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*Original Article*

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

**Shilpee Agrawal[1*], Selvi Butani[2]**

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

*shilpeeg21@gmail.com

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**Abstract -** Introduction: 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.Methods: 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.Results: 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.Conclusion: 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 (≥75%), moderate (51–74%), or poor (≤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 calorie 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.

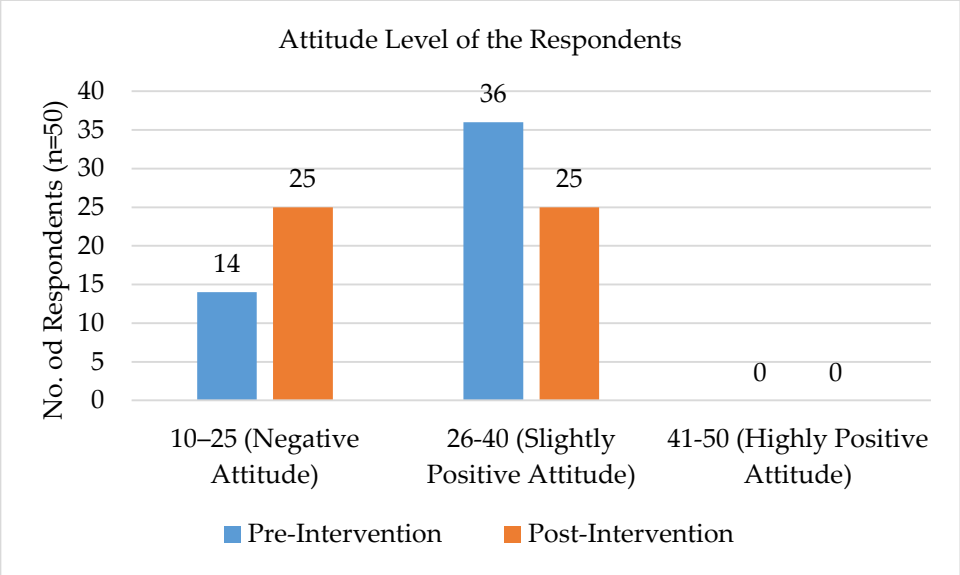


**Fig. 1 Attitude level of the respondents**

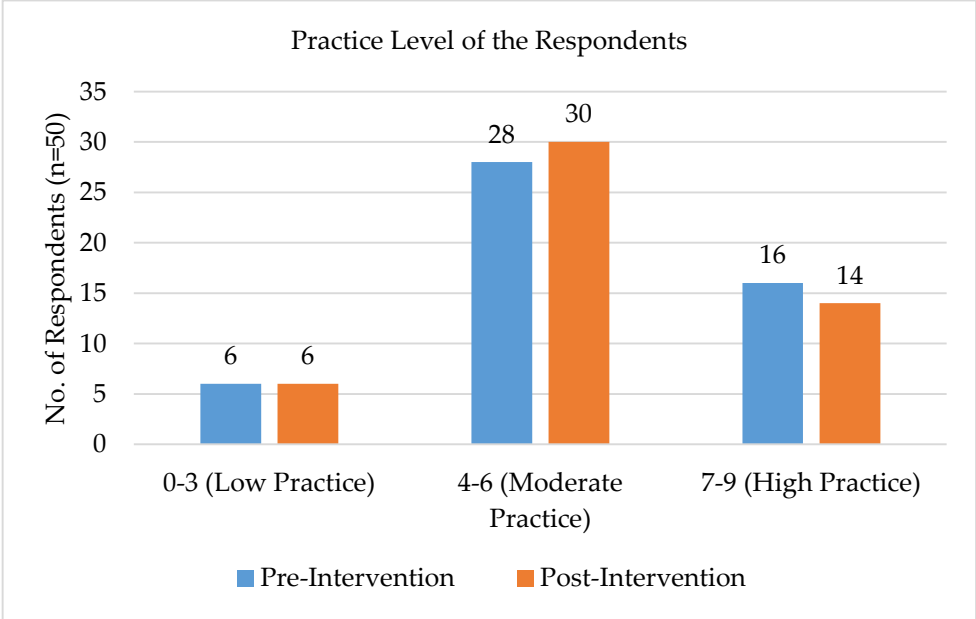


**Fig. 2 Practice level of the respondents**

### *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.

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## 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.

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