than NSS-containing products. Additionally, 43% of parents reported their friends would rather consume NSS products compared with products high in sugar, yet only 35% believed their friends would prefer to give NSS-containing products to their children. Most parents (79%) indicated healthcare providers would not recommend NSS for their children. However, approximately one-third reported television, radio, or news articles (36%) influenced whether they provide NSS to their children, as well as information on social media platforms such as Instagram and Facebook (35%).

Conclusions: Most parents do not want to provide NSS products to their children, yet a third report a lack of confidence in their ability to identify products with NSS. Social media and healthcare providers are important sources of information about NSS. These findings highlight the need to enhance evidence-based communication about NSS through multiple communication channels to ensure that information parents receive about NSS aligns with public health recommendations.

Funding Sources: This study was funded by the Healthy Eating Research.

Current Developments in Nutrition 9 (2025) 106272
https://doi.org/10.1016/j.cdnut.2025.106272

P02-041-25 Empire on a Plate: Ottoman Cuisine and Modern Nutrition Science

Osman Güldemir [1]

[1] *Anadolu University, Turkey*

Objectives: The aim of the study was to evaluate the nutritional status of the Ottoman Empire, which ruled between 1299 and 1923. The first five hundred years of the period are considered the Classical Period (C), while the 19th century, when significant changes occurred, is considered the Modernizing Period (M). The hypothesis that the possible menus created for the two periods are healthy for the Ottoman society has been adopted.

Methods: The anecdotal case study model was adopted. In the first stage, 1156 foods were listed for the C and 883 for the M, and 5 experts were asked to make choices. Then, 10 menus were determined for both periods based on these selections. The nutritional value calculations of the determined menus; the rates of meeting the daily needs of a person between the ages of 19-50 were evaluated based on the reference values for Türkiye.

Results: When considered for the Ottoman period, menus with high energy and nutritional values, and therefore some of the meals, may not pose a problem for active individuals who ate two meals a day. However, when considered outside the context of the period and for most passive individuals today, it may cause serious health problems. It is read from the sources that people in Ottoman society found health through nutrition and tried to regulate their eating and drinking according to humors. It can be said that with this mentality, kitchens functioned as pharmacies. It is accepted that serious health problems such as stroke, abscess, tumor, heart failure, heart attack, pneumonia, tuberculosis, kidney failure and diabetes are directly or indirectly related to nutrition. Although it is not possible to verify some of them with the available documents, it is mentioned in the sources that some Ottoman sultans lost their lives due to such reasons. Some of the C menus and some of the M menus contain more nutrients than the other. Therefore, it is not possible to distinguish the C-M periods in terms of nutritional value.

Conclusions: The changes in social life practices such as the development of industry, the acceleration of communication and transportation may recall the inference that the individual slowed down in daily life and the energy burning ability of the M people began to decrease. The M foods included in the study started to make the Ottoman society heavier, that people's body weights increased.

Funding Sources: TÜBİTAK.

Current Developments in Nutrition 9 (2025) 106273
https://doi.org/10.1016/j.cdnut.2025.106273

P02-042-25 Diet Quality and Determinants of Healthy Eating Among South Asian International Trainees at a Southern University

Somya Gupta [1], Avery D Dawson [1], Md Aminul Islam Apu [1], Laurel G Lambert [1], Nadeeja N Wijayatunga [1]

[1] *University of Mississippi, United States*

Objectives: Explore the diet quality and factors related to healthy eating among South Asian international trainees at a southern university.

Methods: Cross-sectional data was collected from 29 South Asian international graduate and postdoctoral fellows at a Southern University. Data on sociodemographic, food security, acculturation, and barriers to healthy eating was collected via online surveys. A 24-hour diet recall was conducted, and Healthy Eating Index, 2015 (HEI-2015) was used to assess diet quality. Anthropometric measurements were taken. Descriptive statistics included mean (standard deviation) and frequency (percentages [%]). Non-parametric tests were used for group comparisons.

Results: The mean age was 27.79 (SD = 4.88) years, and 14 (48.3%) were women. Diet quality showed 9 (31%) had poor diet quality (HEI-2015 < 51), while the majority 18 (62%) had HEI-2015 between 51-80, indicating a need for improvement. Nearly all trainees 28 (97%) reported difficulty finding traditional foods locally, and 23 (79%) mentioned limited time to cook as a barrier to healthy eating. Other barriers included the high costs of fresh produce and eating out more frequently in the U.S. compared to their home countries. Those with stronger traditional beliefs consumed a significantly higher % of calories from added sugars/ total sugar compared to weak traditional beliefs (p=0.04). Additionally, 15 (52%) of participants reported low food security, and faced significantly more barriers to healthy eating compared to those with higher food security (p=0.02). Central obesity was identified in 10 (34%) of participants based on waist-to-hip ratio and had more barriers to healthy eating (p=0.049), and also consumed a significantly higher % of calories from added sugars/total sugar compared to lean group (p=0.04).

Conclusions: South Asian international trainees face significant barriers to healthy eating, dietary quality and food security. Targeted interventions are required, with focus on nutrition education for individuals with strong cultural beliefs and central obesity to reduce added sugar intake.