

Meal Skipping Behaviour among Professional Women

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ABSTRACT

This study analyses meal-skipping behaviour and its implications for the health of professional women, with particular attention to the impact of work, family responsibilities, and daily lifestyle habits. The study aimed to assess the recurrence and types of meal skipping, identify the main reasons for skipping meals, determine respondents' self-reported health effects of meal skipping, and understand meal skipping in the broader context of professional and family life. A quantitative survey design was adopted. Primary data were collected from a structured interview schedule from 282 permanent female teaching faculty members working in government and aided undergraduate colleges in Dharwad, Gadag and Uttara Kannada districts of Karnataka. The data obtained were analysed using frequencies and percentages, along with field-based accounts of the respondents' experiences. Findings show that skipping meals is mainly an occasional practice, with 66.66% of respondents reporting that they skip meals sometimes, while 6.38% of respondents reported doing so regularly. Among those who reported skipping meals, most skipped breakfast (69.42%), followed by lunch (18.93%) and dinner (11.65%). Work-related constraints were the primary reason for skipping meals (47.58%), followed by family-related constraints (40.77%) and intentional choices (11.65%), primarily related to dietary habits and weight control. Stress was the most commonly reported health effect (54.61%), followed by PCOS (27.65%), headaches or weakness (23.05%), difficulty managing daily activities (20.56%), fatigue (20.22%), concentration issues (20.22%), and mood swings (19.15%). The study concludes that skipping meals is not merely a personal dietary choice but is closely linked to competing professional and family responsibilities, time constraints, and limited opportunities for self-care. Based on these findings, the study recommends adequate meal breaks, supportive workplace arrangements, accessible dining facilities, health-promotion programs, and greater attention to work-family stressors. Such measures would help professional women maintain healthy eating habits and improve their overall well-being.

Keywords: Meal skipping, Professional women, Health effects, Work–family responsibilities, Healthy lifestyle

INTRODUCTION

Food is not merely a biological necessity; it is also an integral part of daily social life. Work schedules, family responsibilities, financial resources, cultural expectations, and access to time and facilities shape when, how often, and how people eat. In contemporary societies where salaried employment largely structures daily routines, eating patterns are closely linked to working life. Skipping meals is one such behavioural pattern. While skipping a meal occasionally may seem insignificant, frequent meal-skipping points to deep-seated pressures in the organisation of daily life, particularly when individuals must navigate competing demands between work and family responsibilities.

This issue is particularly relevant for professional women. While more women are pursuing higher education and professional careers, this shift towards paid employment has not translated into an equal sharing of household responsibilities. Consequently, professional women must manage teaching, administrative duties, commuting, housework, childcare, and other family obligations within the constraints of a twenty-four-hour day. In such situations, personal needs such as regular meals, adequate rest, and physical activity may become matters for negotiation rather than fixed parts of the daily routine. As a result, skipping meals can be understood not

merely as a personal dietary choice, but also as a potential manifestation of time constraints, role strain, and the unequal organisation of daily responsibilities.

Recent research shows that irregular eating patterns are linked to overall eating behaviour and may affect health. In a systematic review of meal skipping among young adults, Pendergast et al. (2016) found that meal skipping patterns varied widely across studies, with lack of time consistently reported as the reason. The review also noted a gendered pattern, where skipping lunch and dinner was more widespread among women, while breakfast skipping was more common among men. However, the authors pointed out several methodological and reporting limitations in the existing literature and suggested the need for more consistent definitions and measures of meal-skipping behaviour.

Evidence from working populations, however, suggests a somewhat different pattern. In the Choose Well 365 trial, where 79% of the participants were women, 45.8% reported skipping breakfast, 36.2% skipped lunch, and 24.9% skipped dinner at least once a week. More frequent breakfast skipping was linked to poorer food-purchase quality and lower Healthy Eating Index scores. Employees who work non-standard shifts are more likely to skip meals. At the same time, the study found no significant association between skipping meals and obesity or other cardiovascular risk factors, suggesting that the relationship between meal timing and health outcomes is not straightforward (McCurley et al., 2022).

The consequences of irregular eating patterns require careful interpretation, as their effects can vary by the type and recurrence of skipped meals. Evidence from extensive dietary data suggests that skipping meals can reduce total daily energy intake and is associated with overall poor diet quality. Because the nutritional impact of meals is not uniform, skipping a specific meal can affect food intake and nutritional adequacy in different ways (Zeballos & Todd, 2020). Thus, meal skipping should not be understood simply as reduced calorie consumption (Kirkpatrick et al., 2020). Similarly, systematic reviews examining breakfast skipping have reported associations with a range of adverse health outcomes (Ofori-Asenso et al., 2019; Minari & Pisani, 2025).

For professional women, however, meal skipping extends beyond nutrition. Eating behaviour can be connected to the broader organisation of work and family life. Recent research on work-family conflict has shown that struggle between occupational and family roles is linked with unhealthy eating behaviours. Shukri, Jones and Conner (2018), for example, found that family-to-work conflict, mindless eating and mindful eating were strongly linked with unhealthy food consumption among Malaysian adults. Recent findings from China also suggest that conflicts between work and family, as well as family and work, are linked to obesity-related eating habits, with anxiety and diminished self-efficacy partially elucidating this connection (Dong & Liao, 2025).

The gendered nature of these forces is also crucial. A systematic review of unpaid labour among employed adults found that women continue to carry a disproportionate share of unpaid work and that this inequality is related to poorer mental health among women (Ervin et al., 2022). A recent thorough analysis of work-family conflict and women's health underscores the importance of the concurrent pressures stemming from professional and familial obligations (Salgado et al., 2025). These results indicate that women's health behaviours should be analysed within social and institutional frameworks rather than viewed as issues of personal discipline or dietary awareness.

The workplace can exacerbate or reduce these stressors. Studies of working mothers suggest that workplace wellness initiatives can reduce stress and burnout, promote healthier habits, and improve work-family balance, especially when programs are readily available at work and accommodate women's busy schedules (Ernavati et al., 2022). A comprehensive analysis of workplace lifestyle initiatives for working women highlights the potential for organisational strategies to enhance dietary habits, physical activity, and weight management outcomes (Madden et al., 2020). Recent findings suggest that nurturing work settings and peer support may mitigate some of the adverse associations between work-family conflict and healthy eating habits, especially among women (L. Maciejewski, et al., 2025).

In India, this issue warrants special attention as professional women navigate paid employment alongside culturally ingrained expectations regarding home and family responsibilities. A study among female nurses in

government hospitals in Delhi found that some respondents skipped meals because of hectic schedules, demanding workloads, and shift duties; many reported that their work breaks were too short for a proper meal (Gupta S., 2017). The study further found that a significant number experienced conflicts between shift duties and regular eating habits. Studies conducted among female teachers in Chennai have highlighted lifestyle-related health risks associated with sedentary work, a lack of physical activity, eating out, and dietary habits (Monica et al., 2023). More recent findings from teachers in North-East Delhi indicated that breakfast is the meal most often omitted and highlighted prolonged working hours, commuting, and personal responsibilities as factors contributing to unhealthy lifestyle behaviours (Verma, Aditi et al., 2024).

Despite the growing evidence, a significant gap persists. Much of the current literature focuses on meal skipping through a nutritional or biomedical lens, or examines eating behaviours within the broader context of occupational health studies. In contrast, meal skipping has received relatively little consideration as a sociological manifestation of the daily challenges faced by professional women. Limited evidence focuses on permanent female teachers in government and government-aided higher education institutions in Karnataka. College teachers' experiences are unique because their professional responsibilities extend beyond classroom teaching to include examination work, evaluation, administrative duties, meetings, academic development, and institutional activities, while many continue to shoulder significant responsibilities at home.

This study holds both academic and practical relevance. From a sociological perspective, it contributes to understanding how professional roles, gender-based expectations, time constraints, and organisational systems shape daily health practices. From an occupational health standpoint, the findings highlight the often-overlooked link between adequate meal breaks and employee well-being. For educational institutions, the research can support practical measures such as adequate meal break arrangements, accessible staff dining areas, flexible scheduling where feasible, and workplace health-promotion initiatives. At the policy level, the study can contribute to discussions regarding gender-sensitive workplace practices and the broader health implications of balancing paid and unpaid work.

REVIEW OF LITERATURE

This literature review examined previous studies on meal-skipping behaviour, eating patterns, women's work, lifestyle and health.

Meal Skipping as an Eating Behaviour

Since dietary habits are closely linked to daily routines, work schedules, and broader socio-economic conditions, meal skipping is a significant area of research in nutrition and public health. Recent evidence suggests that meal skipping should not be viewed merely as an individual dietary choice; meal timing and regularity can also be shaped by time constraints, food availability, and the organization of daily life. A recent study conducted by Minari and Pisani (2025) reviewed 66 research papers published between 2010 and 2025. Their findings indicated that skipping breakfast is associated with several negative health outcomes, such as obesity, blood sugar irregularities, an increased risk of heart disease, and certain mental health issues. However, the authors emphasized that the evidence is varied and that factors such as socio-economic conditions, physical activity, and overall diet quality can confound these associations. Thus, the health consequences of meal skipping should be interpreted with caution rather than viewed as direct cause-and-effect relationships.

Studies on adult dietary habits indicate that skipping meals can compromise the quality of the food consumed. Research utilizing data from a large, nationwide sample found that while skipping meals may reduce total daily calorie intake, it can lead to a less healthy overall diet; thus, eating fewer meals does not necessarily equate to better nutrition (Zeballos & Todd, 2020). Nutritional outcomes may also vary depending on whether women skip breakfast, lunch, or dinner. This distinction is particularly relevant when examining professional women, whose irregular eating patterns often reflect time constraints rather than intentional dietary restriction.

The relationship between skipping breakfast and health has received significant attention. Minari and Pisani (2025) found consistent associations between skipping breakfast and various metabolic, cardiovascular, and

mental health outcomes, though they noted substantial variations in study designs and populations. Therefore, this review supports the importance of regular meal patterns but cautions against interpreting breakfast skipping as an independent cause of poor health.

Meal Skipping and the Workplace

The workplace provides an important context for understanding meal-skipping behaviour because work hours influence when employees can eat, where they can get food, and whether they are able to take adequate breaks. In 2022, McCurley and his team surveyed 602 hospital workers and found that 45.8% of them often skipped breakfast, 36.2% skipped lunch, and 24.9% skipped dinner at least once a week. Workers who regularly skipped breakfast had lower scores on the Healthy Shopping Score and Healthy Eating Index compared to those who did not skip breakfast. Workers on non-standard shifts reported skipping meals more often. The study found that skipping meals was not associated with obesity or other heart and metabolic health risks. These findings suggest that work schedules and work routines can influence eating behaviour, although they do not establish a causal relationship.

Food availability in the workplace may also matter. Using data from 5,137 Korean workers, Shin and Kim (2020) found that 41.2% of participants skipped at least one meal per day. Skipping meals was more common among workers who did not use workplace food services (43.1%) than among those who did (31.8%). After adjusting for socio-demographic and health-related factors, workers who did not use workplace food services were more likely to skip meals (OR = 3.4, 95% CI: 2.6-4.4). The outcomes suggest that workplace food environments may support regular eating habits.

These findings are particularly relevant for professional women because work-related demands do not end with class or office hours. Meetings, administrative responsibilities, deadlines, travel, and organisational activities can curtail the time available for meals. Although most college teachers do not work alternating shifts like nurses, their dietary habits can still be shaped by their workday structure. Therefore, this study builds on existing occupational research by focusing specifically on permanent female faculty members in government first-grade colleges and aided colleges.

Women's Work, Domestic Responsibilities and Eating Behaviour

Women's dietary habits must be considered alongside all their other activities—both paid and unpaid. Employment provides women with income, a sense of professional utility, and a place in society, but it does not necessarily reduce their workload at home. A study by Erwin et al. (2022), which reviewed 19 studies involving 70,310 working adults, found that women continue to face an inequitable distribution of household chores and caregiving responsibilities. Women generally perform more unpaid work than men, and carrying a heavier load of such work is associated with poorer mental health outcomes for women. So, when looking at women's health and happiness, it's important to consider both their jobs and the work they do at home and in caring for others.

Studies have also shown a clear connection between work-family conflict, eating habits, and family conflict. Shukri, Jones and Conner (2018), using data from 586 Malaysian adults, found that family-to-work conflict, emotional eating and external eating were positively related to unhealthy food consumption. Their findings suggest that pressures arising from competing family and occupational roles may be reflected in eating behaviour, particularly where emotional eating is involved. Although the study did not examine meal skipping specifically, it provides useful evidence for understanding eating practices as part of the wider experience of work-family conflict.

More recent evidence broadly supports this relationship. A 2026 systematic review and meta-analysis covering 33 studies found that work-family conflict was negatively associated with healthy dietary behaviour, although the pooled estimate for healthy diet was based on only three studies and therefore requires cautious interpretation. The same review also identified associations between work-family conflict and sleep disturbances, smoking and alcohol consumption. These findings indicate that competing work and family demands may extend beyond psychological stress and influence everyday health-related practices.

Taken together, these studies demonstrate that understanding women's eating habits involves more than just considering their preferences or nutritional knowledge. Factors such as time constraints, family obligations, work responsibilities, and emotional stress play a significant role in how they plan and manage their daily meals.

Workplace Conditions and Women's Well-being

Workplace conditions can either hinder or support healthy lifestyle habits. Factors such as work-hour organisation, food availability, break opportunities, and workplace social support can influence an employee's ability to maintain regular eating patterns. McCurley et al. (2022) found that employees working non-standard shifts skip more meals, and that frequent meal skipping is associated with purchasing less healthy food at the workplace. These findings highlight the importance of considering organisational conditions alongside individual dietary behaviours. Similarly, Shin and Kim (2020) demonstrated a link between the availability of workplace food services and lower rates of meal skipping among Korean workers. Their findings are relevant to the current study because they suggest that the work environment may structurally influence eating behaviour, rather than meal skipping being viewed solely as an individual decision.

Extensive research on women and work shows that organisational support plays a big role in how women feel overall. A study by Erwin et al. (2022) found that when women are required to do more unpaid work, it can worsen the mental health of those working. This means efforts to improve women's well-being should address both work and household responsibilities, rather than focusing on changing personal habits.

Therefore, workplace support can matter for professional women beyond traditional professional benefits. Adequate meal breaks, accessible dining spaces, reasonable schedules, and supportive organisational practices can help women maintain regular eating habits while managing professional responsibilities.

Evidence from the Indian Context

Indian research provides important contextual evidence, although relatively few studies have examined meal skipping specifically among professional women. One relevant study of female nurses working in government hospitals in Delhi found that occupational schedules influenced their eating practices. Nearly two-thirds of participants (63.7%) reported that shift duties interfered with their eating patterns and that they could not maintain fixed meal timings. Some respondents also reported that workplace breaks were too short to consume meals properly. This study therefore provides direct evidence that professional demands and work schedules can interfere with regular eating among professional women (Gupta, 2017).

Studies on female teachers in India highlight the important role of dietary and work habits. Monica, John and Madhanagopal (2023) studied 256 female school teachers in Chennai and found that 39.45% met the criteria for metabolic syndrome. Physical inactivity, eating outside the home and consumption of refined cereals were among the factors significantly associated with metabolic syndrome. Although the study did not focus specifically on meal skipping, it demonstrates the relevance of dietary behaviour and occupational lifestyle to the health of women working in the teaching profession.

More directly relevant evidence comes from Verma, Verma and Bakshi (2024), who studied lifestyle risk factors among 105 school teachers in North-East Delhi, of whom 87.6% were women. Breakfast was the most frequently skipped meal, reported by 34.3% of participants, followed by dinner at 24.8% and lunch at 1.9%. The study also reported that meal skipping was significantly associated with blood pressure ($r = 0.202$, $p = 0.04$). The study identified long working hours, commuting, and responsibilities as factors relevant to teachers' eating and lifestyle practices. Because the study used a small, purposively selected sample, its findings should be interpreted as contextual evidence rather than generalized to all teachers in India.

Hathi, Coffey, Thorat, and Khalid (2021) add a social dimension by examining the practice of women eating after men in Indian households. Using data on women from Bihar, Jharkhand, and Maharashtra, they report that eating last is associated with poor self-reported mental health, even after accounting for socio-economic characteristics. The authors discuss both physical health and women's autonomy as potential mechanisms.

Although eating last is conceptually distinct from skipping meals, this research matters because it shows how daily dietary practices reflect gender relations, household power dynamics, and women's well-being.

THEORETICAL FRAMEWORK

This study draws primarily on role strain theory, supported by feminist theory and Bourdieu's concept of habitus. Together, these perspectives provide a sociological explanation for why professional women may skip meals and why the behaviour should not be understood as a purely individual dietary decision.

Role Strain Theory

Goode's role strain theory provides a central theoretical foundation for the study. Goode (1960) argued that individuals assume multiple social roles and that the demands associated with these roles compete for limited resources such as time, energy, and attention. Because resources are limited, meeting one role's expectations can make it harder to meet another role's demands.

This perspective is particularly relevant for professional women who simultaneously perform professional and family roles. A female teacher may be expected to prepare lessons, teach classes, complete assessment and administrative tasks, attend institutional meetings, and participate in academic activities, while also managing household responsibilities, childcare, and other family responsibilities. When these demands accumulate, they may postpone or sacrifice personal activities. Skipping meals may be seen as a way for people to show behavioural expression of role strain.

The theory does not imply that every professional woman experiences the same level of strain. The extent of strain may depend on family structure, spousal support, childcare arrangements, workload, commuting distance, institutional facilities, economic resources and the flexibility of working arrangements. Role Strain Theory helps us understand why some professional women skip meals differently, rather than assuming they all have the same experience.

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Feminist Perspective

Adopting a feminist framework strengthens the analysis by focusing on how paid and unpaid labour are organised differently along gender lines. Although women's participation in paid employment has expanded, women continue to undertake a disproportionate share of domestic and caregiving responsibilities. Evidence from India's Time Use Survey 2024 shows that women participate much more than men in unpaid domestic work and also spend considerably more time on household caregiving (MoSPI, 2025). Studies from around the world also show that women still do more unpaid work than men when they are employed, and this extra work can lead to worse mental health for women (Ervin et al., 2022).

From this perspective, professional women may experience a "double burden", where paid employment is combined with continuing domestic responsibilities. Meal skipping may therefore reflect more than individual time management. When professional and family demands compete, women may prioritise children, spouses, elderly family members, students, or institutional responsibilities, leaving less time for their own meals and other forms of self-care.

The feminist perspective also shifts attention from individual blame towards the organisation of everyday life. To understand why a woman might skip a meal, it is necessary to consider factors such as whether she has an adequate meal break, whether workplace schedules allow for regular eating, whether suitable food facilities are

available, and how domestic labour and caregiving responsibilities are distributed. This broader perspective also matters for workplace health promotion. Research suggests that workplace lifestyle programs can improve health-related behaviours among working women, although evidence regarding dietary outcomes remains mixed (Madden et al., 2020). Thus, supporting women's well-being requires attention not only to individual health awareness but also to the workplace and family conditions that shape daily choices.

Bourdieu's Concept of Habitus

Bourdieu's concept of habitus (1990) offers a further sociological perspective for understanding daily eating behaviours. Habitus refers to socially acquired dispositions through which individuals perceive, evaluate, and respond to everyday situations. Consequently, dietary habits are not formed solely through conscious individual decisions; they are influenced by family upbringing, social class, culture, employment, economic resources, and repetitive daily routines.

From this perspective, regular meals, eating at home, ordering food, skipping meals, or eating early at work may be habitual responses to specific social situations. Professional women may develop practical routines that enable them to manage competing demands. A woman who repeatedly postpones meals due to classes or meetings may eventually experience skipping meals as a generalised aspect of professional life.

The concept of habitus is particularly useful. It connects individual behaviour with social structure without reducing one to the other. It recognises that individuals make choices, but those choices occur within historically and socially structured conditions. Thus, skipping meals may be simultaneously an individual habit and a socially patterned behaviour.

METHODOLOGY

This study used a quantitative survey design and descriptive analysis to assess the association between meal skipping and its implications for the health of professional women. Primary data were collected through a structured interview schedule from 282 full-time female teaching faculty working in government and aided undergraduate colleges in Dharwad, Gadag, and Uttara Kannada districts of Karnataka. This study focused on meal patterns, lifestyle habits, work and family responsibilities and health. Secondary data were collected from books, magazines, reports, research studies, JD office records and relevant online sources. Data were analysed using frequencies and percentages and interpreted using respondents' verbal expressions and narratives.

This study aimed to assess the frequency and types of meal skipping, identify the main reasons for skipping meals, determine self-reported health effects of meal skipping, and understand meal skipping in the broader context of professional and family life. Since the research was limited to three districts and permanent female faculty and used a cross-sectional design, the findings suggest associations rather than causal relationships and may not generalise to all professional women.

RESULTS AND DISCUSSION

The socio-economic profile of the respondents included information on age, educational qualification, teaching faculty, marital status, number of children, annual income, household type, and commute to work.

Table No. 1: Socio-economic profile of the Respondents

Sl.No	Respondents Profile	Particulars	Number of Respondents with percentage
1	Age	21-30 Years	08 (02.84%)
		31-40 Years	60 (21.27%)
		41-50 Years	115 (40.79%)
		51-60 Years	99 (35.10%)
2	Education	Master Degree	75 (26.59%)

		M.Phill	50 (17.74%)
		Ph.D	157 (55.67%)
3	Teaching Faculty	Arts	85 (30.15%)
		Social Science	72 (25.54%)
		Commerce	54 (19.14%)
		Science	59 (20.92%)
		Law	12 (04.25%)
4	Marital Status	Married	244 (86.53%)
		Unmarried	24 (08.51%)
		Widow	10 (03.55%)
		Divorcee	04 (01.41%)
5	Children	Yes	233 (82.62%)
		No	25 (08.86%)
		Not Applicable	24 (08.52%)
6	Annual Income	10-20 Lakh	154 (54.61%)
		Above 20 Lakh	128 (45.39%)
7	Nature of the Household	Nuclear Family	218 (77.31%)
		Joint Family	64 (22.69%)
8	Commuting to the Workplace	Yes	109 (38.35%)
		No	173 (61.35%)

(Source: Field Study, 2024)

This table presents the socio-economic profile of the 282 female faculty members surveyed. The findings show that most respondents (40.79%) were aged 41–50, followed by 35.10% aged 51–60, and only 2.84% aged 21–30. This indicates that the respondents were predominantly middle-aged, experienced professionals.

More than half of the surveyed individuals (55.67%) held a PhD degree. 26.59% of the respondents held a Master's degree, while 17.74% possessed an M.Phil. qualification. In terms of teaching faculty, Arts teachers constituted the largest group (30.15%), followed by Social Sciences (25.54%), Science (20.92%), Commerce (19.14%), and Law (4.25%).

Most survey participants (86.53%) were married, and 82.62% reported having children. This suggests most are balancing professional responsibilities with family duties and child-rearing. Regarding income distribution, 154 individuals (54.61%) fell within the ₹10–20 lakh range, while 128 (45.39%) earned above ₹20 lakhs; overall, this represents a financially stable, upper-middle-income group. This result matters because it rules out a common reason for skipping meals: financial hardship or food insecurity. Food unavailability or an inability to purchase it did not cause these women to skip meals. Instead, the pattern points to a different, common issue among salaried professionals - not a lack of resources, but a shortage of time and excessive workload.

While most respondents (77.31%) belonged to nuclear families, 22.69% lived in joint families. Field experiences suggest that family structure can shape how professional women manage their daily responsibilities. One respondent described preparing breakfast, packing lunches, and getting her children ready for school before leaving for college. Another explained that after returning from work, cooking and other household chores continued, leaving her with limited time for herself. From a feminist perspective, these accounts suggest a continuous overlap between paid employment and unpaid domestic and care work. Erwin et al. (2022) found that women generally undertake more paid work than men, a disparity that is associated with poorer mental health among women. In this context, the combined demands of work and family may leave less time for regular meals and personal self-care.

Regarding commuting, 38.35% of respondents reported travelling to their workplace, while 61.35% did not. Field accounts suggest that travel can increase existing time pressure. One respondent explained that travelling

to college rushes their morning routine and sometimes leads to skipping breakfast. Another reported that the need to leave early, combined with travel time and back-to-back classes, occasionally delayed her lunch. These experiences suggest a potential relationship between travel and irregular meal patterns, although the cross-sectional nature of the current study does not allow us to identify travel as a direct cause of skipping meals.

The respondents were predominantly middle-aged, highly educated, married women with children, and most belonged to nuclear families. These characteristics are relevant for understanding how professional and domestic responsibilities intersect in their daily lives. The unequal distribution of paid and unpaid responsibilities draws attention, but Goode's role strain theory helps explain the strain that can arise when women juggle multiple roles with limited time and resources (Goode, 1960). Indian research suggests that gender-based eating patterns may affect women's well-being. For example, Hathi et al. (2021) found that women who eat meals after men at home have poorer mental health, even after accounting for socioeconomic differences. Overall, these perspectives highlight the importance of examining eating habits within the broader social context of family responsibilities, employment, and commuting.

Table No. 2: Awareness of Health Concerns among Respondents

Sl No	Awareness of Health Concerns	Frequency	Percentage (%)
1	Yes	269	95.39
2	No	13	4.61
Total		282	100.00

(Source: Field Study, 2024)

Table No. 2 indicates that most individuals have a good level of awareness of health issues. A large proportion of respondents (95.39%) stated that they were knowledgeable about health-related matters, while only 4.61% indicated a lack of such knowledge. This suggests that education, professional experience, and access to health information have strengthened their health awareness. However, their daily experiences demonstrate that awareness does not always translate into practice. One respondent explained that although they understood the importance of a balanced diet and regular exercise, they often had to neglect them when college and household tasks overlapped. Another mentioned that although they regularly advised students on healthy lifestyles, family responsibilities made it difficult for them to follow the same routine personally. Thus, the study's findings highlight the gap between health awareness and its practical application in daily life.

Table No. 3: Recurrence of Meal Skipping Behaviour among Respondents

Sl No	Recurrence of Meal Skipping	Frequency	Percentage (%)
1	Always	18	6.38
2	Sometime	188	66.66
3	Never	76	26.96
Total		282	100.00

(Source: Field Study, 2024)

Table No. 3 demonstrates that skipping meals is mainly an occasional experience among the respondents. The majority of respondents (66.66%) reported that they sometimes skip meals, while 6.38% reported that they do so regularly. In contrast, 76 (26.96%) stated that they never skip meals. This pattern suggests that skipping meals is mostly occasional, resulting from the demands of daily work and family life rather than a fixed eating pattern.

The respondents' experiences provide a clear picture of these patterns. Those who always skip meals described demanding daily routines. One respondent described leaving home early after preparing food for his family and often skipping breakfast himself. Another reported that his long commute and early college schedule made it hard to eat breakfast regularly. Among those who sometimes skip meals, one respondent said that continuous classes and meetings occasionally extend into lunchtime, while another explained that testing duties and student mentoring responsibilities sometimes lead them to skip eating until they finish their work.

Respondents who never skipped meals (26.96%) showed an important difference. Some of the respondents among them stated as follows: they intentionally maintain regular meal times due to health problems such as diabetes, high blood pressure, gastric problems, or thyroid-related conditions. While some reported that medications made it mandatory to eat at regular intervals, others became more disciplined about meal times after experiencing health problems. One respondent said that she plans meals in advance because she would get sick if she skipped meals, while another explained that past health problems taught her not to postpone meals even on busy workdays. These experiences suggest that health awareness, medical advice, and past health experiences can encourage regular eating habits.

From a sociological perspective, Goode's role strain theory shows how different expectations from work, family, and caregiving roles make it difficult to take care of oneself regularly (Goode, 1960). At the same time, Cockerham's health lifestyle theory shows that health habits emerge from the interaction between personal choices and structural conditions (Cockerham, 2005). In this context, skipping meals is not simply a matter of personal discipline; it is shaped by work schedules, family responsibilities, commuting, health needs, and time available for self-care. Therefore, the findings reveal how professional women negotiate their eating habits amid the competing demands of family, work and personal health.

Table No. 4: Types of Meal Skipping among Respondents (N = 206)

Sl No	Types	Frequency	Percentage (%)
1	Breakfast	143	69.42%
2	Lunch	39	18.93%
3	Dinner	24	11.65%
Total		206	100.00

(Source: Field Study, 2024)

Table No. 4 illustrates that breakfast is the most frequently skipped meal, reported by 69.42% of respondents, followed by lunch (18.93%) and dinner (11.65%). This pattern suggests that skipping meals is closely linked to the organisation of daily work and family life. Most respondents who skip breakfast say that the morning is the busiest and most hectic part of the day. One respondent reported that she prepares breakfast and lunch for her family before leaving for college and often leaves without eating herself. Another said that the need to travel quickly and reach college on time is sometimes the first reason she skips breakfast. Skipping meals is mainly related to work schedules. One respondent reported missing meals when classes ran long, while another explained that he postponed meals during examination duties and departmental meetings. Those who skip dinner constitute a relatively small group, and this practice is primarily characterised as a conscious dietary choice. While some respondents reported reducing or skipping their evening meal to maintain body weight, others mentioned occasionally skipping dinner when they felt they had eaten sufficiently during the day. These responses suggest that, unlike breakfast and lunch, skipping dinner is more closely linked to personal dietary preferences and weight management practices.

Since dietary habits are shaped by repetitive family routines, gender expectations, and daily social experiences (Bourdieu, 1990), these experiences can be understood through Bourdieu's concept of habitus. Simultaneously, Goode's role strain theory helps explain how competing professional and family responsibilities make it difficult to maintain regular meal patterns (Goode, 1960). Thus, while skipping breakfast and lunch often reflects the pressures of balancing work and family life, skipping dinner is more closely associated with personal dietary choices.

Table No. 5: Reasons for Skipping Meals among Respondents (N = 206)

Sl No	Reasons	Frequency	Percentage (%)
1	Work-related Meal Disruption	98	47.58%
2	Family-related Meal Disruption	84	40.77%

3	Intentional Meal Skipping	24	11.65%
	Total	206	100.00

(Source: Field Study, 2024)

Table No. 5 exhibits that work-related interruptions are the most common reason for skipping meals (47.58%), followed by family-related interruptions (40.77%), while intentional skipping accounts for 1.65%. This pattern demonstrates that meal skipping depends on how individuals manage daily work and family responsibilities, rather than being merely a matter of personal choice.

The respondents' experiences clearly illustrate these variations. Those reporting work-related interruptions described missing lunch due to back-to-back classes, meetings, exam duties, or mentor-mentee tasks that extended beyond the usual break times. One respondent mentioned postponing a meal until after classes ended, while another noted going without a proper lunch until late in the afternoon because of exam-related and administrative work. Among those facing family-related issues, one respondent described preparing breakfast and lunch for the family before leaving for college, often leaving insufficient time to eat. Another explained that caring for children or elderly family members sometimes took precedence over their own meals. The small group that reported skipping meals intentionally did so primarily for reasons related to dietary habits, health, and weight control. While one respondent skipped dinner to lose weight, another occasionally skipped the evening meal after a heavy meal earlier in the day.

Goode's role strain theory explains these findings: when individuals have different roles in life, such as teacher, worker, wife, mother, and caregiver, it is difficult to perform all these duties at the same time (Goode, 1960). For the professional women in this study, these roles often overlap, and they may postpone their own needs, such as eating regularly, because they are busy with other responsibilities. Cockerham's health lifestyle theory further explains that health-related behaviour results from the interaction between personal agency and structural conditions (Cockerham, 2005). Thus, the findings suggest that skipping meals among these professional women is not simply a matter of personal choice; it is closely shaped by work schedules, family responsibilities, time pressure, and limited space available for self-care.

Table No. 6: Self-reported health effects of Meal Skipping among Respondents (N = 282)

Sl No	Health Effects	Yes (F)	No (F)	Total
1	Headache/weakness	65 (23.05%)	217 (76.95%)	282
2	Energy/Fatigue	57 (20.22%)	225 (79.78%)	282
3	Acidity/Digestive Issues	10 (3.55%)	272 (96.45%)	282
4	Inability to perform daily activity	58 (20.56%)	224 (79.44%)	282
5	Stress	154 (54.61%)	128 (45.39%)	282
6	Mood swings	54 (19.15%)	228 (80.85%)	282
7	Concentration	57 (20.22%)	225 (79.78%)	282
8	PCOS	78 (27.65%)	204 (72.35%)	282

(Source: Field Study, 2024)

Table 6 presents the self-reported health effects of skipping meals. Key issues resulting from skipping meals include stress (54.61%), followed by PCOS (27.65%), headaches/weakness (23.05%), inability to perform daily activities (20.56%), fatigue (20.22%), difficulty concentrating (20.22%), mood swings (19.15%), and acidity/digestive problems (3.55%). Since respondents mentioned more than one effect, the results reflect a range of distinct experiences rather than mutually exclusive groups.

The respondents' daily experiences illustrate these patterns. Those who reported headaches or weakness described feeling physically drained when leaving home without breakfast, while others struggled to continue with classes after skipping lunch. Respondents noted that skipping meals led to extreme fatigue by the end of the day, and others found it difficult to manage household chores after returning from college. Respondents experiencing acidity or digestive issues reported stomach discomfort following long intervals between meals,

while some reported that irregular eating habits disrupted their normal digestion. Regarding daily activities, few respondents found it difficult to remain active during continuous teaching sessions, while others reported having less energy for cooking and household responsibilities.

The study reveals that the majority of respondents are grappling with stress-related issues. Twenty per cent of respondents reported skipping meals alongside heightened tension and irritability during hectic college days, while others described increased stress when teaching duties and family responsibilities continued without adequate breaks for meals. Those reporting mood swings described feeling impatient or irritable after going several hours without a meal; others noted that these mood fluctuations were particularly evident during demanding workdays. Respondents reporting difficulty concentrating stated that hunger sometimes made it hard to focus while teaching, reviewing assignments, or attending meetings. Among respondents with PCOS, some described irregular eating patterns alongside menstrual and other health concerns. This finding is supported by Barria et al. (2022), who observed that women with PCOS and menstrual issues tend to consume fewer main meals and snack more frequently, highlighting a link between dietary habits and menstrual health. However, this cross-sectional study cannot establish a causal link between skipping meals and the development of PCOS. Instead, research suggests a potential link between irregular eating habits and reproductive health concerns, warranting further investigation. Current international guidelines emphasise sustainable healthy eating and lifestyle management as key components of PCOS care.

From a sociological perspective, these results can be explained using Goode's role strain theory. This theory shows how multiple social roles with conflicting expectations can cause stress. In this study, professional women manage teaching, work at their institution, do housework, and care for their families at the same time. This leaves little time to meet their own needs. Cockerham's Health Lifestyle Theory further helps explain how health practices are shaped by the interaction between individual choices and structural conditions. Thus, meal skipping should not be viewed simply as an individual dietary decision; it is also connected with the organisation of work, family responsibilities, time constraints, and opportunities for self-care.

CONCLUSION AND RECOMMENDATIONS

The present study reveals that professional women largely skip meals unintentionally and situationally. Breakfast is the most frequently skipped meal, mainly due to work-related (47.58%) and family-related (40.77%) constraints. Stress is the most commonly reported health issue (54.61%), followed by PCOS, headaches/weakness, fatigue, and difficulty concentrating. The respondents' experiences suggest that skipping meals stems not from poor health awareness, but from competing professional and family responsibilities. Goode's role strain theory and Cockerham's health lifestyle theory help explain how limited time, multiple roles, workplace demands, and opportunities for self-care shape daily dietary habits. Bourdieu's concept of habitus further highlights how such patterns gradually become normalised within daily routines. As this is a cross-sectional study, the results describe the association between these factors rather than establishing cause and effect through statistical testing.

RECOMMENDATIONS

1. The college timetable must provide teaching staff with a lunch break of at least one hour.
2. The government should ensure the provision of canteen facilities serving quality food in every college.
3. Wherever possible, work schedules should avoid unnecessary meetings, classes, and duties during normal lunch periods.
4. Institutions should provide staff with comfortable dining areas and rest rooms.
5. Health promotion programmes should focus on regular meals, nutrition, stress management, and sustainable lifestyle practices.

6. Rather than viewing skipping meals merely as an individual choice, greater attention should be paid to the work-life challenges faced by professional women.
7. Women should be supported in planning their meals and prioritising their health, especially when balancing demanding work and family responsibilities.
8. Future research should examine larger, more diverse groups of professional women over extended periods to better understand how skipping meals impacts their overall long-term well-being.

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