

Original Article

Assessing Opinion, Attitude and Practice of Facts and Myths about Food and Nutrients in University Girls

Shilpee Agrawal^{1*}, Selvi Butani²

Department of Food and Nutrition, Faculty of Science, Vanita Vishram Women's University, Surat, India.

*shilpeg21@gmail.com

Received: 05 February 2025; Revised: 07 March 2025; Accepted: 09 April 2025; Published: 30 April 2025

Abstract - Understanding perceptions and behaviours related to food and nutrition is crucial for promoting healthy dietary habits among young women in university settings. This study evaluates the opinions, attitudes, and practices regarding common facts and myths about food and nutrients among female university students. A cross-sectional study was conducted among 50 female students of the university using a structured questionnaire to assess knowledge of nutrition myths, attitudes toward consumption of mindful eating, and dietary practices. The tool included multiple-choice, Likert scale, and Yes/No questions. An educational intervention was implemented, and data were collected through pre- and post-intervention surveys to assess its impact. The findings revealed significant gaps between nutritional knowledge and actual dietary practices, with adherence to common food myths despite moderate awareness of factual information. While participants generally showed positive attitudes toward healthy eating, these attitudes were not consistently reflected in their behaviors. The educational intervention improved understanding of dietary myths but had limited influence on actual practices, highlighting the persistence of misconceptions. Despite improved awareness and attitudes post-intervention, behavior change remained minimal, emphasizing the need for more engaging, practical educational strategies, such as cooking workshops, to achieve lasting dietary improvements among female university students.

Keywords - Dietary choices, Food facts, Food myths, Misconception of food effect on the body, Nutrients.

1. Introduction

Beliefs play a significant role in shaping eating behaviors, often resulting in misconceptions about nutrition that lack scientific support [1]. Food-related myths stem from misinformation, cultural traditions, and limited access to reliable, evidence-based information. This contributes to the rising prevalence of lifestyle-related diseases, including metabolic syndrome, hypertension, diabetes, and cardiovascular conditions [2]. Despite advancements in nutrition science and the widespread availability of information through media and the internet, misconceptions about food and nutrients persist. Recent studies indicate that even among educated populations, such as university students, these nutritional myths continue to influence dietary choices, often leading to unhealthy eating patterns [3, 4]. Common dietary myths, such as believing that all carbohydrates are detrimental or that fats should be eliminated, reflect a fundamental misunderstanding of essential nutritional principles [5]. Scientific evidence underscores the importance of consuming complex carbohydrates from whole grains and vegetables and the health benefits of unsaturated fats found in foods like avocados, nuts, and olive oil [6]. While dietary supplements can be beneficial in specific circumstances, they cannot substitute for a balanced, nutrient-dense diet. Another prevalent misconception is that all types of processed foods harm health; however, research demonstrates that some

processed options, like frozen fruits and vegetables, can help maintain a healthy lifestyle [7]. Recent research by Pavlovic et al. (2023) and Kozak et al. (2024) revealed that knowledge alone could not alter dietary behaviors, highlighting a persistent gap between awareness and actual practices among young adults. Despite possessing reasonable nutritional knowledge, students often find it challenging to make healthier food choices due to entrenched myths and social influences [8, 9].

1.1. Research Gap

There have been studies on university students' general nutrition knowledge, but few have particularly addressed the persistent existence of food and nutrition myths among this population. Additionally, insufficient data supports the effectiveness of structured educational interventions to clarify these myths and promote healthy lifestyle choices.

1.2. Problem Statement

The study aimed to assess the Opinions, Attitudes, and Practices (OAP) concerning food and nutrition facts and myths among university students, implement a targeted educational intervention, and evaluate its effectiveness in connecting the gap between nutritional awareness and dietary changes.

2. Materials and Methods

2.1. Study Design

A cross-sectional study was conducted using an Opinion, Attitude, and Practice (OAP) survey design, incorporating a pre-post educational intervention. The aim was to evaluate female university students' understanding of food and nutrient-related facts and myths before and after an educational session.

2.2. Study Population and Sampling

The study population involved female students currently enrolled at university. Inclusion criteria required voluntary participation and the willingness to complete pre- and post-intervention assessments. Students who did not provide informed consent or were unavailable for both phases were excluded. A convenience sampling method was used to recruit participants. A total of 50 respondents were selected based on their availability and willingness to participate.

2.3. Study Tool and Scoring

A structured and validated questionnaire assessed opinions, attitudes, and practices (OAP) concerning nutritional myths and facts. The questionnaire included multiple-choice questions for opinions, a 5-point Likert scale for attitudes, and Yes/No practice questions. Responses regarding opinions were evaluated for both factual accuracy and frequency. Attitude Assessment is scored on a scale from 1 to 5, where 1 point equals "Strongly Disagree", 2 - "Disagree", 3 - "Neutral", 4 - "Agree", and 5 - "Strongly Agree". The scores ranged from 10 to 50 and were categorized as follows: negative/indifferent (10–25), neutral/slightly positive (26–40), and highly positive (41–50). Practice scores were in the form of Yes = 1 and No = 0, which were classified into practice levels as low with 0–4 scores, moderate with 5–7 scores, and high with 8–10 scores.

2.4. Data Collection

The data collection was conducted in three phases. In the pre-intervention phase, participants completed the OAP questionnaire to establish their baseline Opinions/Perspectives, attitudes, and practices regarding food and nutrition myths. The intervention phase involved an educational session that emphasized the importance of food in the body, clarified common nutritional myths, and explained their health implications. In the post-intervention phase, the same questionnaire was administered again to assess changes in participants' opinions, attitudes, and practices followed by intervention.

2.5. Data Analysis

The responses were analyzed using descriptive statistics. Raw scores for opinions, attitudes, and practices were converted into percentages. Each domain was categorized as good ($\geq 75\%$), moderate (51–74%), or poor ($\leq 50\%$). Pre- and post-intervention scores were compared to evaluate the efficacy of the educational intervention.

2.6. Ethical Considerations

The study followed ethical standards by obtaining informed written consent from all the recruited participants. Confidentiality and anonymity were maintained throughout the research, and participation was voluntary.

3. Results and Discussion

3.1. Age distribution

Table 1. Age distribution of respondents

Age (Years)	Category (Percentage)
18-20	35 (70)
21-23	15 (30)

Table 1 shows the age distribution of respondents. 70% of the respondents are aged 18 to 20 years, while 30% (15 individuals) are in the 21 to 23 years age group. This indicated that most respondents are younger university students, likely in their early years of study.

3.2. Opinion & Perspective-Based Questions

Table 2. Opinion & perspective-based questions

Question	Options	Pre-Intervention, n (%)	Post-Intervention, n (%)
Jaggery compared to white sugar	Jaggery is less processed, which makes it a better choice.	16 (32)	11 (22)
	Jaggery and white sugar are similar in terms of calorie content	17 (34)	26 (52)
	Jaggery is rich in iron and magnesium.	8 (16)	5 (10)
	Jaggery can be suggested for diabetic and obese patient	9 (18)	8 (16)
Brown sugar over White sugar	White sugar and brown sugar are the same in calorie content	14 (28)	9 (18)
	White sugar is more refined, while brown sugar has molasses for flavour	9 (18)	6 (12)
	Both impact blood sugar similarly.	3 (6)	23 (46)
	Brown sugar is always the better option for cooking and baking	24 (48)	12 (24)
Brown bread over white bread	Brown bread contains more fiber, vitamins, and minerals	13 (26)	18 (36)
	Brown bread supports better digestion and gut health	9 (18)	5 (10)
	White bread tastes better because it is more softer	9 (18)	5 (10)
	Brown bread helps with weight management	19 (38)	22 (44)
Processed foods	Not all processed foods are unhealthy	11 (22)	22 (44)

and health	Eating processed foods occasionally does not harm a healthy diet	17 (34)	7 (14)
	Certain processed foods, like yogurt, can be beneficial	13 (26)	11 (22)
	Reading labels helps choose healthier processed foods	19 (38)	10 (20)
Dietary fats and Body weight	Fats are necessary for proper body functions. (like hormone production nutrient absorption)	10 (20)	12 (24)
	Less fat helps in controlling calorie intake and shedding weight	15 (30)	8 (16)
	Eliminating fat can lead to cravings and overeating	13 (26)	7 (14)
	The type of fat matters more than the amount consumed.	12 (24)	23 (46)
Carbohydrate Intake and Diabetes	Completely cutting carbs is not necessary for diabetics	7 (14)	6 (12)
	Managing portion size is more important than avoiding carbs.	14 (28)	23 (46)
	Lowering carbs helps regulate blood sugar levels.	16 (32)	10 (20)
	Simple carbs lead to spikes in blood sugar and insulin resistance.	10 (20)	8 (16)
Dietary Protein and Muscles	Too much protein is unnecessary for muscle building.	18 (36)	11 (22)
	Plant-based proteins are just as good as animal proteins.	15 (30)	10 (20)
	Animal food provides complete proteins with all essential amino acids.	8 (16)	5 (10)
	Plant-based food provides enough protein with added fiber benefits.	9 (18)	24 (48)
Dieting and weight loss	Eating healthy is more important than eating less.	4 (8)	23 (46)
	Burning calories through workouts is the best way to lose fat.	6 (12)	4 (8)
	Dieting without exercise can lead to muscle loss.	25 (50)	13 (26)
	Intermittent fasting is an effective way to lose weight.	15 (30)	10 (20)
Consumption of nutritional supplements	Supplements improve overall health and immunity.	3 (6)	7 (14)
	A nutrient-rich diet eliminates the need for extra vitamins.	13 (26)	11 (22)
	Overconsumption of vitamins can lead to toxicity and health issues.	18 (36)	21 (42)
	The body absorbs nutrients from food more efficiently.	16 (32)	11 (22)
Artificial sweeteners	Artificial sweeteners are a better alternative to sugar.	21 (42)	10 (20)

versus sugar intake	A diet with minimal added sweetness is the healthiest choice.	7 (14)	6 (12)
	Natural sugar is healthier than artificial sweeteners.	8 (16)	9 (18)
	Cutting down on both sugar and artificial sweeteners is best.	14 (28)	25 (50)
Dairy and Dairy Alternatives (e.g. Oats milk)	Dairy alternatives are just as nutritious as milk.	10 (20)	7 (14)
	Dairy is the best source of calcium and essential nutrients.	6 (12)	6 (12)
	Nut, soy, and oat milk provide good substitutes for those with lactose intolerance.	20 (40)	10 (20)
	Dairy supports bone health; plant-based options need fortification.	14 (28)	27 (54)
Fresh foods versus preserved foods	Fresh foods taste better and have better texture.	10 (20)	10 (20)
	Preserved foods can be just as nutritious as fresh foods.	19 (38)	16 (32)
	Preserved foods are more practical for busy lifestyles.	13 (26)	9 (18)
	Fresh foods promote a healthier lifestyle and prevent diseases.	8 (16)	15 (30)

Table 2 presents respondents' views on various food and nutrition topics before and after a dietary education intervention. After the session, 52% acknowledged that jaggery and white sugar have similar caloric content, up from 34%. However, 16% still believe that jaggery is suitable for individuals with diabetes or obesity. Initially, 48% preferred brown sugar for cooking, but only 28% recognized that brown and white sugar have similar caloric content. Post-intervention, 46% correctly identified that both types of sugar similarly affect blood sugar levels.

Opinions on brown versus white bread showed modest improvements as well. Initially, 38% believed brown bread aids in weight management, increasing to 44% after the intervention. Additionally, 36% acknowledged that brown bread is richer in fiber and nutrients. A significant shift occurred in perceptions of processed foods; post-intervention, 44% recognized that not all processed foods are unhealthy, up from 22%. Views on fats, carbohydrates, and dieting evolved, with increased awareness of healthy fats and portion control. After the intervention, 46% understood that the type of fat is more crucial than the quantity, shifting focus from fat restriction to selecting healthy fats. Awareness of the relationship between carbohydrates and diabetes increased, with 46% realizing that portion control is more effective than simply avoiding carbohydrates. Attitudes toward protein changed, with 48% endorsing plant-based proteins post-intervention for their benefits to muscle health and additional fiber. Perspectives on weight loss also shifted, with 46% prioritizing healthy eating over merely reducing food intake. Awareness of dietary supplements grew, with 42% recognizing the risks associated with their overuse. Lastly, perceptions of fresh versus preserved foods improved, with 30% acknowledging the role of fresh foods in disease prevention. However, some myths remain, including the belief that artificial sweeteners are superior to sugar and resistance to misconceptions about dairy and supplement overuse. Although some deep-rooted myths persist, the intervention effectively clarified misconceptions and encouraged practical dietary choices. Continued education is essential for fostering lasting behavior change. This aligns with the study by Tavassoli et al. (2015) that showed improvement in nutrition knowledge, awareness and attitudes but had limited effects on changing deeply held beliefs about the consumption of junk food among primary school students. Nutrition education has enhanced knowledge through engaging strategies but may not fully eradicate entrenched dietary myths [10, 11].

3.3. Attitude Assessment

Table 3. Attitude assessment of the respondents

No.	Questions	Response n =50	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Skipping meals helps in weight loss.	Pre-Test	16 (32)	9 (18)	1 (2)	16 (32)	8 (16)
		Post-Test	6 (12)	6 (12)	2 (4)	27 (54)	9 (18)
2.	Eating fats should be completely avoided to stay healthy.	Pre-Test	1 (2)	24 (48)	9 (18)	11 (22)	5 (10)
		Post-Test	1 (2)	20 (40)	10 (20)	14 (28)	5 (10)
3.	Diet soda is a healthier alternative to regular soda.	Pre-Test	20 (40)	14 (28)	1 (2)	11 (22)	4 (8)
		Post-Test	12 (24)	12 (24)	2 (4)	20 (40)	4 (8)
4.	Carbohydrates should be avoided to lose weight.	Pre-Test	9 (18)	6 (12)	16 (32)	5 (10)	4 (8)
		Post-Test	5 (10)	4 (8)	16 (32)	15 (30)	10 (20)
5.	Brown sugar is healthier than white sugar.	Pre-Test	19 (38)	16 (32)	6 (12)	5 (10)	4 (8)
		Post-Test	12 (24)	15 (30)	7 (14)	12 (24)	4 (8)
6.	Consuming supplements can effectively replace a balanced diet.	Pre-Test	1 (2)	1 (2)	24 (48)	10 (20)	14 (28)
		Post-Test	1 (2)	1 (2)	23 (46)	10 (20)	15 (30)
7.	High-protein diets are the best for weight loss.	Pre-Test	30 (60)	14 (28)	4 (8)	1 (2)	1 (2)
		Post-Test	19 (38)	12 (24)	4 (8)	14 (28)	1 (2)
8.	Organic foods are more nutritious than conventional foods.	Pre-Test	9 (18)	10 (20)	4 (8)	16 (32)	11 (22)
		Post-Test	7 (14)	10 (20)	3 (6)	19 (38)	11 (22)
9.	Eating at night causes weight gain.	Pre-Test	25 (50)	11 (22)	4 (8)	9 (18)	1 (2)
		Post-Test	17 (34)	9 (18)	4 (8)	19 (38)	1 (2)

*Values in parentheses are percentages.

Table 3 shows the changes in respondents' attitudes toward food, nutritional facts, and myths before and after the intervention. Attitudes are categorized as negative (scores 10–25), slightly positive (26–40), and highly positive (41–50), as shown in Figure 1. Before the intervention, 72% of respondents (36 individuals) had slightly positive attitudes, while 28% (14 individuals) were negative, and none were highly positive. After the intervention, no respondents moved into the highly positive category.

Notably, the percentage of slightly positive attitudes decreased to 50% (25 respondents), while negative attitudes increased to 50% (25 respondents). This change suggests that the intervention encouraged more critical thinking and scepticism about common food myths, indicating that some respondents reevaluated their earlier beliefs, leading to a deeper understanding of dietary misconceptions.

While the intervention raised awareness, the lack of respondents in the highly positive category implies that the content may not have been engaging or relatable enough to foster stronger attitudinal shifts. These findings align with Saha et al. (2020), who showed better nutritional knowledge, increased fruit and vegetable intake preferences, and self-sufficiency in eating and cooking [12]. This suggests that incorporating interactive elements can enhance engagement and facilitate change in student behaviour.

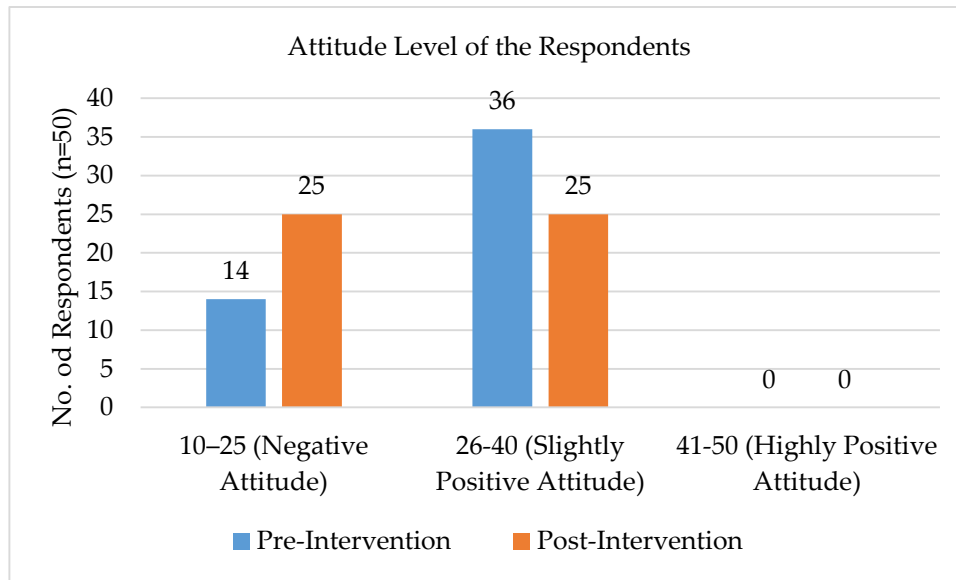


Fig. 1 Attitude level of the respondents

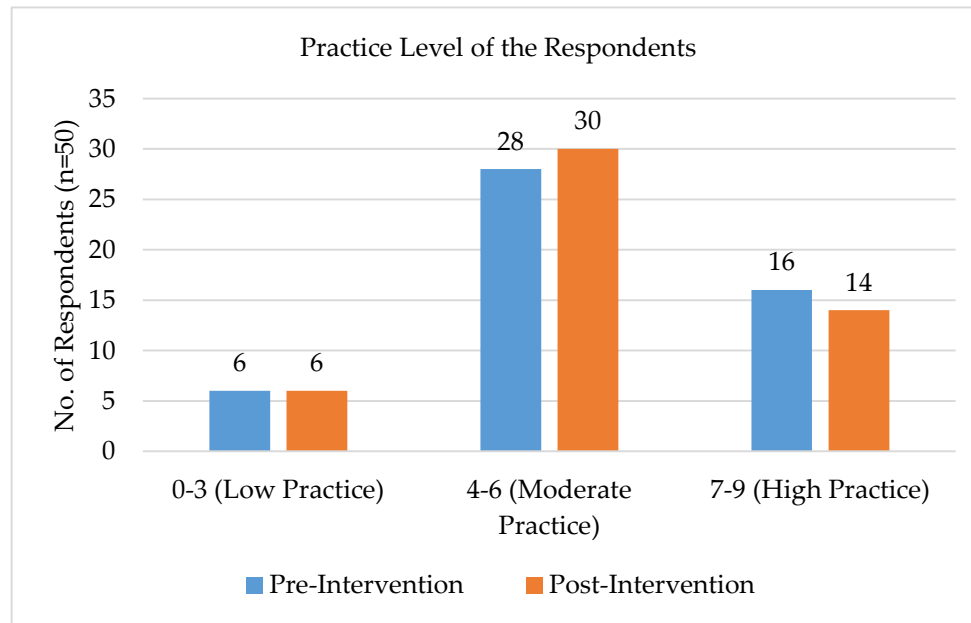


Fig. 2 Practice level of the respondents

3.4. Practice Assessment

Table 4. Practice assessment of the respondents

No.	Questions	Response n (%)	Yes	No
1	Do you consume detox drinks regularly to cleanse your body?	Pre-Test	19 (38)	31 (62)
		Post-Test	19 (38)	31 (62)
2	Do you avoid dairy products to control weight?	Pre-Test	30 (60)	20 (40)
		Post-Test	30 (60)	20 (40)
3	Do you consume multivitamins to balance all nutrients?	Pre-Test	16 (32)	34 (68)
		Post-Test	16 (32)	34 (68)
4	Do you eat fruit immediately after meals, believing it aids	Pre-Test	25 (50)	25 (50)

	digestion?	Post-Test	25 (50)	25 (50)
5	Do you drink water immediately after meals for better digestion?	Pre-Test	14 (28)	36 (72)
		Post-Test	14 (28)	36 (72)
6	Do you skip meals for doing weight loss?	Pre-Test	39 (78)	11 (22)
		Post-Test	40 (80)	10 (20)
7	Do you consume packaged health drinks?	Pre-Test	40 (80)	10 (20)
		Post-Test	40 (80)	10 (20)
8	Do you avoid any late-night snacking to prevent weight gain?	Pre-Test	44 (88)	6 (12)
		Post-Test	45 (90)	5 (10)
9	Do you consume energy drinks for instant energy?	Pre-Test	21 (42)	29 (58)
		Post-Test	21 (42)	29 (58)

Table 4 displays the participants' practice levels before and after the educational intervention. Initially, among 50 female university students, 12% (6 respondents) showed low practice, 56% (28 respondents) were in the moderate range, and 32% (16 respondents) exhibited high practice. Following the intervention, these numbers showed minimal change—12% remained in the low category, 60% (30 respondents) shifted to moderate, and only 28% were in the high practice group. As shown in Figure 2, the intervention had a limited effect on improving actual dietary behaviors, with only slight shifts observed. The intervention improved knowledge and attitudes about food and nutrition myths but did not result in meaningful behavior change. A small decline in the high-practice group indicates resistance to change. Similarly, a quasi-experimental study in Nepal by Raut et al. (2024) showed improved knowledge and attitudes among adolescents after nutrition education, while changes in diet quality were modest. This suggests that educational interventions alone may not drive significant behavioral modifications [13].

3.5. Statistical Analysis

Table 5. T-test analysis of variables before and after the intervention

Variable	Pre vs Post-intervention	
Attitude	Paired T test	P value
	3.718	0.001
Practice	Paired T test	P value
	1.429	0.159

Table 5 shows paired t-test results to compare key variables- attitudes and practices of the respondents before and after the informative session. Results highlighted a statistically significant improvement in attitude scores following the educational intervention ($t = 3.718$, $p = 0.001$), suggesting a positive shift in participants' perceptions toward nutrition myths and facts. However, no significant change was observed in practice scores ($t = 1.429$, $p = 0.159$), indicating that the intervention did not effectively alter dietary behaviors. These findings highlight the gap between improved awareness and behavior change, emphasizing the need for more hands-on and sustained strategies. Moitra et al. (2021), in a study on educational intervention focusing behavioral change regarding nutrition among Indian adolescents, showed enhanced knowledge and attitudes but had a limited effect on actual dietary practices, highlighting the challenge of converting awareness into behavior change [14].

4. Discussion

The study highlights the strengths and limitations of the educational intervention. It ousted several common myths, such as misconceptions about processed foods and dietary supplements, and significantly improved

participants' knowledge and attitudes. However, some deeply rooted beliefs-like the idea that artificial sweeteners are high in sugar-persisted despite the intervention. This indicates the challenge of correcting entrenched misunderstandings through one-time seminars alone. While participants' awareness and attitudes improved, their dietary behaviours showed minimal change. Practices like skipping meals for weight loss or consuming packaged health drinks remained largely unaffected. This reveals a clear gap between knowledge acquisition and practical application. The findings suggest that while educational interventions are valuable, they must be complemented with more engaging and sustained strategies to effectively influence behaviour. Approaches like personalized nutrition counselling, interactive workshops, peer-led discussions, and ongoing support may be more successful in translating awareness into long-term habit change. Ultimately, the intervention enhanced understanding but had a limited impact on behaviour. Future programs should adopt a more comprehensive, practical approach to bridge the gap between knowledge and practice, promoting lasting dietary changes among university students.

5. Conclusion

The study shows that university health programs can effectively enhance students' understanding of food myths and nutrition facts while also shifting their attitudes toward these topics. The educational intervention significantly improved students' attitudes toward evidence-based dietary choices and increased their awareness of the nutritional value of processed foods, proteins, fats, and carbohydrates. However, the limited changes in dietary behaviors indicate that while attitudes and knowledge can be modified, more extensive and sustained efforts are needed to change ingrained habits. Incorporating engaging strategies such as peer-led discussions or cooking classes may be beneficial in connecting knowledge with practical dietary behaviours. Future research could investigate long-term interventions and the impact of personalized education on encouraging university students to adopt healthier eating habits.

Acknowledgments

The authors express their heartfelt gratitude to Vanita Vishram Women's University for the support and resources contributing to this research. The authors also thank all the respondents for their time and effort in participating in the survey. Also, thanks go to colleagues and faculty members for their invaluable insights and feedback throughout the study.

Authors Contributions

- Dr. S. Agarwal designed the research, developed the overall study plan, and supervised the project.
- S. Butani conducted data collection and analysis and assisted in manuscript writing.
- Dr. S. Agarwal and S. Butani performed statistical analysis and interpreted the results.
- Dr. S. Agarwal and S. Butani wrote the manuscript and approved the final content.
- The final manuscript has been read and approved by the author.

Reference

- [1] Vanessa P. Moreno-Rodríguez et al., "Food and Nutrition Myths among Future Secondary School Teachers: A Problem of Trust in Inadequate Sources of Information," *Social Sciences*, vol. 10, no. 9, pp. 1-15, 2021. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [2] Sofia G. Florença et al., "Food Myths or Food Facts? Study about Perceptions and Knowledge in a Portuguese Sample," *Foods*, vol. 10, no. 11, pp. 1-17, 2021. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [3] Lenard I. Lesser et al., "Nutrition Myths and Healthy Dietary Advice in Clinical Practice," *American Family Physician*, vol. 91, no. 9, pp. 634-638, 2015. [[Google Scholar](#)] [[Publisher Link](#)]
- [4] Timothy D. Brewerton, Kim Dennis, and David A. Wiss, "Dismantling The Myth of "All Foods Fit" in Eating Disorder Treatment," *Journal of Eating Disorders*, vol. 12, no.1, 2024. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [5] Connie Diekman, Camille D. Ryan, and Tracy L. Oliver, "Misinformation and Disinformation in Food Science and Nutrition: Impact on Practice," *The Journal of Nutrition*, vol. 153, no. 1, pp. 3-9, 2023. [[Google Scholar](#)] [[Publisher Link](#)]

- [6] Harikumar Pallathadka et al., "A Study of Myths, Facts and Figures on Prominence of Indian Vegetarianism: Past, Present and Future," *Integrated Journal for Research in Arts and Humanities*, vol. 2, no. 6, pp. 268-277, 2022. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [7] Wen-Jing Deng, Ziyue Yi, and John Chi-Kin Lee, "The Demographic Variation in Nutrition Knowledge and Relationship with Eating Attitudes among Chinese University Students," *International Journal of Environmental Research and Public Health*, vol. 21, no. 2, pp. 1-12, 2024. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [8] Nikolina Peša Pavlović et al., "Trust in Nutrition Information Sources used by University Students," *Education for Information*, vol. 39, no. 4, pp. 471-491, 2023. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [9] Andrea T. Kozak, Noah Garber, and Virginia Uhley, "Undergraduates' Knowledge, Attitudes, and Behaviours Associated with Fad Diets," *International Journal of Qualitative Studies on Health and Well-Being*, vol. 19, no. 1, 2024. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [10] Vardanjani et al., "The Effect of Nutrition Education on Knowledge, Attitude, and Performance about Junk Food Consumption among Students of Female Primary Schools," *Journal of Education and Health Promotion*, vol. 4, no. 1, 2015. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [11] Bright Yammaha Amoore et al., "Nutrition Education Intervention Improves Medical Students' Dietary Habits and their Competency and Self-Efficacy in Providing Nutrition Care: A Pre, Post and Follow-Up Quasi-Experimental Study," *Frontiers in Nutrition*, vol. 10, 2023. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [12] Sanjoy Saha et al., "Effects of a Nutrition Education Intervention on Fruit and Vegetable Consumption-Related Dietary Behavioural Factors among Elementary School Children," *Health Education Journal*, vol. 79, no. 8, pp. 963-973, 2020. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [13] Sagar Raut et al., "Effect of Nutrition Education Intervention on Nutrition Knowledge, Attitude, and Diet Quality among School-Going Adolescents: A Quasi-Experimental Study," *BMC Nutrition*, vol. 10, no. 1, 2024. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]
- [14] Panchali Moitra, Jagmeet Madan, and Preeti Verma, "Impact of a Behaviourally Focused Nutrition Education Intervention on Attitudes and Practices Related to Eating Habits and Activity Levels in Indian Adolescents," *Public Health Nutrition*, vol. 24, no. 9, pp. 2715-2726, 2021. [[CrossRef](#)] [[Google Scholar](#)] [[Publisher Link](#)]