

The Impact of Culture on Health Food Choices in Urban India

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Abstract-

1. Background: This study investigates the impact of religion, culture, and health perceptions on dietary practices among individuals in urban India. The study addresses the importance of knowing how these factors shape food choices and eating habits, given their significant impact on overall well-being.

2. Objectives: The study objectives include recognizing the effect of religion and culture on food choices, examining customary eating habits for wellness and health, and recognizing healthy eating perceptions and related difficulties.

3. Methods: A mixed-method approach incorporating both qualitative and quantitative methods was adopted. Convenience sampling was used to select 75 respondents covering different demographic groups. Data was collected through surveys given via Google Forms, capturing information on dietary habits, cultural influences, and health perceptions. Descriptive and inferential analyses, including ANOVA, were performed to analyse the data.

4. Results: Key results show the diverse influence of religion and culture on food choices, with a majority of respondents acknowledging the impact of their religious beliefs on dietary practices. Cultural traditions, such as specific dietary customs during festivals and rituals, were also common among respondents. Additionally, respondents reported different dietary practices linked with wellness and health, including vegetarianism, fasting rituals, and adherence to Ayurvedic principles. While age did not significantly affect stated frequencies of incorporating healthy foods, other demographic factors and qualitative aspects may contribute to dietary behaviours.

5. Conclusion: This study highlights the intricate interplay between religion, society, and health perceptions in shaping dietary habits among individuals in urban India. Understanding these influences is important for supporting healthy eating behaviours and addressing challenges such as access to healthy foods and cultural pressures. The results add to existing knowledge in the field and have implications for public health interventions and policy initiatives aimed at promoting healthier food choices.

Keywords: Religion, culture, dietary habits, health perceptions, urban India, mixed methods, convenience sampling, surveys, ANOVA

INTRODUCTION

BACKGROUND AND CONTEXT

- In recent decades, India's urban centers have undergone significant transformations in culture, population dynamics, and economic landscape. The rapid growth of cities, coupled with increasing globalization and technological advancements, has brought about substantial changes in people's dietary habits and eating behaviours. Urbanization is often accompanied by shifts in living conditions, transportation infrastructure, and employment patterns, all of which impact individuals' access to and choices regarding food.
- Urban India is characterized by a rich diversity of cultures, with residents hailing from various linguistic, religious, and regional backgrounds coexisting within city limits. This cultural diversity is reflected in the wide array of foods, culinary traditions, and eating practices observed across different urban locales.

Moreover, cities serve as melting pots where traditional and contemporary influences converge, presenting residents with the challenge of balancing adherence to cultural norms with the adoption of modern lifestyles.

- In recent years, there has been a noticeable surge in lifestyle-related ailments such as obesity, diabetes, and cardiovascular diseases in urban areas of India. These health concerns are closely linked to dietary patterns, including excessive consumption of high-calorie foods, sugar-laden snacks, and a lack of intake of nutritious foods. Understanding the cultural determinants that shape food choices in urban India is imperative for devising

strategies aimed at promoting healthier eating habits and combating the prevalence of diet-related illnesses.

RESEARCH QUESTION:

To examine and analyse the cultural factors that influence individuals' health food choices in urban parts of India, including the impact of traditional dietary practices, lifestyle patterns, social norms, and socio-economic factors in order to gain a complete understanding of the cultural dynamics shaping nutritional preferences and habits?

RESEARCH OBJECTIVES:

a) To Recognize the Impact of Religion and Culture on Food Choices: This goal seeks to ascertain how people's dietary practices—such as vegetarianism, observance of particular food-related rituals or festivals, and any related dietary restrictions—are influenced by their religious convictions and cultural customs.

b) To Examine the Customary Eating Habits for Wellness and Health: This goal is to find out if the respondents were raised with any traditional dietary customs that are associated with their health or wellbeing, as well as to collect data on these customs. This could include dietary customs that have been passed down through the generations or certain foods that, in accordance with Ayurvedic or other traditional medical beliefs, are thought to enhance health.

c) To Recognize Healthy Eating Perceptions and Related Difficulties This goal is to learn what constitutes "healthy" food according to respondents and what elements they take into account.

A BRIEF SUMMARY OF THE TITLE

- This study delves into the intricate web of factors shaping the dietary habits and preferences of urban Indians. It focuses on **cultural aspects** like traditions, beliefs, and values, exploring their impact on healthy food choices. Additionally, it examines how **socioeconomic factors** influence the accessibility and affordability of healthy options, and how these interact with cultural influences.

- **Media**, especially digital platforms and advertising, come under the microscope as the study investigates how they shape and reinforce cultural beliefs and preferences surrounding health foods. Further, it analyses the effectiveness of **educational and awareness campaigns** in promoting healthier choices, considering how cultural factors might affect their outcome.

- Finally, the study explores the dynamic interplay between **urbanization, modernization, and evolving cultural norms**, examining their combined influence on the dietary landscape of urban India. By addressing these diverse factors, the research aims to paint a comprehensive and nuanced picture of the complex relationship between culture and nutrition in this dynamic urban setting.

- While the original text remains divided into distinct paragraphs, this paraphrase rephrases the content within each while maintaining the overall structure and key points.

THEORIES ON THE TITLE/THEORETICAL FRAMEWORK:

- **Social Cognitive Theory:**

- o Social cognitive theory, devised by Albert Bandura, posits that behavior is influenced by the interaction between personal, external, and behavioral factors. In the context of dietary choices, this theory suggests that individuals' eating behaviors are not solely determined by their personal preferences and tastes, but also by social influences and environmental

circumstances.

- o **Cultural Norms and Peer Influences:** Cultural norms and peer pressure play pivotal roles in shaping individuals' dietary decisions. People often adhere to dietary practices prevalent within their social circles or communities. For instance, in urban India, cultural norms dictating food preparation methods, dining rituals, and food-sharing customs significantly impact individuals' food choices.
- o **Observational Learning:** A fundamental aspect of social cognitive theory, observational learning asserts that individuals learn by observing the behaviors of others and the consequences of those behaviors. Regarding food choices, individuals may mimic the dietary behaviors of family members, peers, or influential figures within their community.

Cultural Ecological Models:

- o **Cultural ecological models** underscore the intricate interplay between individuals and their socio-cultural environments. These models acknowledge that dietary behaviors are shaped by a multifaceted interplay of cultural, social, economic, and environmental factors across various levels.
- o **Individual Beliefs and Practices:** At an individual level, dietary preferences are influenced by personal beliefs, inclinations, and attitudes toward food. These factors are often influenced by cultural upbringing, religious convictions, and personal experiences related to food consumption.
- o **Community Practices:** Dietary choices are also influenced by community-level factors, including cultural traditions, culinary customs, and societal norms pertaining to food consumption. Community activities such as communal meals, food-centric festivals, and religious ceremonies serve to reinforce traditional dietary norms and values.
- o **Societal Norms and Policies:** Broader societal norms and governmental policies, encompassing aspects such as food regulations, marketing strategies, and socioeconomic inequalities, exert considerable influence on dietary behaviors. For instance, the processes of urbanization and globalization can impact food availability, affordability, and accessibility, thereby influencing individuals' dietary patterns.

Health Behaviour Models:

- o Health behaviour models, including the Theory of Planned Behavior and the Health Belief Model, focus on the cognitive and motivational determinants of health-related behaviors, including dietary choices.
- o **Attitudes and Beliefs:** These models posit that individuals' attitudes and beliefs regarding health and nutrition shape their intentions and actions concerning food consumption. Cultural perspectives, values, and perceptions regarding the healthfulness of certain foods often influence individuals' attitudes toward dietary choices.
- o **Perceived Social Norms:** Individuals' perceptions of social norms, encompassing cultural expectations and peer influences, significantly impact their intentions and behaviors regarding food selection. Cultural customs and social norms surrounding eating habits within specific cultural or social groups may shape individuals' dietary decisions.
- o **Self-Efficacy:** Another key factor highlighted by health behavior models is self-efficacy, referring to individuals' confidence in their ability to enact a behavior. Cultural factors such as culinary skills and familiarity with traditional recipes may influence individuals' confidence in their capacity to make informed and healthy dietary choices.

Socio-cultural Perspectives on Food and Eating Behavior:

- o Socio-cultural perspectives view food consumption as a socio-cultural phenomenon deeply embedded within broader social structures and cultural frameworks.
- o **Symbolic Meanings of Food:** Food carries symbolic significance reflecting cultural values, identities, and social relationships. Certain foods may symbolize heritage, tradition, or social status within a cultural context.
- o **Rituals Surrounding Eating:** Eating rituals and food-related practices serve as integral components of cultural identity and social interaction. Rituals such as communal dining, religious feasts, and family gatherings serve to reinforce cultural values and foster social cohesion.

o **Social Dynamics of Food Sharing:** Food sharing serves as a fundamental aspect of social interaction, symbolizing generosity, hospitality, and solidarity within communities. Cultural norms surrounding food sharing reflect broader social ideals related to reciprocity, kinship, and community solidarity.

LITERATURE REVIEW

Title: Influence of Culture on Health Food Choices in Urban India

Introduction: India's rapidly urbanizing landscape, with its diverse cultures and modern influences, poses complex challenges for people navigating food choices and healthy lifestyles. Understanding the intricate link between culture and healthy eating in these metropolitan settings is crucial for promoting holistic well-being. This literature review aims to provide a comprehensive analysis of existing research on "Influence of Culture on Health Food Choices in Urban India." Faced with an abundance of dietary options due to urbanization and evolving cultural landscapes, individuals must navigate a complex intersection of factors. This review delves into how culture shapes food patterns, exploring the influence of media, socioeconomic factors, traditions, and the changing urban environment. By synthesizing key information from various sources, we aim to uncover the fundamental mechanisms driving the food choices of urban Indians. Beyond summarizing current knowledge, this review seeks to identify gaps and areas requiring further research. By critically examining studies from cultural anthropology, nutrition science, sociology, and public health, it hopes to advance the understanding of the complex interplay between culture and healthy eating in urban India. Ultimately, the aim is to provide valuable insights for future research and policy decisions focused on promoting healthy eating habits within the intricate web of India's urban landscape. This paraphrase rephrases the text while maintaining the main points and structure. It emphasizes the complex challenges, highlights the review's objectives, and clarifies the overall aim of providing guidance for future actions

Capturing diversity and cultural drivers of food choice in eastern India (Arindam Samaddar a 1, December 2020)

1. **Introduction to this paper:** Understanding how culture shapes what people eat and its impact on their health and the environment is key to promoting diets that benefit both individuals and the planet. This research uses a framework called "Gastronomic Systems Research" to explore this link in the diverse eastern Indian states of Odisha and West Bengal. With help from local experts, it delves into how cultural, dietary, and nutritional factors interact. This project addresses the urgent need for dietary shifts outlined by the EAT-Lancet Commission, recognizing that successful interventions require tailoring to specific regions and their unique food cultures.

2. **Methodology used in the paper:** To gain a comprehensive understanding of the diverse cultural influences shaping food choices in eastern India, we employed the expert elicitation methodology recommended by Cuevas et al. (2021). Utilizing a snowball strategy, we targeted experts from various professional backgrounds, including nutrition, home science, food technology, and the foodservice industry (chefs and restaurateurs), with stringent selection criteria ensuring expertise, collaboration readiness, and a deep understanding of regional eating habits. Conducting two expert elicitation workshops in July 2017 in Bhubaneswar, Odisha, and Kolkata, West Bengal, our objective was to foster active participation in both individual and group discussions, promoting system-level thinking. The deliberate inclusion of chefs and restaurateurs aimed to anchor our findings in real-world contexts where food preferences and consumer behavior unfold. The methodology for capturing the gastronomic system, encompassing dining occasions, meals, and ingredients for each state, is comprehensively detailed in the accompanying Data in Brief paper (Custodio et al., 2020).

o **Nutritional Analysis:** To delve into the nutritional implications of the rice-based diets identified during expert elicitation, we selected West Bengal for an in-depth study. An expert from the Department of Food & Nutrition at Maharani Kasiswari College, Calcutta University, was invited to co-author the paper, working with Kolkata specialists to refine the identified meals. The nutritionist conducted a detailed nutritional analysis, focusing on total calories and macronutrient composition (fat, protein, and carbohydrates). The methodology is extensively described in the accompanying Data in Brief paper (Custodio et al., 2020), with

all data stored in a comprehensive database (Samaddar et al., 2020).

○ **Statistical Analysis:** Python programming language (Version 3.6.6) with SQLAlchemy (Version 1.2.7) was used to access and process the database. Co-occurrence matrices and summary statistics were generated using the panda's library (Version 0.23.0) and the itertools module. After calculating the dietary diversity score for each occasion in each state, data visualization was performed using Matplotlib (Version 2.2.2) and Seaborn (Version 0.9.0).

○ **Findings and Discussion:** Nine specialists from Kolkata and eight from Bhubaneswar participated in the workshops, ensuring a diverse representation. Defining the target demographic, considering historical, cultural, and economic class factors, was crucial for understanding food choice behaviours. Focusing on low- and middle-income households in the cosmopolitan cities of Kolkata and Bhubaneswar, the experts established the culinary system for both states, recorded in an online database (Tables S1 and S2). Identifying 131 distinct cuisines and occasions such as Breakfast, AM Snack, Lunch, PM Snack, Dinner, and Special occasions formed the basis for further investigation. The quantity of shared dishes between occasion pairs revealed insights into the differentiation of food choices. AM Snack emerged as the most unique occasion, suggesting potential variations in its popularity across states. West Bengal's occasions were generally more distinct than those in Odisha, supporting the decision to focus on West Bengal for a detailed nutritional analysis. These methodological stages lay the groundwork for unraveling the intricate interplay of culture, dietary choices, and nutritional consequences in the urban landscape of eastern India. The subsequent detailed analysis of rice-based diets in West Bengal provides a nuanced understanding of nutritional content, paving the way for informed interventions to promote healthier dietary patterns.

Main Findings

○ **Understanding Dietary Preferences:** This research delves into the intricate cultural factors shaping food choices in eastern India, particularly West Bengal and Odisha. By gathering insights from experts in nutrition, food science, and various food sectors, a comprehensive understanding of the regional culinary system was established.

○ **Target Population and Nuances:** Careful consideration was given to historical, cultural, and socioeconomic factors when defining the study population. Focusing on low- and middle-income households in Kolkata and Bhubaneswar offered a nuanced perspective on the complexities of food choices in this diverse region.

○ **Mapping the Gastronomic System:** Expert workshops in both cities resulted in the creation of a comprehensive database documenting the regional "gastronomic system." This detailed analysis of meals, occasions, and ingredients revealed the breadth and variety of culinary practices in the area.

○ **Meal Differentiation Across Occasions:** An analysis of different meal occasions (breakfast, lunch, dinner, special events, and AM snack) highlighted variations in food choices. Interestingly, AM snack emerged as a unique occasion, with potential differences in its acceptance across states. Further, events in West Bengal displayed a wider range of distinct characteristics compared to Odisha.

○ **Culinary Diversity:** The research identified a total of 131 unique dishes consumed by the target population across these meal occasions, showcasing the rich culinary diversity of West Bengal and Odisha. Notably, AM snack offered the fewest dishes, suggesting its potentially lower popularity in both states.

○ **Nutritional Analysis in West Bengal:** To gain a deeper understanding of rice-based diets, the study focused on nutritional analysis in West Bengal. A qualified nutritionist conducted a comprehensive examination of overall calorie intake and macronutrient distribution (fats, proteins, and carbohydrates). This analysis laid the groundwork for comprehending the nutritional implications of popular food choices.

○ **Statistical Analysis and Data Visualization:** Python programming facilitated the statistical analysis of large datasets. Co-occurrence matrices and summary statistics were generated to quantitatively explore the relationships between various dining occasions and dishes. Additionally, Matplotlib and Seaborn tools were employed to visually represent dietary variety scores and enhance understanding of connections between different culinary ingredients.

Food Choices and Beliefs: Factors Influencing Dietary Preferences in Chandigarh, India (Suraj Das, 2022)

3. Introduction: In the bustling city of Delhi, India, rapid urbanization, evolving lifestyles, and increasing incomes are driving significant changes in dietary habits, a phenomenon often termed as the "nutrition transition." This shift is marked by a noticeable rise in the consumption of processed foods and refined grains among Delhi residents. While similar transitions have been observed in other developing countries, the unique trajectory of India's nutrition transition raises concerns, particularly regarding the growing prevalence of noncommunicable diseases like diabetes and heart disease. Young women, recognized as key decision-makers in households, play a crucial role in shaping food choices. Acknowledging the urgency of addressing these changes, this research endeavors to explore the diverse factors influencing dietary behaviors in Delhi. By examining the intricate dynamics of food choice drivers, the study aims to uncover the underlying motivations guiding the dietary preferences of Delhi's residents, with the ultimate goal of fostering a healthier and more sustainable food culture in the city.

4. Methodologies used in this paper: To delve into the complexities of food choice drivers among young women in Delhi, a thorough research methodology was employed. The study utilized a combination of qualitative methods, including interviews and sorting tasks, to gain deeper insights into the decision-making processes related to food consumption. Thirty-eight women aged 20-35, selected from a broader health study, were involved in the research. Factors such as body mass index and family wealth were taken into account in participant selection. Through structured interviews and sorting exercises, participants were encouraged to express their views on food choices, providing valuable qualitative data for analysis. By adopting a nuanced qualitative approach, the study aimed to capture the intricate interplay of socio-cultural, economic, and individual factors influencing dietary behaviours among young women in Delhi.

5. Key Findings: The findings of the study shed light on the complex interplay of socio-cultural, economic, and individual factors that shape food choices among Delhi residents. Socio-cultural beliefs emerged as significant influencers, with religious concepts like ahimsa (non-violence) and dietary taboos playing a substantial role in guiding food practices. Participants emphasized the strong connection between food and cultural identity, emphasizing adherence to religious dietary restrictions and traditional food practices, especially during festivals. Additionally, societal norms and gender roles were found to exert considerable influence, with women often bearing the responsibility of maintaining traditional and ethical food choices within households. Interestingly, the study revealed that demographic variables such as gender, age, and marital status had minimal impact on food choices, contrary to common assumptions. Statistical analyses showed insignificant differences in food preferences based on gender and marital status, challenging conventional notions of gendered food behaviors. Likewise, age was not a significant determinant of dietary habits, highlighting the enduring influence of socio-cultural factors over individual demographics.

Food Choice Drivers in the Context of the Nutrition Transition in Delhi, India (Claire Bailey MPH, August, 2018)

6. Introduction: As urbanization and globalization continue to shape dietary patterns, understanding the factors driving food decision-making among urban Indian women becomes increasingly crucial. The nutrition transition in India has resulted in significant changes in dietary preferences, presenting challenges to public health initiatives. Young adult women, particularly in urban locales like Delhi, hold a pivotal position for intervention, given that their dietary habits not only impact their health but also influence family nutrition dynamics. This study aims to delve into the intricate interplay of factors that influence food decisions among urban Indian women, providing valuable insights for designing targeted interventions aimed at promoting healthier dietary behaviours.

7. Methodologies used in this paper: A mixed-methods approach was employed in this study to explore the drivers of food decision-making among urban Indian women in Delhi. Thirty-eight women aged 20-35

years, selected from a prospective cohort study roster, participated in semi-structured interviews. The interviews were meticulously transcribed verbatim, translated, and subjected to thematic analysis using an iterative, constant comparative process. Additionally, participants engaged in a sorting exercise, wherein they categorized 12 pre-determined drivers of food choice into groups of "always," "sometimes," and "never" influencing factors. Statistical analysis, including Fisher exact tests, was conducted to examine differences in pile sort rankings across tertiles of body mass index and wealth index.

8. Key Findings: The analysis revealed four main themes that significantly impact food decision-making among urban Indian women:

- **Family Influence:** Participants underscored the substantial influence of familial preferences on their food choices, highlighting the transmission of dietary habits across generations.
- **Cultural Perceptions:** Cultural beliefs, encompassing attitudes towards outside food, seasonality, and hometown culinary traditions, emerged as influential factors shaping food decisions.
- **Convenience:** The constraint of time emerged as a critical determinant, influencing decisions regarding food procurement, reliance on pre-made foods, and the consumption of leftovers for convenience.
- **Habit:** Ingrained habits, rooted in childhood experiences and subconscious decision-making processes, played a pivotal role in shaping dietary behaviors among participants.

Research Methodology

Q) What is Research Methodology?

A) Research Methodology refers to the methodical process and practices used to conduct research and study a particular theme or subject matter. It provides a structured approach to collect, analyse and understand information to address research questions and objectives. Research Methodology plays an important role in ensuring credibility, reliability and validity of your research findings. Research Methodology is important as in it ensures systematic approach to conducting research, improves the quality of research by reducing errors, biases and uncertainties to enhance the research quality, it directs researchers on deciding which data collection method to be used (Primary or Secondary) and helps in making informed decision-making process in business with the use of accurate and well-grounded information.

3.1 PRIMARY SOURCE OF DATA COLLECTION: Primary source of data collection refers to the collection of information from the participants directly involved in the research study. Primary source of data refers to the original data collection that has not been published or analysed before. The Primary source of data that was used in this research report was Survey and Questionnaire, which also included one open-ended question.

RESEARCH OBJECTIVES USED IN THE SURVEY

To Recognize the Impact of Religion and Culture on Food Choices: This goal seeks to ascertain how people's dietary practices—such as vegetarianism, observance of particular food-related rituals or festivals, and any related dietary restrictions—are influenced by their religious convictions and cultural customs.

To Examine the Customary Eating Habits for Wellness and Health: This goal is to find out if the respondents were raised with any traditional dietary customs that are associated with their health or wellbeing, as well as to collect data on these customs. This could include dietary customs that have been passed down through the generations or certain foods that, in accordance with Ayurvedic or other traditional medical beliefs, are thought to enhance health.

To Recognize Healthy Eating Perceptions and Related Difficulties This goal is to learn what constitutes "healthy" food according to respondents and what elements they take into account.

3.2 Research Design: The decision to utilize a mixed-method approach is driven by acknowledging the multifaceted nature of the research objectives, which encompass various dimensions of dietary practices influenced by religion, culture, and health perceptions. Integrating qualitative and quantitative methods

allows for a comprehensive exploration of these intricate phenomena. Qualitative methods offer a deep dive into individuals' beliefs, attitudes, and experiences regarding food choices, while quantitative approaches facilitate the examination of broader trends and patterns within the sample population. This approach facilitates triangulation, thereby bolstering the validity and comprehensiveness of the study's findings.

3.3 Sampling Strategy: Convenience sampling was employed to select the 75 respondents for the study due to its pragmatic and time-efficient nature. The target population consists of individuals residing in urban India, representing diverse demographic profiles in terms of age, gender, socioeconomic status, and cultural backgrounds. Despite the potential introduction of sampling bias inherent in convenience sampling, efforts were made to ensure a representative sample by recruiting participants from a variety of social networks, workplaces, and community settings.

3.4 Data Collection Procedures: Surveys were adopted as the primary data collection method to efficiently gather information from a sizable sample size. Leveraging Google Forms as the survey platform offered several advantages, including ease of administration, accessibility to participants via electronic means, and streamlined data collection and management processes. The survey instrument was meticulously crafted to closely align with the research objectives, incorporating both closed-ended and open-ended questions to capture quantitative data on dietary practices and qualitative insights into participants' perspectives and experiences related to food choices.

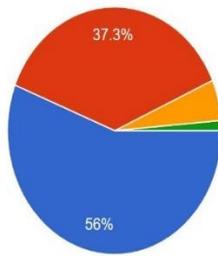
3.5 Data Analysis Techniques: Descriptive statistics were employed to succinctly summarize the characteristics and frequencies of responses garnered from the survey data. This entailed computing means, frequencies, and percentages to delineate the distribution of variables such as dietary habits, cultural influences, and health perceptions. Inferential statistics, particularly ANOVA analysis, were utilized to explore potential disparities in reported frequencies of incorporating healthy foods across different age cohorts. This statistical method allows for the comparison of means among multiple groups, thereby offering insights into any significant variations in dietary behaviors across different age demographics.

3.6 Validity and Reliability: Rigorous measures were instituted throughout the research process to bolster the validity and reliability of the study's findings. The survey instrument underwent meticulous design and pilot-testing with a subset of respondents to ensure clarity, comprehensibility, and relevance to the research objectives. Inter-rater reliability was established for qualitative data analysis through independent coding and analysis of qualitative responses by multiple researchers to ensure consistency and accuracy of interpretation. Moreover, precautions were taken to mitigate potential biases, such as social desirability bias, by emphasizing the anonymity and confidentiality of participant responses.

3.7 Ethical Considerations: Ethical considerations were of utmost importance throughout the study to safeguard the rights, well-being, and privacy of participants. Informed consent was diligently obtained from all participants, delineating the study's purpose, voluntary nature of participation, and confidentiality protocols. Participants were assured of anonymity, and their personal information was securely stored and kept confidential. Ethical approvals were obtained from relevant institutional review boards, and the study was conducted in strict adherence to ethical guidelines and principles outlined in professional codes of conduct. Measures were implemented to minimize potential risks or harms to participants, and any ethical concerns that arose during the study were promptly addressed.

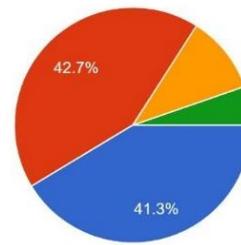
Data Analysis and Interpretation

What is your gender?
75 responses



Male
Female
Prefer not to say
Other

What age group do you belong to?
75 responses



18-25
26-30
31-36
37-42

□ **18-25 Age Group (41.3%):** This is the largest age group among the respondents, indicating a significant presence of younger individuals. This age range typically includes young adults, students, and individuals who may be starting their careers or still in the process of establishing themselves.

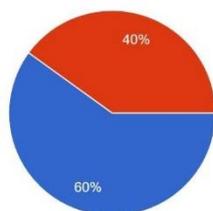
□ **26-30 Age Group (42.7%):** The second largest age group consists of individuals in their late twenties to early thirties. This demographic likely includes young professionals, individuals in the early stages of their careers, and those who may be further along in their educational or personal development.

□ **31-36 Age Group (10.7%):** A smaller but still notable portion of respondents fall within the 31-36 age range. This group likely comprises individuals who are more established in their careers, potentially reaching mid-level positions or furthering their education or skill development.

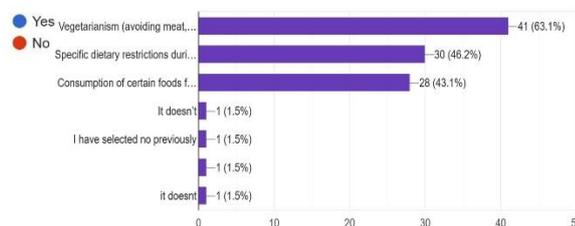
□ **37-42 Age Group (5.3%):** The smallest percentage of respondents belong to the 37-42 age group. This category likely includes individuals who are in their mid-career stages, possibly holding senior positions or pursuing advanced educational opportunities.

□ **Interpretation:** Analysis of the age distribution reveals a fairly balanced representation across various age groups, albeit with a slight inclination towards younger demographics, particularly those between 18 and 30 years old. This trend underscores the likelihood of younger individuals being more engaged or accessible. The prevalence of responses from younger age groups indicates their significant interest or accessibility in surveys. Meanwhile, the inclusion of respondents across different age brackets emphasizes the importance of considering diverse perspectives and experiences in interpreting data and making informed decisions.

Does your religion influence your food choices?
75 responses



If yes, how does your religion influence your food choices? (Select all that apply)
65 responses



1. The data provided suggests a breakdown of how respondents' religious beliefs influence their food choices:

- Yes: 60%
- No: 40%

2. Based on the responses provided, respondents who indicated that their religion influences their food choices selected from the following options

- Vegetarianism (avoiding meat, eggs, and fish): 63.1%
- Specific dietary restrictions during festivals/rituals: 46.2%
- Consumption of certain foods for religious significance: 43.1%

Interpretation:

1. The survey revealed that a majority of participants (60%) acknowledged the influence of their religion on their dietary choices, indicating the significant impact of religious beliefs on what individuals choose to eat. This underscores the substantial role that cultural and religious practices concerning food play in shaping eating habits. Conversely, 40% of respondents stated that their dietary choices are unaffected by their religious beliefs. While this group is smaller, it still represents a notable portion of individuals who make dietary decisions irrespective of religious considerations.

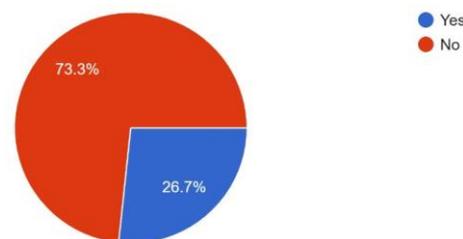
2. Vegetarianism (63.1%): The data reveals that a significant majority of respondents view vegetarianism as a primary influence of their religion on food choices. This suggests that a substantial portion of individuals driven by religious beliefs adhere to a vegetarian diet, which excludes meat, eggs, and fish.

3. Specific dietary restrictions during festivals/rituals (46.2%): Nearly half of the participants cited adherence to specific dietary regulations during religious festivals or rituals. This implies that religious observances often incorporate dietary guidelines or restrictions that practitioners adhere to during specific ceremonial events.

4. Consumption of certain foods for religious significance (43.1%): A noteworthy percentage of respondents indicated the consumption of specific foods for their religious symbolism or significance. This highlights that particular foods carry symbolic or ceremonial importance within religious contexts, influencing adherents' dietary preferences

5. Minimal influence (1.5%): A small fraction of respondents expressed that their religion has minimal influence on their food choices or had previously indicated "no" to the question.

Do you observe any festivals or rituals that involve specific foods?
75 responses



If yes, please provide an example and explain the significance of the food.

-
No
Navratri
During Dashami week, we eat veg for the first week and khichadi and then the last 2 days of Dashami we ate only non-veg and the only veg thing we ate was daal.
Not really

1. Based on the responses:

- Yes: 26.7% of respondents indicated that they observe festivals or rituals that involve specific foods.
- No: 73.3% of respondents stated that they do not participate in festivals or rituals that involve specific foods.

2. Based on the responses:

- **No:** 59 responses
- **During Dashami week,** we eat veg for the first week and khichadi and then the last 2 days of Dashami we ate only non-veg and the only veg thing we ate was daal: 1 respondent
- **Not really:** 10 respondents
- **Navratri:** 5 respondents

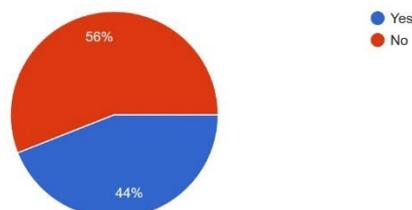
Interpretation:

1. The data suggests that a minority of respondents, approximately 26.7%, observe festivals or rituals that incorporate specific foods into their traditions. This indicates that for a significant portion of the respondents, cultural or religious practices surrounding food may not be a prominent aspect of their observances. Conversely, the majority of respondents, approximately 73.3%, do not engage in festivals or rituals that involve specific foods. This suggests that for many individuals, their cultural or religious traditions may not include dietary customs or rituals tied to specific foods.

2. Based on the provided responses:

- **During Dashami week:** One respondent mentioned a specific dietary practice observed during Dashami week. They described a regimen of eating vegetarian food for the initial week, followed by consuming khichadi, and then transitioning to a diet consisting only of non-vegetarian food for the last two days of Dashami. The respondent noted that the only vegetarian item consumed during this period was daal.
- **Significance:** Dashami is the final day of the Durga Puja festival, celebrated primarily by Bengalis. The dietary practice described by the respondent likely reflects cultural and religious traditions associated with Durga Puja. The transition from vegetarian to non-vegetarian food may symbolize the culmination of the festival and the celebration of victory over evil forces, while the consumption of daal, a traditional staple, may hold symbolic or ceremonial significance within the context of the festival.
- **Navratri:** Five respondents mentioned Navratri, a nine-night Hindu festival celebrated in honour of the goddess Durga. During Navratri, many Hindus observe fasting and refrain from consuming certain foods, particularly grains and non-vegetarian items, as a form of spiritual purification and devotion to the goddess.
- **Significance:** Navratri fasting involves abstaining from grains, lentils, non-vegetarian food, onion, garlic, and certain spices. Instead, devotees typically consume fruits, nuts, dairy products, and specific grains such as amaranth and water chestnut flour. The fasting period is believed to purify the mind and body and strengthen one's devotion to the goddess Durga.
- **These examples illustrate how religious festivals and rituals often dictate dietary practices, reflecting cultural traditions, spiritual beliefs, and symbolic meanings associated with certain foods.**

Have you been raised with any specific food traditions related to health or well-being? (Yes/No)
75 responses



If yes, please describe these traditions.

I'm not allowed to eat non-veg

I am jain so I am not allowed to eat onion or garlic

Not really, we usually eat fish that's a part of our diet.

There is a day where we only drink water on certain days in order to stay healthy

We always drink water on Mondays

We dont eat non-veg on tuesdays and thursdays

We dont eat non-veg on even days

1. Based on the responses:

- **Yes: 44% of respondents indicated that they were raised with specific food traditions related to health or well-being.**
- **No: 56% of respondents stated that they were not raised with any specific food traditions related to health or well-being.**

2. These were the responses:

- I'm not allowed to eat non-veg
- I am Jain so I am not allowed to eat onion or garlic
- Not really, we usually eat fish that's a part of our diet.
- There is a day where we only drink water on certain days in order to stay healthy
- We always drink water on Mondays
- We don't eat non-veg on Tuesdays and Thursday

• We don't eat non-veg on even days Interpretation:

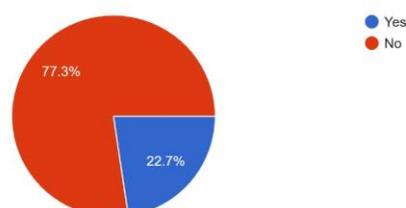
1. **About 44% of respondents** noted upbringing with specific food traditions associated with health or well-being. This indicates that cultural or familial customs regarding food played a role in shaping their early dietary habits, underscoring the significance of certain foods for maintaining health. In contrast, a slightly larger proportion, **approximately 56%**, mentioned not having specific food customs related to health or well-being during their upbringing. This suggests that for many individuals, dietary habits were less influenced by cultural or familial traditions focused on health considerations.

2. According to the responses provided, various food traditions linked to health or well-being were outlined:

- **Vegetarianism:** Some individuals mentioned following dietary restrictions that exclude non-vegetarian foods. This custom advocates for a plant-based diet, eliminating meat and fish products.
- **Jain Dietary Practices:** Respondents of the Jain faith noted refraining from onions and garlic in their diet. Jainism promotes strict adherence to vegetarianism, with onions and garlic avoided due to their perceived association with desires and attachments.
- **Fish Consumption:** While not explicitly stated for health purposes, some respondents mentioned regular consumption of fish in their diet. Fish is commonly recognized as a source of lean protein and omega-3 fatty acids, contributing to heart health and overall well-being.
- **Fasting Practices:** Several respondents discussed fasting practices aimed at improving health and well-being. This includes fasting on specific days, such as consuming only water or abstaining from certain foods like non-vegetarian items. These fasting customs may stem from religious or cultural beliefs and are typically observed for purification, spiritual, or health reasons.
- **Water Consumption:** Participants mentioned a tradition of consistent water intake. This entails drinking water on specific days, such as Mondays, or maintaining daily hydration, promoting overall health and well-being.
- **Non-Veg Abstinence on Specific Days:** Some respondents noted abstaining from non-vegetarian foods on particular days of the week, such as Tuesdays, Thursdays, or even-numbered days. This practice, influenced by religious beliefs, cultural norms, or personal preferences, is often associated with health benefits or spiritual significance.

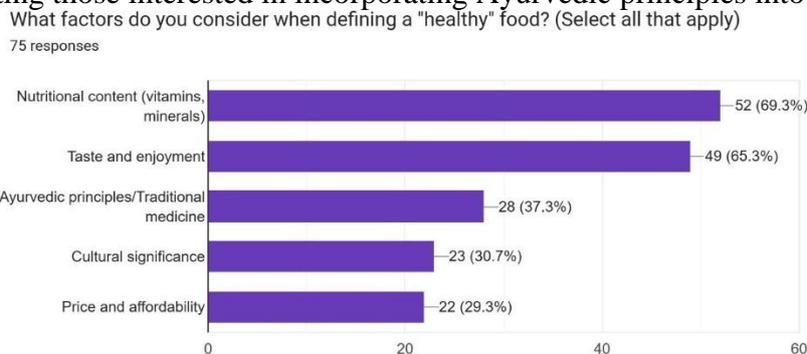
Do you consider Ayurvedic principles or traditional medicine practices when making food choices?

75 responses



Interpretation:

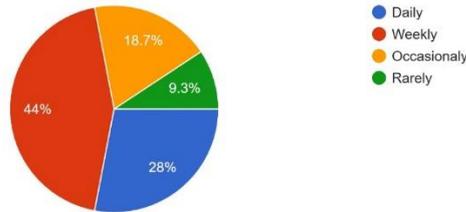
With a total of 75 responses, it's evident that Ayurvedic principles or traditional medicine practices are not heavily considered by the majority of respondents, comprising 77.3% of the participants. This indicates that factors beyond Ayurveda play a more significant role in influencing their dietary decisions. However, around 22.7% of respondents, roughly 17 individuals, do take Ayurvedic principles or traditional medicine practices into account when making food choices. This minority suggests that there is a subset of individuals who find value in these principles and incorporate them into their dietary habits. The variance in responses could stem from diverse cultural backgrounds, personal beliefs, and levels of education regarding traditional medicine practices. Those who do consider Ayurvedic principles may have cultural or personal connections to these practices, or they may believe in their efficacy. Considering the significant portion of respondents who do consider Ayurvedic principles, it's important to contemplate how integrating these ideas into dietary choices might impact health and wellness. For some, Ayurveda offers a comprehensive approach to health, including dietary guidelines tailored to individual constitutions or doshas. This underscores the importance of ongoing research and education regarding traditional medicine practices like Ayurveda. Enhanced understanding in this area could empower individuals to make informed decisions about their health and dietary choices, benefiting those interested in incorporating Ayurvedic principles into their lifestyles.



Interpretation:

- **Emphasis on Nutritional Content:** A significant majority, at 69.3%, prioritize nutritional content, particularly vitamins and minerals, when defining "healthy" food. This underscores a strong inclination towards recognizing the health benefits associated with consuming nutrient-rich foods in their dietary preferences.
- **Acknowledgment of Taste and Enjoyment:** Taste and enjoyment rank high as essential factors, with 65.3% of respondents considering them when defining "healthy" food. This indicates a balanced approach where individuals value not only the nutritional value but also the sensory pleasure derived from their food choices.
- **Moderate Consideration of Holistic Health Practices:** Around 37.3% of respondents incorporate Ayurvedic principles or traditional medicine into their definition of "healthy" food. While not a majority, this demonstrates a significant interest in holistic health approaches, suggesting openness to dietary guidelines beyond conventional nutritional perspectives.
- **Recognition of Cultural Significance:** For 30.7% of respondents, cultural significance plays a crucial role in defining "healthy" food. This implies that cultural heritage, traditions, and personal preferences influence how individuals perceive healthiness in food, highlighting the diversity of perspectives within the context of health and nutrition.
- **Consideration of Price and Affordability:** Price and affordability factor into the definition of "healthy" food for 29.3% of respondents. This indicates a pragmatic approach, where individuals consider financial constraints alongside health considerations when making dietary choices, reflecting a balance between health and economic factors.

How often do you consciously try to incorporate healthy foods into your diet?
75 responses



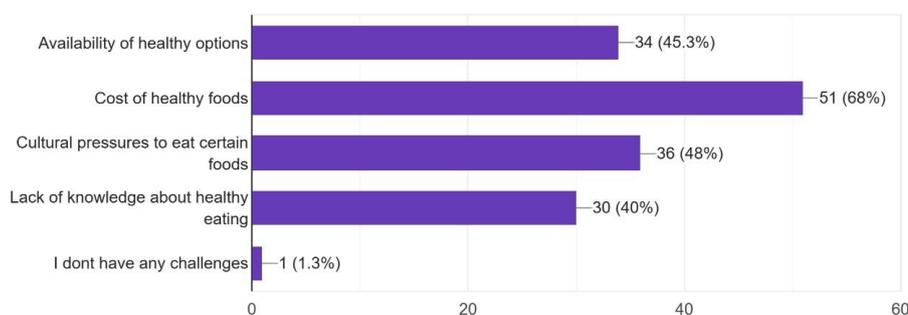
Frequency of Incorporating Healthy Foods:

- Daily: 28%
- Weekly: 44%**
- Occasionally: 18.7%
- Rarely: 9.3%**

Interpretation:

- **High Frequency of Weekly Incorporation:** A significant portion, amounting to 44% of respondents, actively include healthy foods in their diet on a weekly basis. This indicates a prevailing commitment among the majority to integrate nutritious options into their meals at least once a week, emphasizing the importance of maintaining dietary balance.
- **Daily Efforts for Nearly One-Third of Respondents:** Close to 28% of participants conscientiously strive to include healthy foods in their daily diet. This sizable segment of the population prioritizes consistent consumption of nutritious foods, likely aiming for sustained health benefits through their dietary choices.
- **Occasional and Rare Incorporation:** While most respondents make regular attempts to include healthy foods, a smaller percentage opts for occasional or rare inclusion. Approximately 18.7% incorporate healthy foods occasionally, with 9.3% rarely making conscious efforts to include them. This indicates that a minority may not prioritize healthy eating as frequently or consistently.
- **Variability in Dietary Preferences and Habits:** The diverse distribution of responses reflects varying dietary preferences and habits among individuals. Lifestyle, personal health goals, and accessibility to healthy food choices are likely influencing factors determining the frequency of incorporating nutritious foods into one's diet.
- **Opportunities for Encouragement and Education:** The data underscores the importance of ongoing initiatives aimed at promoting and educating individuals about the advantages of healthy eating habits. Encouraging regular inclusion of healthy foods, whether on a daily or weekly basis, holds potential for enhancing overall health and well-being across a significant portion of the population.

What are some of the biggest challenges you face when trying to eat healthy in India? (Select all that apply)
75 responses



Challenges Faced When Trying to Eat Healthy:

- Availability of Healthy Options: 34 responses (45.3%)**
- Cost of Healthy Foods: 51 responses (68%)**
- Cultural Pressures to Eat Certain Foods: 36 responses (48%)**
- Lack of Knowledge about Healthy Eating: 30 responses (40%)**
- No Challenges Reported: 1 response (1.3%)**

Interpretation:

- **High Concern Regarding Cost:** The predominant challenge reported by respondents is the cost of healthy foods, with 68% expressing this concern. This indicates that a significant portion of individuals in India find healthy food options financially challenging, potentially obstructing their ability to maintain a nutritious diet.
- **Availability of Healthy Options:** Availability of healthy options emerges as a notable challenge for 45.3% of respondents. This highlights that despite increasing awareness of the importance of healthy eating, access to nutritious foods remains restricted in certain regions or communities within India.
- **Cultural Pressures to Eat Certain Foods:** Nearly half of the respondents (48%) note facing cultural pressures to eat specific foods. Cultural traditions and social norms may influence dietary choices, making it difficult for individuals to diverge from established culinary practices, even if they conflict with health recommendations.
- **Lack of Knowledge about Healthy Eating:** Approximately 40% of respondents cite a lack of knowledge about healthy eating as a challenge. This underscores the necessity for enhanced education and awareness initiatives to equip individuals with the information and skills needed to make informed dietary choices and prioritize health.
- **Minimal Reports of No Challenges:** Only 1.3% of respondents reported having no challenges when trying to eat healthy. This highlights that the majority of individuals encounter at least some obstacles or difficulties in maintaining a nutritious diet in India.

Key Findings from this Data Analysis and Interpretation:

- **Diverse Impact of Religious Beliefs on Food Choices:** Respondents noted various ways their religious beliefs shape their dietary habits. These behaviours include practices like vegetarianism, adherence to Jain dietary restrictions (avoiding onions and garlic), observing fasting rituals during festivals, and following specific dietary guidelines on particular days of the week.
- **Cultural Significance Reflected in Food Choices:** Cultural influences significantly mold dietary preferences and behaviours. Respondents mentioned feeling societal pressure to consume certain foods, highlighting how social norms and cultural traditions impact food selection.
- **Consideration of Traditional Medicine:** While a minority of respondents incorporate Ayurvedic principles or traditional medicine into their dietary decisions, it suggests a segment of individuals who value holistic health practices and integrate them into their eating habits.
- **Interpretation of "Healthy" Food:** The interpretation of what constitutes "healthy" food varies among respondents. While many prioritize nutritional content and taste, cultural significance and affordability also play roles in shaping perceptions of healthy eating.
- **Diverse Commitment to Healthy Eating:** Respondents demonstrate differing levels of dedication to integrating healthy foods into their diet. While some make consistent efforts on a daily or weekly basis, others infrequently incorporate healthy options into their meals.
- **Challenges Encountered in Healthy Eating:** Cost, limited availability of healthy foods, cultural pressures, and a lack of knowledge about healthy eating are identified as significant barriers. These challenges highlight the intricate interplay of socio-economic, cultural, and personal factors influencing dietary choices.
- **Influence of Cultural and Familial Food Traditions:** Upbringing and cultural background significantly influence respondents' food preferences and habits. Many were brought up with specific dietary traditions linked to health or well-being, underscoring the enduring impact of familial and cultural practices on dietary behaviours.

Data Analysis and Interpretation using ANOVA

ANOVA stands for Analysis of Variance. It's a statistical technique used to analyse the differences among group means in a sample. ANOVA tests whether there are statistically significant differences between the means of three or more independent groups. The basic idea behind ANOVA is to compare the variance between group means to the variance within groups. If the variation between group means is significantly larger than the variation within groups, then it suggests that there are real differences between the groups, and not just due to random chance. ANOVA is commonly used in experimental research to compare the

effects of different treatments or conditions on a dependent variable. It's also used in observational studies to compare group means when there are more than two groups. There are different types of ANOVA, including one-way ANOVA, which compares the means of three or more groups on a single independent variable, and factorial ANOVA, which analyses the effects of two or more independent variables on a dependent variable.

Q) Is there evidence to suggest that the mean reported frequencies of incorporating healthy foods (daily, weekly, occasionally, rarely) differ significantly across different age groups (18-25, 26-30, 31-36, 37-42)?

Null Hypothesis (H0): There is no significant difference in the mean reported frequencies of incorporating healthy foods (daily, weekly, occasionally, rarely) across different age groups (18-25, 26-30, 31-36, 37-42).

Alternative Hypothesis (H1): There is a significant difference in the mean reported frequencies of incorporating healthy foods across different age groups.

If the p-value is less than your chosen significance level which is 0.05, then we can reject the null hypothesis if not then we can accept the null hypothesis

18-25	26-30	31-36	37-42	
Daily	7	10	2	1
Weekly	14	12	4	12
Occasionally	6	5	2	1
Rarely	3	4	0	0

Anova: Single Factor				
SUMMARY				
Groups	Count	Sum	Average	Variance
Column 1	4	30	7.5	21.66667
Column 2	4	31	7.75	14.91667
Column 3	4	8	2	2.666667
Column 4	4	14	3.5	32.33333

ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	99.6875	3	33.22917	1.85681	0.19072	3.490295
Within Groups	214.75	12	17.89583			
Total	314.4375	15				

- The p-value associated with the F-statistic is 0.1907.
- Since the p-value (0.1907) is greater than the chosen significance level of 0.05, we fail to reject the null hypothesis.
- The null hypothesis (H0) stated that there is no significant difference in the mean reported frequencies of incorporating healthy foods across different age groups.
- Therefore, based on the ANOVA results, we do not have sufficient evidence to conclude that there are statistically significant differences in the reported frequencies across age groups.

Although the ANOVA analysis doesn't provide sufficient evidence to conclude that there are statistically significant differences in the reported frequencies across age groups, this analysis is still relevant, as this analysis provides enough contextual understanding, comparative analysis and confirmation of Alternative Hypothesis. For this a comparison of ANOVA Analysis has been made with the research objectives of the survey.

Objective: To Recognize the Impact of Religion and Culture on Food Choices:

- **Contextual Understanding:** ANOVA allows for the comparison of reported frequencies of incorporating healthy foods across different age groups, providing insights into how demographic factors influence dietary behaviours.
- **Comparative Analysis:** By comparing mean reported frequencies of healthy food incorporation across age groups, the analysis reveals potential variations influenced by demographic factors such as age, which may reflect underlying cultural or religious influences.
- **Confirmation of Alternative Hypothesis:** If the ANOVA results indicate statistically significant differences in reported frequencies of healthy food incorporation across age groups, it confirms the alternative hypothesis that there is a significant impact of demographic factors (e.g., age) on food choices.

Objective: To Examine the Customary Eating Habits for Wellness and Health:

- **Contextual Understanding:** ANOVA provides quantitative evidence of differences in reported frequencies of healthy food incorporation among age groups, contributing to the understanding of customary eating habits associated with wellness and health.
- **Comparative Analysis:** By comparing means across age groups, the analysis highlights potential variations in reported frequencies of healthy food incorporation, shedding light on how age influences dietary behaviours related to wellness and health.
- **Confirmation of Alternative Hypothesis:** Significant differences in reported frequencies across age groups, as indicated by ANOVA results, confirm the alternative hypothesis, suggesting that demographic factors (e.g., age) play a role in shaping customary eating habits for wellness and health.

Objective: To Recognize Healthy Eating Perceptions and Related Difficulties:

- **Contextual Understanding:** While ANOVA does not directly address perceptions of healthy eating, it provides insights into how demographic factors (e.g., age) influence reported frequencies of healthy food incorporation, which indirectly informs perceptions of healthy eating.
- **Comparative Analysis:** By comparing reported frequencies across age groups, the analysis allows for the identification of potential differences in dietary behaviors, contributing to understanding variations in healthy eating perceptions.
- **Confirmation of Alternative Hypothesis:** If ANOVA results indicate significant differences in reported frequencies across age groups, it supports the alternative hypothesis, suggesting that demographic factors influence perceptions of healthy eating and related dietary behaviours.

Future Scope and Limitations

1. Future Scope:

- **Longitudinal Studies:** Future research could apply longitudinal study designs to examine how dietary practices influenced by religion, culture, and health perceptions change over time. Tracking participants' dietary habits and beliefs longitudinally would provide insights into the stability or changes in these factors and their effect on overall health outcomes.
- **Comparative Analysis:** Conducting comparative studies across different regions or countries could help elucidate variations in the impact of religion, society, and health perceptions on dietary practices. Comparing urban and rural populations or diverse cultural groups within India would offer valuable insights into the role of contextual factors in shaping dietary habits.

- **Intervention Studies:** Implementing intervention studies to promote healthier dietary practices within specific religious or cultural contexts could be helpful. These interventions could involve educational programs, community-based efforts, or policy changes aimed at addressing cultural barriers and supporting healthier food choices.
- **Technology Integration:** Leveraging technology, such as mobile apps or online platforms, to deliver culturally sensitive dietary interventions could be explored. These technological tools could provide personalized dietary advice based on individuals' religious beliefs, cultural practices, and health goals, thereby improving the effectiveness of interventions.
- **Qualitative Exploration:** Further qualitative research could dig deeper into individuals' lived experiences and views regarding the intersection of religion, culture, and dietary practices. Qualitative methods, such as in-depth interviews or focus group talks, would allow for a nuanced understanding of the underlying motivations and challenges related to dietary behaviors.

2. Limitations:

- **Generalizability:** The results of this study may have limited generalizability due to the use of convenience sampling and the focus on urban Indian populations. Therefore, caution should be taken when extrapolating the data to broader populations or different cultural contexts.
- **Self-Report Bias:** The reliance on self-reported data through surveys may bring response biases, such as social desirability bias or recall bias. Participants may provide socially desirable responses or inaccurately recall their dietary habits, leading to possible measurement errors.
- **Cultural Sensitivity:** Despite efforts to ensure cultural sensitivity in survey design and data gathering, cultural nuances and contextual factors may not have been fully captured. Cultural differences in interpreting survey questions or expressing dietary practices could affect the validity of the results.
- **Cross-Sectional Design:** The cross-sectional nature of the study limits the ability to prove causal relationships between variables. Longitudinal studies would provide better evidence for understanding the temporal dynamics and causal pathways between religion, culture, health perceptions, and dietary behaviours.
- **Sampling Bias:** Convenience sampling may bring selection biases, as participants were recruited based on accessibility and availability. This could result in underrepresentation or overrepresentation of certain demographic groups, affecting the generalizability of the data. Future studies should consider applying more rigorous sampling methods to mitigate sampling biases.

CONCLUSIONS

In conclusion, this study provides valuable insights into the complex interplay between religion, culture, and health perceptions in shaping dietary practices among individuals in urban India. Through a mixed-method approach combining qualitative and quantitative analyses, the study elucidated various factors influencing dietary habits and food choices in this context. The findings underscore the significant impact of religion and cultural traditions on dietary practices, with a majority of respondents acknowledging the influence of their religious beliefs on what they eat. Cultural customs, such as specific dietary rituals during festivals and adherence to traditional dietary guidelines, were also prevalent among participants. Additionally, respondents reported a range of dietary behaviours associated with wellness and health, including vegetarianism, fasting practices, and consideration of Ayurvedic principles. While age did not emerge as a significant factor influencing reported frequencies of incorporating healthy foods, other demographic variables and qualitative aspects may contribute to dietary behaviours. However, caution is warranted in generalizing the findings due to the study's focus on urban Indian populations and the use of convenience sampling. Moving forward, future research could explore longitudinal studies to track the evolution of dietary practices over time and comparative analyses to examine variations across different regions or cultural groups. Intervention studies aimed at promoting healthier dietary practices within specific religious or cultural contexts could also be beneficial. Additionally, leveraging technology to deliver culturally sensitive dietary interventions and conducting further qualitative research to delve deeper into individuals' lived experiences would enrich our understanding of the complexities surrounding dietary behaviours in urban India. Overall, this study contributes to the growing body of knowledge on the intersection of religion, culture, and dietary practices, highlighting the importance of considering these factors in efforts to

promote healthy eating behaviours and address challenges related to access to nutritious foods and cultural pressures. By acknowledging and understanding these influences, policymakers, healthcare providers, and community stakeholders can develop more targeted interventions and initiatives to support healthier food choices and improve overall well-being in urban Indian populations.

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