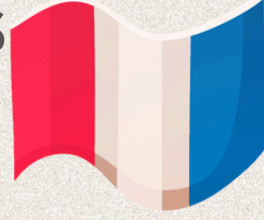


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HEALTHY EATING – A CASE STUDY INVOLVING PARTICIPANTS FROM DIFFERENT COUNTRIES

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ABSTRACT

People need to eat for physiological reasons, to ensure a proper body functioning of the cells and organs. Nevertheless, what people eat and what they choose to eat is not only influenced by a basic necessity of the body, and is determined by many other factors of personal or social nature. The purpose of this study was to investigate motivation for eating healthy food in a large sample of individuals from different nationalities. The data were collected through an online survey and the participants had to express their agreement towards some sentences related to factors that could influence people's food choices towards a healthy diet. These aspects were investigated in the following 16 countries: Argentina, Brazil, Croatia, Egypt, Greece, Hungary, Italy, Latvia, Lithuania, Netherlands, Poland, Portugal, Serbia, Slovenia, Romania, United States of America, and a total number of 11960 participants were included in the global sample. The results identified expressive differences between the participants from the countries involved in the study. While Egyptian participants attend more to concerns related to food safety and hygiene when they choose foods, Portuguese participants attribute greater scores for food that keep them healthy and low fat diets that are rich in vitamin and minerals, Romanian participants tend to value healthy and balanced diets and avoid food additives, Slovenians avoid processed foods for their lower nutritional quality and Lithuanians avoid genetically modified foods. This research clearly showed how different geographical locations and socio-cultural environments contribute to shape people's motivations to consume healthy foods. As so, it is important to adapt healthy food policies and campaigns to effectively communicate with different types of people and contribute to promote changes towards healthier diets diminishing the economic and social burdens of disease.

Keywords: Food choice; Healthy motivation; Regional differences; Questionnaire survey.

INTRODUCTION

The role of food to enhance health and fight disease is long established. In ancient times the quote "Let food be thy medicine, and let medicine be thy food" has been attributed to Hippocrates, the precursor of medicine (Smith, 2004; Witkamp and van Norren, 2018). Although this quotation has not been found in writing in ancient documents, the truth is that Hippocrates considered nutrition to be one of the fundamental tools available for doctors and that dietary measures play a lead part in wellbeing and health. According to Goodfood (Goodfood, 2018), the literal translation of the original Greek oath says: "I will apply dietetic and lifestyle measures to help the sick to my best ability and judgment" This confirms the long date established role of diet for a good health status.

According to the World Health Organization (WHO, 2024) a healthy diet is fundamental to ensure a good health and nutrition status, by ingesting foods that contain elements that protect

against a number of chronic noncommunicable diseases including heart disease, diabetes or cancer. Therefore, eating a variety of foods, including vegetables and fruits, and consuming less salt, sugars and saturated and industrially-produced trans-fats, are recommendations for a healthy diet. On the other hand, the Planetary Health Diet proposed by the EAT-Lancet Commission is characterized by consuming mostly plant-based foods, including fruits, vegetables, whole grains, legumes, nuts, and seeds, and reduce the consumption of animal-based foods, such as meat, dairy, and eggs (Al Masri and König, 2025).

Many studies have focused on understanding the psychological mechanisms of healthy eating, and these allowed identifying some important predictors. These include both knowledge and attitudes, as effective tools to promote behaviour change towards healthier food choices (Carfora et al., 2021; Ridder et al., 2017).

Nevertheless, while some determinants are favourable to shift to more sustainable diets, it is also true that some barriers may difficult the access to healthier foods, namely the cost of healthier options or the limited access to fresh vegetable and fruits, these impacting especially people in developing countries or poor people in rich countries. It is unmistakable that food affordability is a particular constraint on improving diets in low- and middle-income countries (Headey et al., 2024). For this reason it is important to study not only personal characteristics but also social and environmental factors that determine people's eating patterns and food choices. Personal regulation of healthy eating like food choices and nutritional knowledge are pivotal determinants to motivate for a healthy diet. Nevertheless, research suggests that environmental factors like family or friends are also influential (Holding et al., 2024). The self-determination theory is one powerful conceptual frameworks used in many research works focused on human motivation (Martin et al., 2024). Works that focus on the motivations for healthier food consumption are important to investigate what can drive people to eat healthier foods. Hence, the purpose of this study was to investigate motivation for eating healthy food in a large sample of individual from different nationalities, as a way to establish country differences or similarities in this context.

METHODOLOGY

The questionnaire survey was approved by the Ethical Committee of Health School of Polytechnic University of Viseu, with reference n° 04/2017. Some statements were included in the questionnaire to assess people' level of agreement on a 5-point Likert scale from 1 (totally disagree) to 4 (totally agree).

The survey was conducted in all countries simultaneously, and data was collected online through Google Forms. The questionnaire was translated into all the languages in the participating countries before the data collection started. It was used a convenience sample recruited by email or social media invitation and following a snowball methodology. A total of 11,919 validated questionnaires were obtained. Data was analysed by SPSS (version 29), and ANOVA was performed to investigate the differences between countries, considering 95% confidence and a significance level of 5%.

RESULTS

Figure 1 shows the mean scores for two of the statements in the survey: "I am very concerned about the hygiene and safety of the food I eat" and "It is important for me that my diet is low in fat". In both cases, the differences by country were significant according to ANOVA test ($p < 0.05$). In relation to the first statement, related with safety and hygiene, the highest mean scores were obtained for Egypt and Romania (4.32 and 4.17, respectively), while in countries like The Netherlands and Hungary these subjects were not highly motivating (mean scores of 2.64 and 2.888, respectively). As for the second statement about low fat diets, Portugal and Egypt were the countries where the participants felt higher motivation (mean scores of 3.85 and 3.77, respectively), while in Slovenia and Serbia these motivations were lower (mean scores of 2.28 and 2.70, respectively).

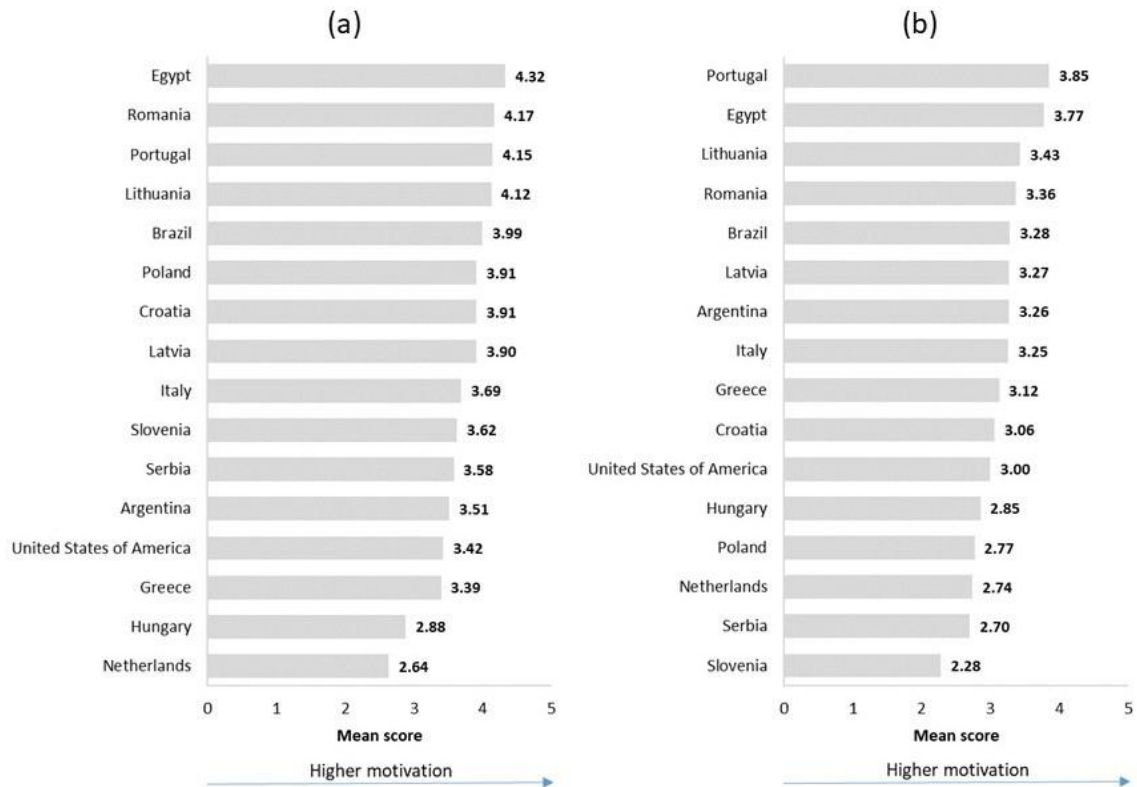


Figure 1. Mean scores by country for (a) "I am very concerned about the hygiene and safety of the food I eat" ($p < 0.05$); (b) "It is important for me that my diet is low in fat" ($p < 0.05$).

In Figure 2 are presented the mean scores obtained by country for two other statements, namely "Usually I follow a healthy and balanced diet" and "It is important for me that my daily diet contains a lot of vitamins and minerals". Once again, the differences were significant in both cases according to ANOVA ($p < 0.05$). The first statement relates to people following a balanced diet on a regular basis, and the highest mean scores were obtained for Romania and Portugal (3.84 and 3.77, respectively), while in Serbia and in the United States the participants did not show much concerns about following a healthy diet (mean scores of 3.14 and 3.18, respectively). Regarding the second statement, about having a diet rich in micronutrients like vitamins and minerals, participants in Portugal and Romania showed the highest motivations (mean scores of 4.07 and 1.06, respectively), while the lowest mean scores were obtained for the United States (3.27) and Hungary (3.59).

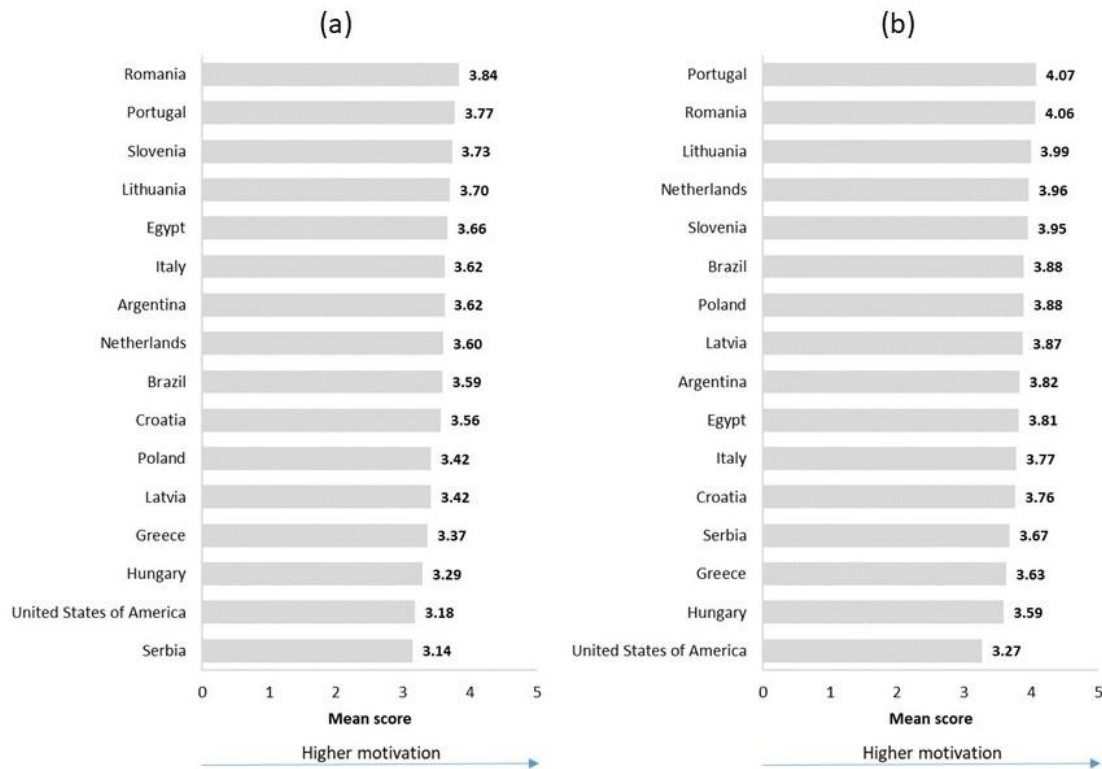


Figure 2. Mean scores by country for (a) "Usually I follow a healthy and balanced diet" ($p < 0.05$); (b) "It is important for me that my daily diet contains a lot of vitamins and minerals" ($p < 0.05$).

Figure 3 shows the mean scores for the two statements: "I try to eat foods that do not contain additives" and "I avoid eating processed foods, because of their lower nutritional quality". Also in these two cases, significant differences were obtained between countries according to ANOVA ($p < 0.05$). In what concerns the first statement, about trying to avoid food additives, in Romania and Portugal were observed the highest motivations (mean scores of 3.77 and 3.63, respectively), and in The Netherlands and Argentina the lowest scores were observed (2.95 and 3.12, respectively). Regarding the second statement, about avoiding processed foods, the countries with highest motivation were Slovenia (mean = 3.64) and Poland (mean = 3.49), while countries with lowest concern were Brazil (mean = 2.68) and The Netherlands (mean = 2.81), meaning that in these countries people do not avoid processed foods or worry about their possible lower nutritional quality.

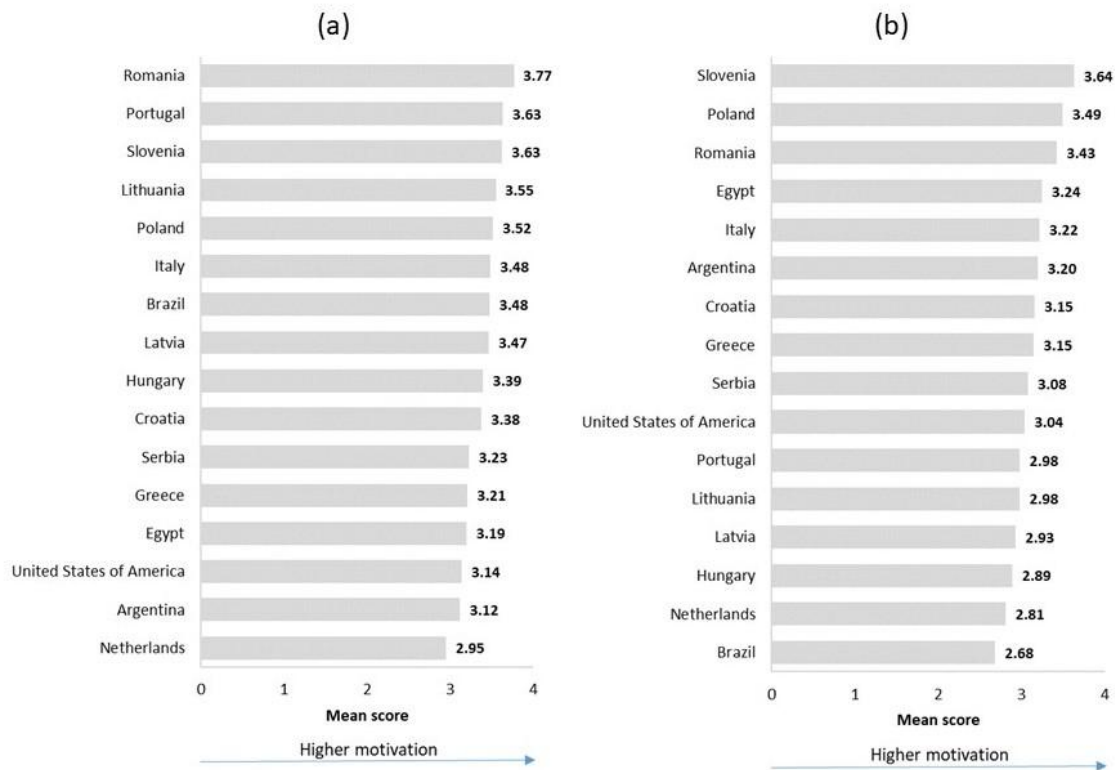


Figure 3. Mean scores by country for (a) “I try to eat foods that do not contain additives” ($p < 0.05$); (b) “I avoid eating processed foods, because of their lower nutritional quality” ($p < 0.05$).

Figure 4 presents the mean scores by country for the last two statements analysed in this study: “It is important for me to eat food that keeps me healthy” and “I avoid foods with genetically modified organisms”, showing again significant differences for both cases (ANOVA, $p < 0.05$). For the first statement, the participants from Portugal and Romania were those showing highest motivations, with mean scores above four (4.39 and 4.26, respectively). Contrarily, the countries with the lowest mean scores were The United States (3.48) and Hungary (3.57). In what concerns the last statement, related with avoidance of GMOs, in Lithuania and Romania the participants showed highest motivation to avoid genetically modified foods (mean scores of 3.76 in both cases), while in The Netherlands and the United States the participants were not so motivated, showing the lowest mean scores (2.57 and 2.96, respectively).

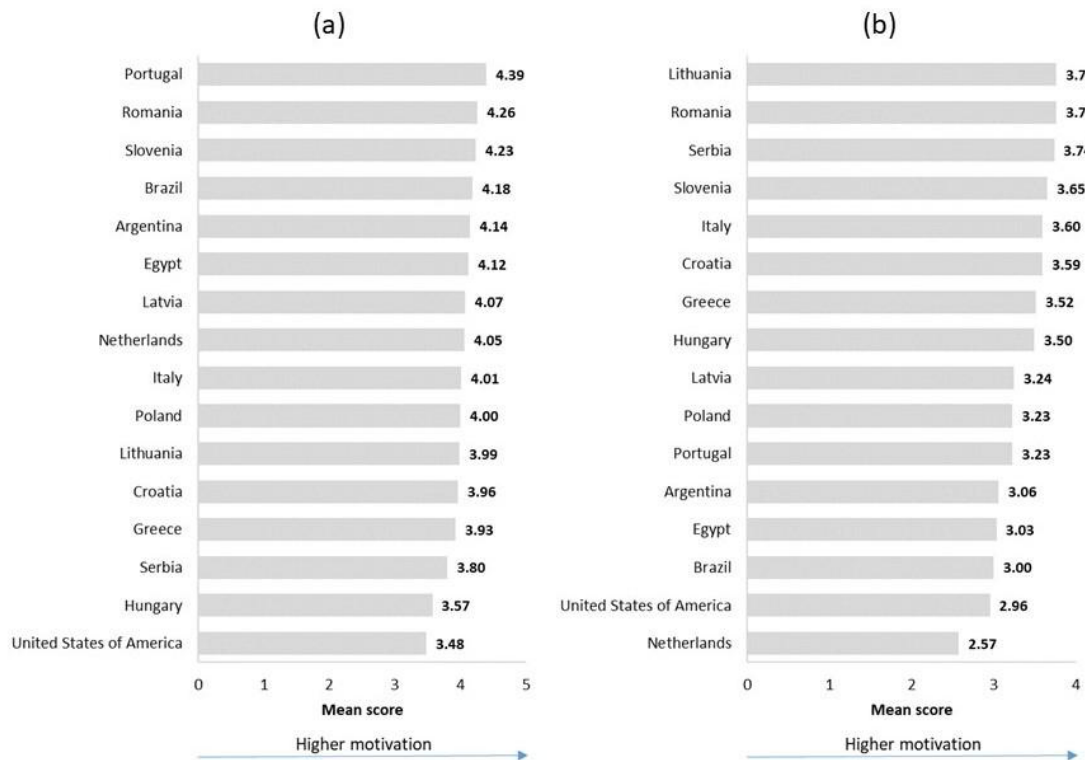


Figure 4. Mean scores by country for (a) “It is important for me to eat food that keeps me healthy” ($p < 0.05$); (b) “I avoid foods with genetically modified organisms” ($p < 0.05$).

CONCLUSIONS

In general, the participants attributed highest scores to aspects linked with eating healthy food, or eating a diet rich in vitamins and minerals. ON the other hand, the items with lowest scores, and that participants did not find so relevant for their diet were about eating processed foods or low fat diets. Comparing the stimuluses for healthy food choices between the participants from the different countries there were found significant differences for all the statements used to measure the level of agreement with the healthy motivations.

This research revealed in what way different geographical locations and socio-cultural environments actually contribute to define peoples’ motivations to consume healthy foods. Therefore, it is necessary to adapt healthy food policies and campaigns to effectively communicate with different types of people and contribute to promote changes towards healthier diets diminishing the economic and social burdens of non-communicable disease.

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