INTRODUCTION
Healthy diet is defined as the diet that ensures better health. It is vital for reducing many chronic health risks, such as obesity, heart disease, diabetes, hypertension and cancer. A healthy diet involves consuming appropriate amounts of all essential nutrients which can be obtained from many different foods and especially adequate amount of water. Healthy diet needs to have a balance between macronutrients (fat, protein, and carbohydrates) and calories to support energy requirements for human nutrition. The guidelines of WHO for healthy diet depend on five recommendations: 1- Make an energy balance to maintain healthy weight. 2- Reduce energy intake from total fats and shift fat consumption from saturated fats to unsaturated ones. 3- Increase consumption of fruits and vegetables, legumes, whole grains and nuts by modulating the serving daily. 4- Reduce the intake of simple sugar by 10% of total sugar. 5- Reduce salt (containing sodium) consumption from all sources and ensure that the salt is iodized.

Unhealthy diet is an important predisposing factor for certain chronic diseases including high blood pressure, diabetes, abnormal blood lipids, overweight/obesity, cardiovascular disease, and cancer. The WHO estimated that 2.7 million deaths every year are attributable to diet low in fruits and vegetables, and unhealthy diet causes about 19% of gastrointestinal cancers, 31% of ischemic heart diseases globally. People become malnourished when they get low-energy nutrients, while those who consume high-energy nutrients become overweight or obese.

There are four methods for assessment of nutritional assessment. The first is reviewing and recording dietary data and health information (i.e. history of dietary data), which may suggest a nutritional problem in its earliest stages. The second is applying laboratory tests...
which may detect the underlying problem before it becomes concrete, whereas anthropometrics (measures such as height and weight) is the third one and the fourth is physical examination (every part of the body that can be inspected may reflect many nutrition problems); picking up the problem only after it becomes symptomatic.\textsuperscript{5}

Physical activity is an important part of a healthy lifestyle.\textsuperscript{8} The least active person has double the rate of cardiac heart disease than that of active person.\textsuperscript{9} Activities in open spaces (such as gardens) use large muscle groups leading to great benefits, \textit{viz.} brisk walking, running, swimming, cycling and stair-stepping.\textsuperscript{5,9} Physical activity is crucial for attempting or maintaining weight loss depending on time of activity ranging between 30 to 60 minutes.\textsuperscript{10}

**SUBJECTS AND METHODS**

A structured, self-administered, questionnaire consisting of 28\,? closed–ended questions, concerning the knowledge of healthy diet and physical activity was distributed to 110 health workers from PHCCs among 6 health districts. The questionnaire was adapted with modification from previous research.\textsuperscript{11-12}

The questionnaire addressed questions regarding the following factors: demographic data (age and sex), participants' training in education about healthy diet, meaning of malnutrition disease, methods of nutritional assessment, anthropometric measurements, interpretation of healthy diet, number of servings of fruits and vegetables that should be taken daily, meaning of whole grains, the best type of cooking fat, the best type of milk and its products, diseases related to food, physical activity benefits, importance of social support, frequency of sports in a week, the time spent in sports daily, the best method of transportation to work or to any other place. Knowledge was categorized as good when answers were correct and was categorized as poor when wrong answers were given for different nutrition-related questions. Analysis of data was done using SPSS-18 “PASW Statistics-18”, data was presented as frequency and percentage applied and fisher-exact test whenever it is applicable (FOR ATTENTION OF PROF. DR. NAZEER KHAN). \textit{p}<0.05 was used as the level of significance.

**RESULTS**

Among the 110 PHC health workers recruited in the study, 58\% were males and 42\% were females, their mean age was 38.4 years (range 21-58 years) and only 29 of them (26.4\%) were involved in training on nutritional programs (Figure 1).
DISCUSSION

Malnutrition: The present study sought to address health workers’ awareness of malnutrition and there was an agreement that malnutrition means under-nutrition and over-nutrition. However, there were about 42.8% of respondents according to whom malnutrition means under-nutrition only which indicated knowledge gaps in this aspect.

Nutritional assessment methods: This study also determined information of health workers about methods of nutritional assessment, 18.2% specified all methods of assessment and 44.5% of them were aware of anthropometric methods which indicated that knowledge of health workers regarding this subject...
was poor. Each of these methods involves collecting data in various ways and interpreting each finding to create total pictures.

**Healthy diet:** Majority of health workers specified less than 3 items of healthy diet and stated that food from all groups are needed each day for good health and to ensure nutrient adequacy. According to new pyramid of healthy eating and physical activity adopted by USA, there is a variety of food groups and oil. Furthermore, this pyramid encourages to eat more fruits and vegetables and to eat less total fat and less saturated fat and not less than eight glasses of water in addition to dairy products.13

**Vegetables and fruits consumption:** According to 72% of respondents, the best frequency of fruits and vegetables daily consumption was less than 3 servings per day. Results of chronic non-communicable disease risk factor survey in Iraq revealed that 91.4% of respondents reported low frequency of fruits or vegetables consumption (less than 5 servings per day). Population should be encouraged to increase consumption of vegetables and fruits up to 5 servings per day.

**Oil:** About 95% of health worker opined that plant oil and olive oil are the best type of fat used for cooking.

**Whole grain:** About 80.9% of respondents knew whole grain. Grain can be divided into refined (many different nutrients are lost during processing), enriched (some nutrients added/fortified), or whole grain (rich in fibers and all nutrients found in the original grain). The most preferable type is the whole grain product which supports good health and should comprise half of the grain daily?.14

**Milk and dairy products:** About 56.4% of respondents regarded skimmed (no fat) or low-fat milk as the best milk consumed. Milk and dairy products are important sources of calcium, but also contain excess sodium and fat. People should encourage drinking milk which is free of fat or low fat to meet their vitamins and minerals needs within their energy and fat allowances.15

**Physical activity:** It is shown that most of the respondents (95%) had good information about advantages of physical activity and about 92% reported that social support is necessary for sports activity, 88.2% reported frequency of physical less than 5 times per week, time spent by majority of health workers was less than 30 minutes/day. Benefits of regular aerobic physical activity involve reduction of abdominal obesity and improvement in blood pressure, insulin resistance, and cardiorespiratory fitness, strengthening of heart muscle, regardless of weight loss.16

In addition to exercising, a person can incorporate hundreds of energy-expending activities in to daily routine, e.g., using stairs instead of elevator, walking to neighbor’s apartment instead of making a phone call, sitting uses kcalories as compared to lying down, standing uses more calories than sitting, and moving uses more kcalories than standing.17

**REFERENCES**

3. WHO. Diet and physical activity: a public health priority (http://www.who.int/dietphysicalactivity/en/).
10. Lichtenstein et.al., 2006.