



Assessment of dietary choices, nutritional beliefs, food-related practices among adult women (18-35years)-a comparative study

Penta Shanmukha Priya¹, P Suma²

¹ Department of Food and Nutrition, Veeranari Chakali Iamma Women's University, Koti, Hyderabad, Telangana, India

² Assistant Professor, Department of Food and Nutrition, Veeranari Chakali Iamma Women's University, Koti, Hyderabad, Telangana, India

Corresponding Author: Penta Shanmukha Priya

DOI: <https://doi.org/10.66856/ijfsn.2026.11.3.11144>

Abstract

Dietary choices and food-related practices are influenced by cultural, religious and social factors. The present study aimed to assess dietary choices, nutrition beliefs and food-related practices among Hindu and Muslim women aged 18–35 years and examine the association between religion and selected dietary choices. A cross-sectional descriptive study was conducted among 100 women, comprising 50 Hindu and 50 Muslim participants, from selected communities of Telangana. Data were collected using a structured questionnaire and Food Frequency Questionnaire (FFQ). Descriptive statistics and Chi-square test were used, with $p < 0.05$ considered statistically significant. Non-vegetarian dietary practices were predominant, with 2–3 times weekly consumption being the most commonly reported pattern. Nutrition beliefs and cultural food practices were commonly observed, while fasting practices differed according to religious traditions. Religion was not significantly associated with type of diet or frequency of non-vegetarian food consumption ($p = 0.064$). However, significant associations were observed between religion and foods usually avoided ($p = 0.001$) and reasons for food avoidance ($p = 0.003$). The findings suggest that religious and cultural factors have a greater influence on specific food-avoidance practices than on overall dietary patterns.

Keywords: Dietary choices, nutrition beliefs, food-related practices, cultural background, religious practices, Hindu women, Muslim women, women of reproductive age

Introduction

Food choices are influenced by more than nutritional requirements. Cultural traditions, family practices, religious beliefs and the social environment contribute to food preferences, meal patterns, food preparation and food avoidance. These practices are often developed from childhood and may continue into adulthood. In India, variations in culture and religion contribute to differences in dietary practices across communities. Religion can influence the selection and avoidance of foods, fasting practices and dietary behaviour. Hindu and Muslim communities may follow different food traditions and religious dietary practices. Hindu dietary practices may include vegetarianism and avoidance of particular foods, while Muslim dietary practices are guided by Halal principles and specific food restrictions. Religious occasions and fasting may also influence the type and frequency of foods consumed (Prakash, 2020)^[6].

Nutrition beliefs refer to ideas and perceptions about the relationship between food and health. Such beliefs may be transmitted through family traditions, religious teachings and cultural practices. Food-related practices include food selection, preparation, consumption and avoidance according to cultural and religious customs. Concepts such as hot and cold foods, food purity and fasting may influence dietary behaviour. While some traditional practices may support healthy eating, others may result in unnecessary dietary restrictions (Reddy *et al.*, 2015; Konduru & Kundargi, 2019)^[5, 8].

Dietary practices are also affected by education, occupation, food availability, urbanisation, media exposure and

changing lifestyles. The increasing availability of processed, fast and convenience foods has contributed to changes in traditional eating patterns, particularly among young adults. However, cultural and religious practices continue to influence food selection and dietary behaviour in many households (Bailey *et al.*, 2018; Reddy *et al.*, 2015)^[1, 8].

Need for the Present Study

Understanding the influence of cultural and religious factors on dietary choices is important for developing nutrition education and counselling that is appropriate for different communities. Previous literature included in the thesis indicates that food choices and food avoidance may be influenced by family practices, cultural perceptions, religious beliefs and habitual food practices.

Therefore, the present study was undertaken to assess dietary choices, nutrition beliefs and food-related practices among Hindu and Muslim women aged 18–35 years, with particular focus on examining the association between religion and selected dietary choices.

Methodology

A cross-sectional descriptive study was conducted among 100 women aged 18–35 years from selected communities of Telangana. The sample consisted of 50 Hindu and 50 Muslim women selected through convenience sampling. Pregnant and lactating women, women with chronic diseases or those following therapeutic/special diets, women outside the specified age range and those unwilling to participate were excluded.

Data were collected using a structured questionnaire covering socio-demographic characteristics, dietary choices, nutrition beliefs, cultural practices and fasting practices, along with a Food Frequency Questionnaire (FFQ). The dietary-choice section included type of diet, frequency of non-vegetarian food consumption, foods avoided, reasons for avoidance, influence of festivals and fasting practices.

Data were analysed using Microsoft Excel. Frequencies and percentages were used for descriptive analysis. The Chi-square test was used to determine the association between religion and selected dietary-choice variables. A p-value <0.05 was considered statistically significant

Ethical considerations: Participation was voluntary. Prior to completion of questionnaire, Participants were informed about the purpose of the study and signatures were taken at the end of the questionnaire. Participant's personal information were kept confidential throughout the study.

Results

A total of 100 women aged 18–35 years participated in the study, comprising 50 Hindu and 50 Muslim women. Data from all participants were included in the assessment of socio-demographic characteristics, dietary choices, nutrition beliefs and cultural food-related practices and Food frequency questionnaire. For Section B (Dietary Choices), the findings were presented separately according to religion to examine differences in selected dietary practices between Hindu and Muslim participants.

Section A: Socio-demographic Profile

Among the 100 participants, 56% were aged 18–23 years, followed by 36% aged 24–29 years and 8% aged 30–35 years. The sample consisted equally of Hindu and Muslim women, with 50% from each group. Students constituted the majority of participants (60%), followed by working women (30%). Regarding education, 46% were postgraduates and 45% were graduates, while 9% had secondary or lower levels of education. Most participants (70%) belonged to nuclear families, while 30% belonged to joint families.

Section B: Dietary Choices

Non-vegetarian diets were predominant among both groups, reported by 82% of Hindu and 88% of Muslim women, while vegetarian diets were reported by 16% and 4%, respectively. Among non-vegetarian consumers, eating non-vegetarian foods 2–3 times per week was most common, reported by 52% of Hindu and 60% of Muslim women. Food-avoidance patterns differed between the groups: 38% of Hindu women avoided meat, whereas 66% of Muslim women avoided other foods, while milk and milk products were avoided by 16% in both groups. Personal dislike was the most common reason for food avoidance, reported by 68% of Hindu and 60% of Muslim women. Festivals influenced food intake among 41% of participants, while 25% reported practising fasting.

Section C: Nutrition Beliefs

Traditional nutrition beliefs were prevalent among the participants. Seventy-seven percent agreed that some foods increase strength and immunity, while 74% believed that

some foods are hot or cold in nature and 72% believed that foods can influence mental peace and purity. In addition, 68% considered traditional foods healthier than modern foods, 65% believed food affects body-heat balance, and 63% believed certain foods affect fertility. Cultural practices were considered to influence food choices by 57%, while 52% believed certain foods should be avoided during menstruation and 48% reported that religious rules guide daily food intake.

Section D: Cultural and Food-related Practices

Cultural and religious practices were reflected in household food-related behaviour. 45% reported that their mothers were the main decision-makers for daily meals, while 44% made these decisions themselves. Religious rules influenced food preparation for 64% of participants, and 72% reported observing food restrictions during religious days. Traditional cooking methods were followed daily by 58% of participants. Among those who practised fasting, Ramadan fasting was the most common (36%), followed by weekly fasting (28%), intermittent fasting (24%) and Hindu festival fasting (12%).

Section E: Food Frequency Questionnaire

The Food Frequency Questionnaire assessed the frequency of consumption of major food groups among the 100 participants. Rice was consumed daily by 100% of participants, while wheat/chapati was consumed daily by 46% and weekly by 49%. Pulses/dal were consumed weekly by 66%, and curd was consumed daily by 64%. Among vegetables and fruits, other vegetables were consumed daily by 75%, while fruits were consumed daily by 40% and weekly by 50%. Among animal foods, chicken was consumed weekly by 73%, followed by eggs at 63%, while mutton and fish were mainly consumed weekly or occasionally. Processed and convenience foods were consumed predominantly occasionally, with occasional consumption reported for 55% of fast-food, 53% of traditional sweets, 48% of packaged foods, 40% of sweets and 38% of fried-food consumption. Overall, the FFQ indicated a high reliance on rice as a staple food, regular consumption of pulses, vegetables and dairy products, and predominantly occasional consumption of processed and convenience foods.

Statistical Analysis

The Chi-square (χ^2) test was used to determine the association between religion and selected dietary choice variables among the participants. The analysis was performed using data from Section B (Dietary Choices) of the questionnaire. A p-value of less than 0.05 was considered statistically significant.

Association between Religion and Type of Diet

Table 1: Association between Religion And Type Of Diet

Type of diet	Hindu	Muslim	Total	P value	Significance
Vegetarian	8	2	10	0.064	Not significant
Non-vegetarian	41	44	85		
Other vegetarian	1	4	5		
Total	50	50	100		

Association between Religion and Frequency of non - vegetarian food consumption

Table 2: Association between Religion and Frequency of Non-Vegetarian Food Consumption.

Frequency of non - vegetarian food consumption	Hindu	Muslim	Total	P-value	Significance
Daily	2	2	4	0.377	Not significant
2-3 times/week	26	30	56		
Once/week	15	16	31		
Occasionally/Never	7	2	9		
Total	50	50	100		

Association between Religion and Foods Usually Avoided

Table 3: Association between Religion and Foods Usually Avoided.

Foods usually avoided	Hindu	Muslim	Total	P value	Significance
Meat	19	2	21	0.001	Significant
Milk and milk products	8	8	16		
Others	8	33	41		
None	15	7	22		
Total	50	50	100		

Association between Religion and the reason for food avoidance

Table 4: Association between Religion and the Reason for Food Avoidance.

Reason for avoidance	Hindu	Muslim	Total	P value	Significance
Belief based	10	2	12	0.003	Significant
Personal dislike	34	30	64		
None	6	18	24		
Total	50	50	100		

The Chi-square analysis focused specifically on Section B (Dietary Choices) to determine the association between religion and selected dietary-choice variables. No statistically significant association was found between religion and type of diet ($\chi^2 = 5.506$, $df = 2$, $p = 0.064$) or frequency of non-vegetarian food consumption ($\chi^2 = 3.098$, $df = 3$, $p = 0.377$). However, statistically significant associations were observed between religion and foods usually avoided ($\chi^2 = 31.916$, $df = 3$, $p = 0.001$) and between religion and reasons for food avoidance ($\chi^2 = 11.59$, $df = 2$, $p = 0.003$). Thus, the main statistically significant findings of the study were related to food avoidance practices and the reasons for food avoidance, rather than overall diet type or frequency of non-vegetarian food consumption.

Conclusion

The present study indicates that cultural and religious factors influence dietary choices, nutrition beliefs and food-related practices among Hindu and Muslim women aged 18–35 years. Although religion was not significantly associated with type of diet or frequency of non-vegetarian food consumption, significant associations were observed with foods usually avoided and the reasons for food avoidance. These findings suggest that religious and cultural influences are particularly evident in specific food-avoidance practices rather than overall dietary patterns. Nutrition education and counselling should therefore be

culturally sensitive while promoting balanced, nutritionally adequate and healthy dietary practices.

Funding: No external funding was received for this study.

Conflict of Interest: The authors declare no conflict of interest.

References

- Bailey A, *et al.* Food choice drivers in the context of the nutrition transition in Delhi, India. *Journal of Nutrition Education and Behavior*, 2018;50(7):675–683.
- Catherin N, Britto R, Vakayil R, Ankita C, Ashish G, Delwin P, *et al.* Beliefs and practices regarding nutrition during pregnancy and lactation in a rural area in Karnataka, India: A qualitative study. *International Journal of Community Medicine and Public Health*, 2015;2(2):116–120.
- Daivadanam M, George MS, Thankappan KR, Sarma PS, Ramankutty V. Balancing expectations amidst limitations: The dynamics of food decision-making in rural Kerala. *BMC Public Health*, 2015;15:644.
- Green R, Milner J, Joy EJM, Agrawal S, Dangour AD. Dietary patterns in India: A systematic review. *Public Health Nutrition*, 2016;19(11):2031–2043.
- Konduru D, Kundargi RG. A brief analysis of food practices and food taboos on women health in Andhra Pradesh, India. *International Journal of Community Medicine and Public Health*, 2019;6(12):5088–5093.
- Prakash J. The dietary practices and food-related rituals in Indian tradition and their role in health and nutrition. *The Dietary Practices and Food-Related Rituals in Indian Tradition and Their Role in Health and Nutrition*, 2020, 75–85.
- Putta D. Cultural beliefs and practices influencing nutritional knowledge and health awareness among adolescent girls in Balangir district. *International Journal of Home Science*, 2025;11(3):414–416.
- Reddy V, Anitha M. Culture and its influence on nutrition and oral health. *Biomedical & Pharmacology Journal*, 2015;8(10):613–620.