and conclude that the difference is statistically significant.

Table 6

Test Statistics		
	Eating less junk food	I believe that the food I am consuming is healthy especially during Covid-19?
Chi-square	27.457 ^a	190.032 ^b
df	1	4
Asymp. Sig.	.000	.000
a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 157.5.		
b. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 63.0.		

Table 6 depicts $\chi^2(4,315) = 190.032$; $p < .05$ of consuming healthy food during Covid-19 hence we reject the null hypothesis of no difference and conclude that the difference is statistically significant.

Table 7

I will continue to consume junk food after the effect of Covid-19 is over?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	47	14.9	14.9	14.9
	2	52	16.5	16.5	31.4
	3	100	31.7	31.7	63.2
	4	70	22.2	22.2	85.4
	5	46	14.6	14.6	100.0
	Total	315	100.0	100.0	

Table 7 depicts the distribution in the form of a frequency table of total respondents who will consume junk food after the effect of Covid-19 is over

Where, 1 – Strongly Disagree and 5 – Strongly Agree

H0: There is no significant difference between consumption of hygienic food and Covid-19 by the students in Pune.

H1: There is a significant difference between consumption of hygienic food and Covid-19 by the students in Pune.

Table 8

ANOVA					
I will continue to consume the food from roadside stalls after the effect of Covid-19 is over?					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	22.402	1	22.402	13.334	.000
Within Groups	525.883	313	1.680		
Total	548.286	314			

Table 8 depicts an Analysis of variance of consuming the food from roadside stalls when the effect of Covid-19 is over where $F(1,313) = 13.334$; $p < .05$ hence we reject the null hypothesis of no difference and conclude that the difference is statistically significant.

Table 9

I am aware of the guidelines for keeping the food hygienic issued by International organizations/ Government?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.3	.3	.3
	2	10	3.2	3.2	3.5
	3	44	14.0	14.0	17.5
	4	93	29.5	29.5	47.0
	5	167	53.0	53.0	100.0
	Total	315	100.0	100.0	

Table 9 depicts the distribution in the form of a frequency table of total respondents who are aware of Keeping the food hygienic issued by International organizations/ Government

Where, 1 – Strongly Disagree and 5 – Strongly Agree

Table 10

Test Statistics		
	Keeping a check on hygiene	I will check if the restaurants follow Covid-19 safety in terms of hygiene before visiting it?
Chi-square	6.429 ^a	403.111 ^b
Df	1	4
Asymp. Sig.	.011	.000
a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 157.5.		
b. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 63.0.		

Table 10 depicts $\chi^2(4,315) = 403.111$; $p < .05$ of the respondents checking if the restaurants follow Covid-19 safety norms before visiting it hence we reject the null hypothesis of no difference and conclude that the difference is statistically significant.

H0: There is no significant difference between improving immunity and Covid-19 by the students in Pune.

H1: There is a significant difference between improving immunity and Covid-19 by the students in Pune.

Table 11

Measures in Lifestyle*Focusing on improving immunity Crosstabulation					
			Focusing on improving immunity		Total
			0	1	
\$Measures_in_Lifestyle ^a	I do not smoke	Count	90	116	206
		% within \$Measures_in_Lifestyle	43.7%	56.3%	
	Exercising regularly	Count	89	104	193
		% within \$Measures_in_Lifestyle	46.1%	53.9%	
	Getting adequate sleep	Count	102	117	219
		% within \$Measures_in_Lifestyle	46.6%	53.4%	
	Minimizing and coping with stress	Count	83	118	201
		% within \$Measures_in_Lifestyle	41.3%	58.7%	
Total		Count	157	158	315
Percentages and totals are based on respondents.					
a. Dichotomy group tabulated at value 1.					

Table 11 depicts a cross-tabulation between Measures in lifestyle adopted to improve immunity hence we reject the null hypothesis of no difference and conclude that the difference is statistically significant.

Table 12

Food consumption basis*Focusing on improving immunity Crosstabulation					
			Focusing on improving immunity		Total
			0	1	
\$Food_consumption_basis ^a	Nutritional components	Count	92	125	217
		% within \$Food_consumption_basis	42.4%	57.6%	
	Convenience	Count	88	97	185
		% within \$Food_consumption_basis	47.6%	52.4%	
	Taste	Count	122	126	248
		% within \$Food_consumption_basis	49.2%	50.8%	
	Time	Count	50	62	112
		% within \$Food_consumption_basis	44.6%	55.4%	
	Price	Count	58	76	134
		% within \$Food_consumption_basis	43.3%	56.7%	
Total		Count	157	158	315
Percentages and totals are based on respondents.					
a. Dichotomy group tabulated at value 1.					

Table 12 depicts a cross-tabulation between the basis of consuming food and to improve immunity hence we reject the null hypothesis of no difference and conclude that the difference is statistically significant.

Table 13

ANOVA					
I have noticed a change in my immunity due to the consumption healthy of food during Covid-19?					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	16.524	1	16.524	17.911	.000
Within Groups	288.758	313	.923		
Total	305.283	314			

Table 13 depicts an Analysis of variance of change in immunity due to the consumption of healthy food during Covid-19 where $F(1,313) = 17.911$; $p < .05$ hence we reject the null hypothesis of no difference and conclude that the difference is statistically significant.

Findings of the study

The research aimed to find the impact of Covid-19 on changing food habits by the students in Pune. An illustrative literature review from various research papers and articles published by national and global organizations to collect preliminary information about the topic was done. Also, more literature review was done through recent articles as compared to research papers, as there are very few research papers published related to such topics. A questionnaire was circulated among the students of the Pune to answer various questions related to the topic. After the data analysis, it was found that there has been a change in food habits due to Covid-19, more than 60% students are now more inclined towards nutritious and healthy food as compared to unhealthy food. The results also show that more than 55% students are now keeping a check on hygiene and are aware of the guidelines related to washing and sanitizing their hands. More than 65% students are also consuming nutritious food to improve their immunity so that they can combat the Covid-19 virus.

Contribution to the body of knowledge

The previous studies conducted related to food habits among students or food habits, in general, have noticed that there has been a change in the food habits due to change in the nutritional intake but do not identify what are the vitamins and minerals that can add value to the nutritional intake of a person. The research study conducted identifies various vitamins and minerals which are preferred by the students at large, also it takes into account the nutritional intake during the situation of Covid-19. The study also states that for improving immunity several changes in lifestyle have to be made, only eating healthy food is not an option anymore. During the Covid-19 eating and preparing hygienic food is the top priority of a lot of people and are also willing to keep a check on hygiene even after Covid-19 ends.

Limitations

The study is based on very small sample size as compared to the whole population. It does not include consumption of Alcoholic beverages and additional supplements which can be a part of the food habits of some students. The study is done in association with the students of Pune but the food habits can change as the geographical location changes. The study takes into account only four parameters which can be increased in future studies. As the topic suggests, the study is based only on students. The research study is mostly based on the present scenario and gives a very less perspective about the future courses of actions to be followed.

Conclusion

A lot has been discussed about Covid-19 and food habits but few studies give evidence of the changing food habits due to Covid-19. The research study conducted during the period of the Covid-19 pandemic proves that there has been a significant change in food habits due to Covid-19. It also suggests that students are now willing to consume healthy and nutritional food and are not considering price as a major factor while selecting the food. They are also aware, that various measures are to be taken to improve the immunity of the body. A check on hygiene is to be kept while preparing and consuming food, especially when consuming food from restaurants. A decrease in the consumption of roadside food can be seen when the pandemic ends. The companies who are into food processing, delivering or manufacturing have to take major steps to ensure that the food is hygienic until it reaches the end-user.

Further research directions

Food habits change from time to time and from place to place. Future studies conducted on such topics can take into account a large number of sample sizes and from different geographical areas. It can also include some new parameters to give much in-depth knowledge and a broad perspective about the topic which can add a new dimension to the study. Making it more realistic further studies can also analyse the pre and post Covid-19 situations and measure the change in the food habits among students or in general. Covid-19 has not yet ended, it would be suggested to the studies conducted after this pandemic end, that it would be an addition to the knowledge if they also analyse lifestyle before, during, and after Covid-19. Behavioural studies can also be conducted related to changing food habits.

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