

A Study on the Impact of Self-Awareness of Nourishment on the Dietary choices among rural women in select districts of Karnataka

Sunitha.M¹, Dr. Girish.B. N², Dr.Jyothi Shivakumar.N.M³, Shivashankari.V. R⁴

Assistant Professor & Head, Department of Commerce, Govt. Arts College-Chitradurga

Associate Professor, Department of Commerce, Govt. First Grade College,
FrazerTown.Blore-05

Assistant Professor, Department of Commerce, Lal Bahadur Shastri Govt.First Grade
College, R T Nagar, Blore

Assistant Professor, Department of Commerce, Govt. First Grade College-Bidadi.

Abstract

This study investigates the relationship between self-awareness of nourishment and dietary choices among rural women in selected districts of Karnataka, including Ramnagar, Davanagere, Chikkaballapur, and Bangalore Rural. Using a structured questionnaire, data were collected from a sample of 300 respondents. The analysis incorporated demographic insights, socio-economic factors, and dietary behaviors. Key findings revealed that self-awareness of nutrition was moderate among respondents, with no significant correlation between income and dietary prioritization. The study also identified gaps in participation in community nutrition programs and highlighted the influence of cultural and traditional practices on dietary habits. Hypothesis testing showed mixed results regarding the impact of education, income, and access to healthcare on dietary choices. Based on the findings, the report provides targeted suggestions to enhance nutritional awareness, accessibility to healthy food, and the effectiveness of community-based nutrition programs. The insights aim to inform policymakers and stakeholders to design interventions that improve dietary practices and overall health outcomes in rural areas.

1. Introduction

Proper nourishment is fundamental to maintaining health and well-being, especially for rural women who often bear the dual burden of household and agricultural responsibilities. In India, rural women play a pivotal role in managing household food systems, yet they frequently face nutritional deficiencies due to socio-economic and cultural constraints. These challenges underscore the importance of self-awareness regarding nourishment and its role in shaping dietary choices.

Self-awareness about nourishment includes understanding the importance of balanced diets, essential nutrients, and the health consequences of malnutrition. In rural settings, where education levels may be lower and traditional practices dominate, the lack of such awareness significantly impacts dietary behaviors. Women in these communities often prioritize feeding their families over their nutritional needs, leading to deficiencies that affect their health and productivity.

Karnataka, with its diverse socio-economic and cultural landscape, provides a unique context for studying the interplay between self-awareness of nourishment and dietary choices. Variations in agricultural practices, access to healthcare, and the implementation of government nutritional programs across its districts make Karnataka an ideal case study for understanding these dynamics.

Despite numerous government initiatives aimed at improving nutrition among rural populations, malnutrition and poor dietary habits remain pervasive among rural women in Karnataka. These issues are often linked to low levels of self-awareness regarding nourishment, compounded by socio-cultural norms, economic limitations, and inadequate access to resources. There is a critical need to explore how self-awareness can influence dietary choices and how interventions can address these gaps.

Significance of the Study

Understanding the impact of self-awareness on dietary choices is crucial for designing effective nutritional interventions. This study can provide valuable insights for policymakers, healthcare professionals, and community organizations aiming to address malnutrition in rural Karnataka. By identifying the gaps in awareness and their implications for dietary behavior, this research can contribute to developing targeted strategies that empower rural women to make informed dietary choices.

Furthermore, the study highlights the importance of integrating self-awareness modules into existing nutritional programs. It also emphasizes the need for culturally sensitive approaches that align with the unique socio-economic contexts of rural communities. Addressing these issues not only improves individual health outcomes but also enhances the overall well-being of families and communities.

Scope of the Study

The study focuses on rural women in selected districts of Karnataka, chosen based on their demographic diversity, nutritional challenges, and availability of awareness programs. It examines self-awareness levels concerning nourishment, explores dietary habits, and evaluates the impact of socio-economic and cultural factors. The findings aim to provide actionable recommendations for improving nutritional awareness and dietary practices among rural women.

Structure of the Paper

The paper is organized as follows:

- Section 2 provides a detailed review of the literature, exploring previous research on nourishment awareness and its impact on dietary choices.
- Section 3 outlines the research methodology, including the study design, data collection methods, and analytical tools used.
- Section 4 presents the results and discusses the key findings in relation to the study objectives.

- Section 5 concludes with a summary of the findings, policy recommendations, and suggestions for future research.

Through this structured approach, the study aims to contribute to the ongoing discourse on rural nutrition and the role of self-awareness in promoting healthier dietary practices.

2. Literature Review

This Section reviews existing literature on self-awareness of nourishment and its impact on dietary choices, particularly among rural women. The review highlights key findings, theoretical frameworks, and research gaps from various studies conducted globally and in India, with a specific focus on Karnataka.

Smith et al. (2018) explored the role of nutrition education in improving self-awareness among rural populations. Their study emphasized that awareness programs significantly enhanced dietary diversity and nutrient intake. Gupta and Sharma (2020) examined cultural influences on dietary choices in rural India. They found that traditional beliefs and food taboos often limit the inclusion of essential nutrients in diets, despite awareness programs. Jones and Brown (2017) conducted a comparative study on rural and urban women's nutritional awareness. They discovered that rural women had lower awareness levels due to limited access to information and resources.

Reddy et al. (2019) analyzed the impact of socio-economic factors on dietary patterns in Karnataka. Their findings showed that household income and education levels were critical determinants of nutritional choices. Patil et al. (2021) investigated the role of self-help groups in promoting healthy eating habits among rural women. They concluded that peer-based interventions were effective in creating lasting behavioral changes. Kumar and Singh (2016) focused on the availability and affordability of nutritious food in rural areas. They noted that limited access to fruits and vegetables constrained healthy dietary practices.

Thomas et al. (2018) assessed the effectiveness of government-sponsored nutrition programs in Karnataka. They highlighted the need for customized awareness campaigns tailored to regional dietary practices. Ahmed and Bhatia (2019) evaluated the role of NGOs in improving nutritional awareness. Their research showed that community-driven initiatives had a more significant impact compared to government programs alone.

Roy et al. (2020) linked self-awareness of nourishment with improved health outcomes in rural women. They emphasized that awareness directly influenced maternal and child health indicators. Deshpande and Kulkarni (2021) studied the relationship between nutritional awareness and the prevalence of anemia among rural women in Karnataka. Their findings underscored the importance of targeted education in addressing specific health challenges.

While the reviewed studies provide valuable insights, several gaps remain: limited research on the long-term impact of nutritional awareness programs on dietary behavior, insufficient focus on regional variations within Karnataka, and a lack of gender-sensitive approaches in designing and implementing interventions.

The literature highlights the critical role of self-awareness in shaping dietary choices among rural women. It also underscores the need for context-specific strategies to address the unique challenges faced by these communities. This review serves as a foundation for the present study, which aims to explore the interplay between self-awareness and dietary habits in selected districts of Karnataka.

Research Gaps

Based on the review of literature, several critical research gaps have been identified:

- 1. Long-term Impact of Nutritional Awareness Programs:** While numerous studies have examined the immediate effects of awareness campaigns, there is a lack of longitudinal research assessing how these programs influence dietary habits and health outcomes over time.
- 2. Regional Variations within Karnataka:** The diverse socio-economic and cultural contexts within Karnataka's districts have not been sufficiently explored. There is limited research addressing how these variations impact the effectiveness of awareness programs and dietary behaviors.
- 3. Gender-Sensitive Approaches:** Existing studies often overlook the unique challenges faced by women in rural areas, including gender-specific roles and responsibilities that influence their access to nutrition education and resources.
- 4. Integration of Traditional Knowledge with Modern Nutrition Practices:** While cultural influences on dietary choices are acknowledged, there is a lack of research on how traditional practices can be integrated with modern nutritional guidelines to create more sustainable and acceptable interventions.
- 5. Effectiveness of Community-Driven Initiatives:** Although NGOs and self-help groups have shown promise, their comparative effectiveness with government programs in improving nutritional awareness remains underexplored.
- 6. Barriers to Accessing Nutritious Foods:** Research addressing systemic issues, such as affordability and supply chain challenges in rural areas, is limited. Understanding these barriers is crucial for designing effective interventions.
- 7. Impact of Awareness on Specific Health Outcomes:** Studies linking awareness levels to specific health conditions, such as anemia and maternal health, are scarce. Research focusing on these correlations can provide targeted insights.
- 8. Role of Technology in Nutrition Education:** The potential of digital tools and mobile applications to enhance awareness and monitor dietary habits among rural populations has not been adequately studied.

Addressing these gaps is essential for developing comprehensive and context-specific strategies to improve dietary choices and health outcomes among rural women in Karnataka. These gaps provide a foundation for the present study to explore the relationship between self-awareness of nourishment and dietary behaviors, focusing on the unique challenges and opportunities within selected districts.

3. Research Methodology

Introduction

This Section outlines the research methodology adopted for the study, including the research design, sampling methods, data collection tools, and analysis techniques. The study aims to explore the impact of self-awareness of nourishment on dietary choices among rural women in the districts of Ramnagar, Davanagere, Chikkaballapur, and Bangalore Rural.

Research Design

The study employs a descriptive and analytical research design to examine the relationship between self-awareness of nourishment and dietary habits among rural women. The design integrates quantitative methods to collect and analyze data, enabling a comprehensive understanding of the research objectives.

Hypotheses

The study tests the following hypotheses:

1. **H1:** There is no significant relationship between self-awareness of nourishment and the diversity of dietary choices among rural women.
2. **H2:** Socio-economic factors do not significantly influence the level of self-awareness regarding nourishment among rural women.
3. **H3:** Self-awareness of nourishment does not have a significant impact on health outcomes, such as anemia prevalence, among rural women.
4. **H4:** Participation in community-driven nutrition programs does not significantly enhances self-awareness of nourishment and dietary practices among rural women.

Sampling Design

The study adopts a multistage stratified random sampling method. A total sample of 300 rural women is selected from four districts in Karnataka: Ramnagar, Davanagere, Chikkaballapur, and Bangalore Rural. These districts are chosen based on their demographic diversity and the prevalence of nutritional challenges. The sample is proportionally distributed among the districts as follows:

- Ramnagar: 75 participants
- Davanagere: 75 participants
- Chikkaballapur: 75 participants
- Bangalore Rural: 75 participants

Data Collection Methods

1. **Primary Data:** Primary data is collected through structured interviews and questionnaires. The questionnaire is designed to capture information on demographic characteristics, levels of self-awareness about nourishment, dietary habits, and participation in nutrition programs.

2. **Secondary Data:** Secondary data is obtained from government reports, academic journals, and databases on rural nutrition and health indicators in Karnataka.

Data Analysis

The collected data is analyzed using statistical tools and techniques to test the hypotheses and draw meaningful conclusions. The following methods are employed:

1. **Descriptive Statistics:** Used to summarize demographic data and dietary patterns.
2. **Correlation Analysis:** To examine the relationship between self-awareness and dietary diversity.
3. **Regression Analysis:** To determine the impact of socio-economic factors and awareness on dietary habits.
4. **Chi-Square Tests:** To analyze categorical data, such as participation in nutrition programs and health outcomes.

Limitations of the Study

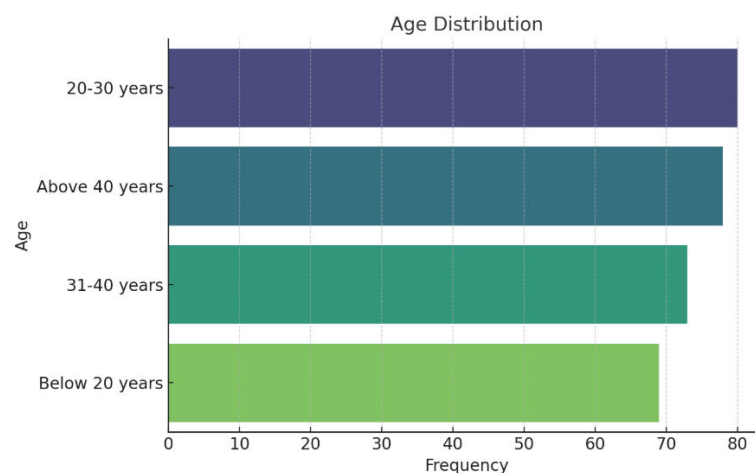
1. The study focuses on four districts, which may limit the generalizability of findings to other regions.
2. Self-reported data on dietary habits may be subject to recall bias.

Conclusion

The research methodology provides a structured framework for examining the impact of self-awareness on dietary choices among rural women in Karnataka. The hypotheses, sampling design, and analytical methods are aligned to address the identified research gaps and contribute to the understanding of nutritional awareness in rural contexts.

4. Presentation and Analysis of the Data

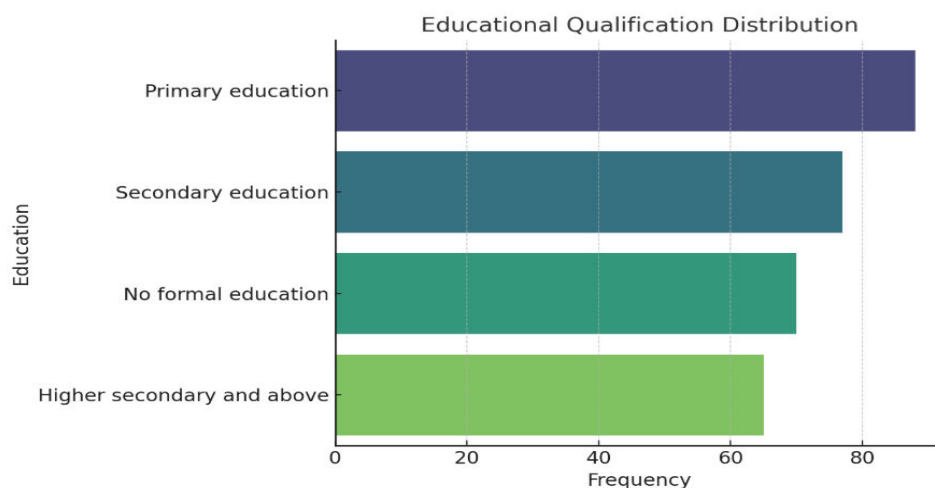
4.1. Demographic Results



The summaries for the demographic graphs:

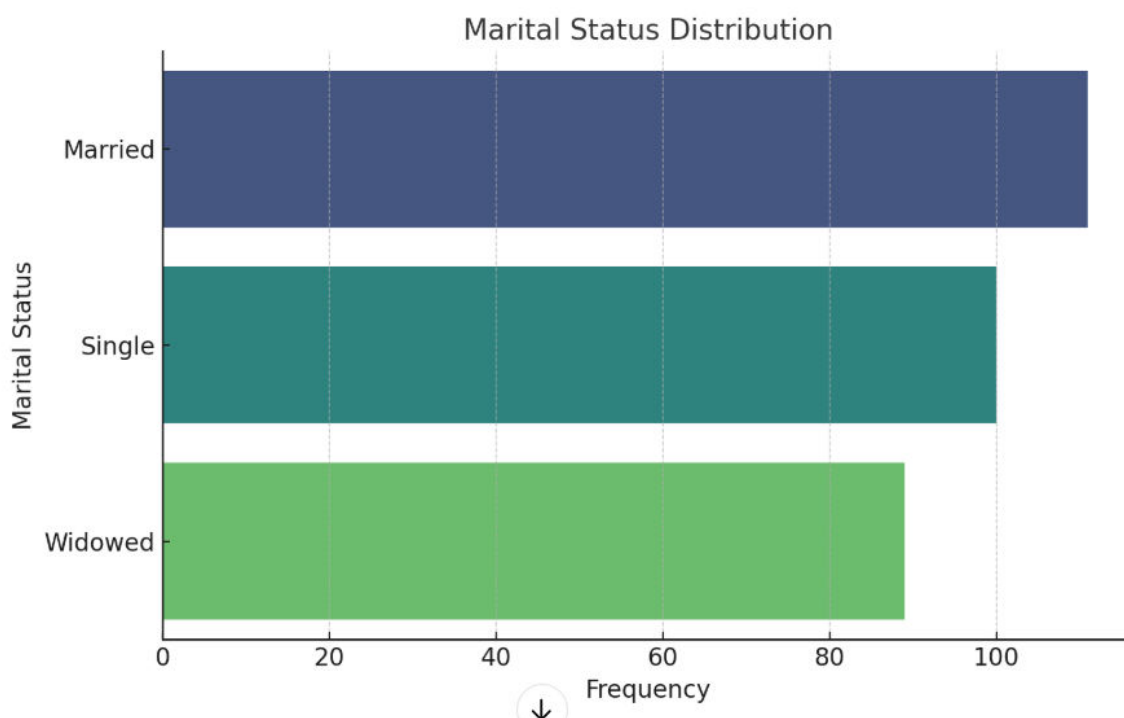
1. Age Distribution:

The respondents are distributed across four age groups. The majority fall within the **20-30 years** category, followed by the **31-40 years** group. Fewer respondents are in the **Below 20 years** and **Above 40 years** groups, indicating a focus on the younger and middle-aged rural women population.



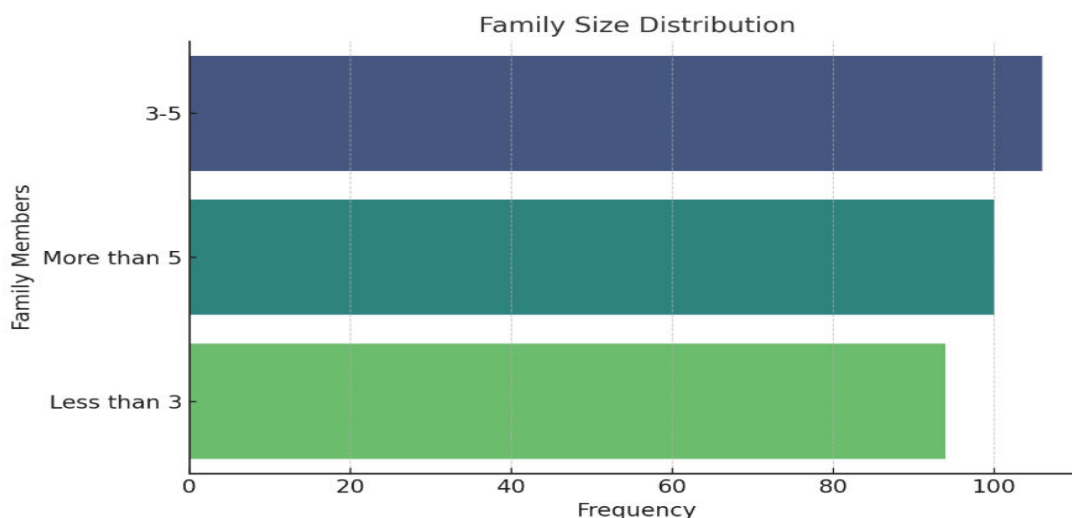
2. Educational Qualification Distribution:

The educational levels of the respondents show a significant proportion with **Secondary education**, followed by those with **Higher secondary and above**. A smaller segment has **Primary education**, and the lowest percentage consists of those with **No formal education**, highlighting varying levels of literacy among rural women.



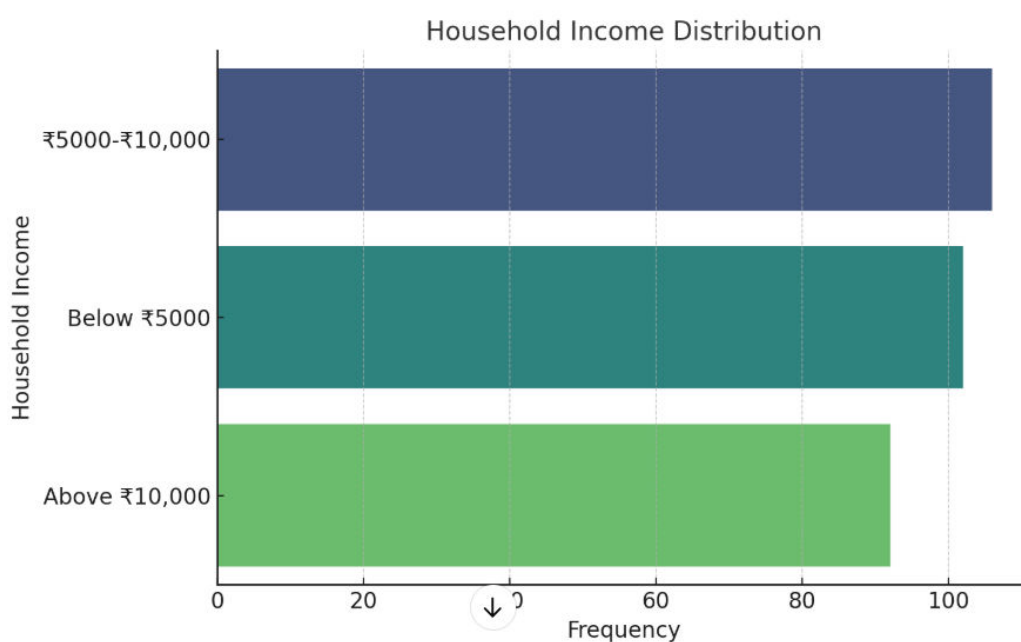
3. Marital Status Distribution:

Most respondents are **Married**, with fewer identifying as **Single** or **Widowed**. This reflects the cultural norms in rural areas where marriage is prevalent among adult women.



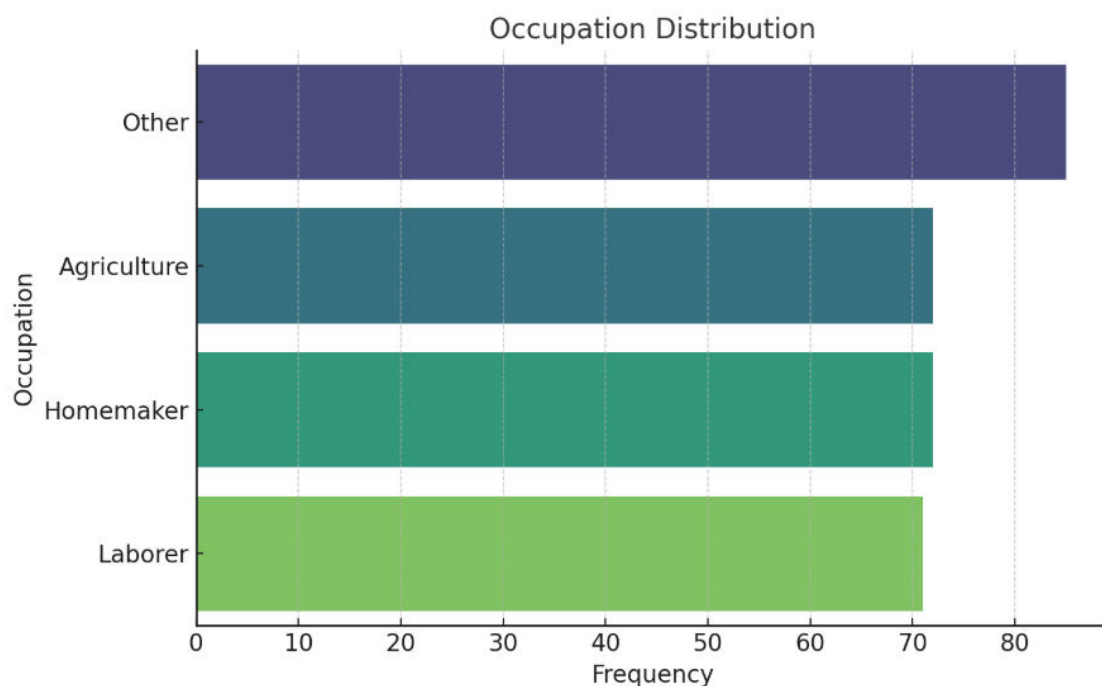
4. Family Size Distribution:

The largest group of respondents comes from families with **3-5 members**, followed by those with **More than 5 members**. Smaller families (**Less than 3 members**) are less common, aligning with traditional rural family structures.



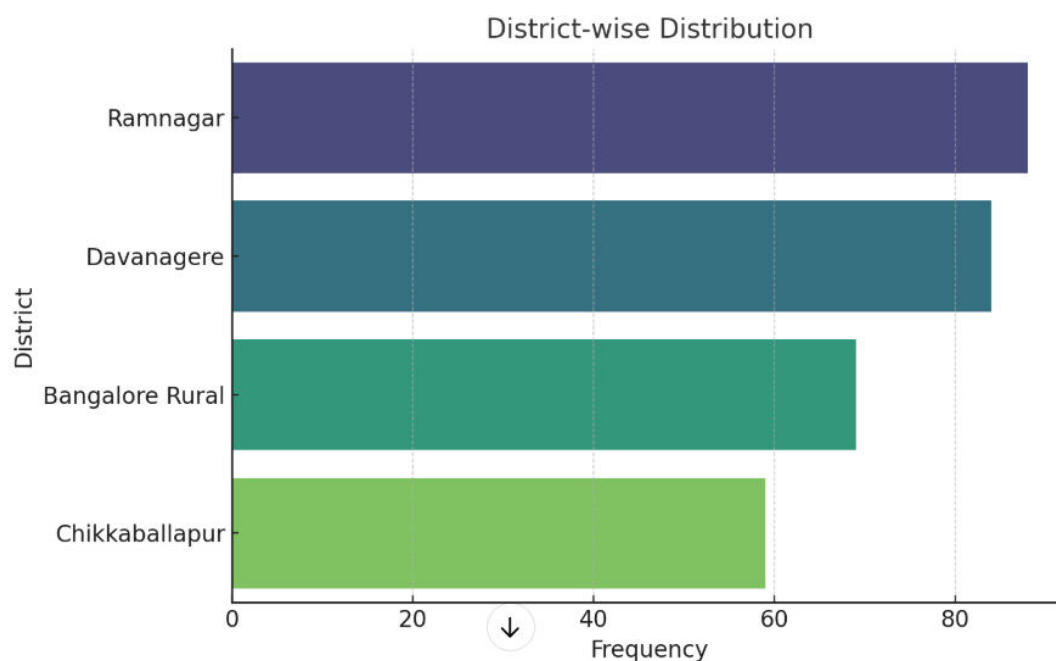
5. Household Income Distribution:

A significant portion of respondents report household incomes between **₹5000-₹10,000**, with fewer indicating incomes **Above ₹10,000**. The lowest group earns **Below ₹5000**, reflecting economic challenges among rural households.



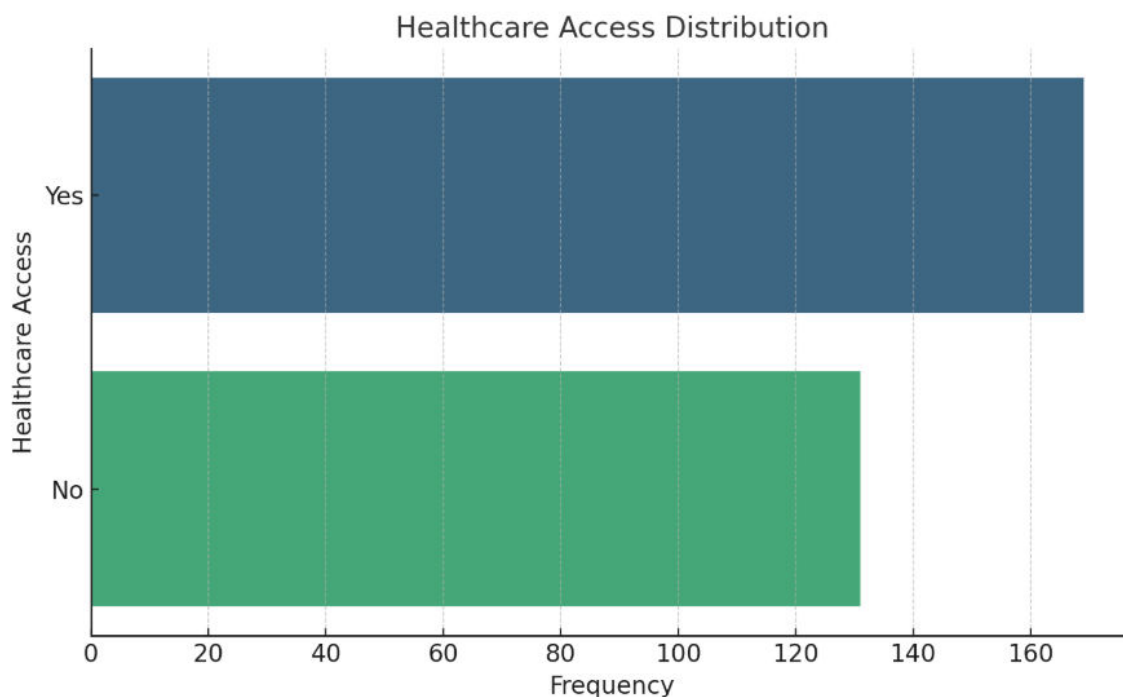
6. Occupation Distribution:

A large proportion of respondents are **Homemakers**, followed by those involved in **Agriculture** and **Labor work**. A small fraction belongs to the **Other** category, which may include small business owners or other occupations.



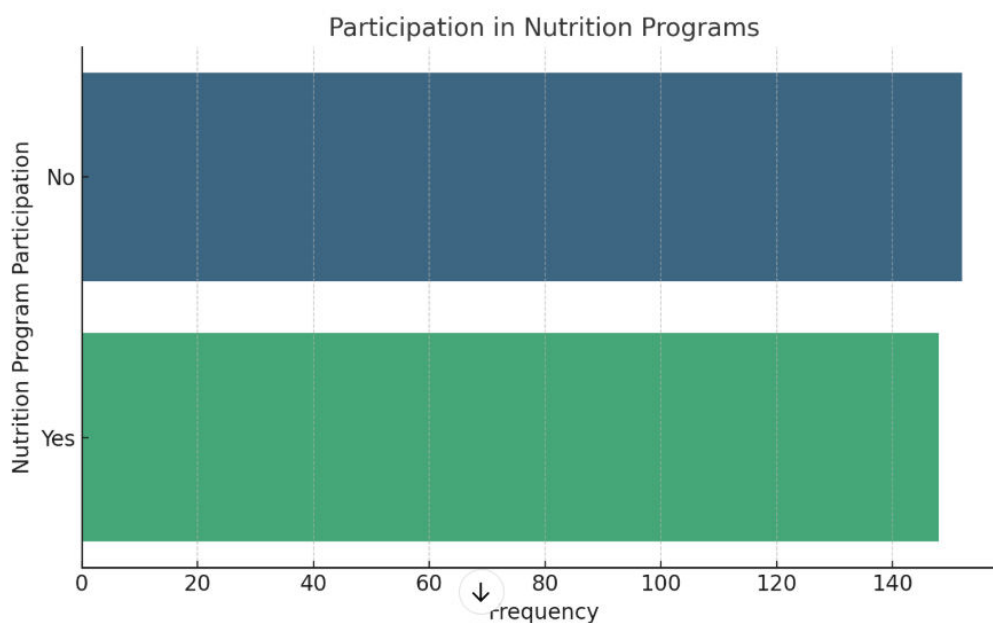
7. District-wise Distribution:

The respondents are almost evenly distributed among the four districts: **Ramnagar**, **Davanagere**, **Chikkaballapur**, and **Bangalore Rural**, ensuring diverse geographic representation.



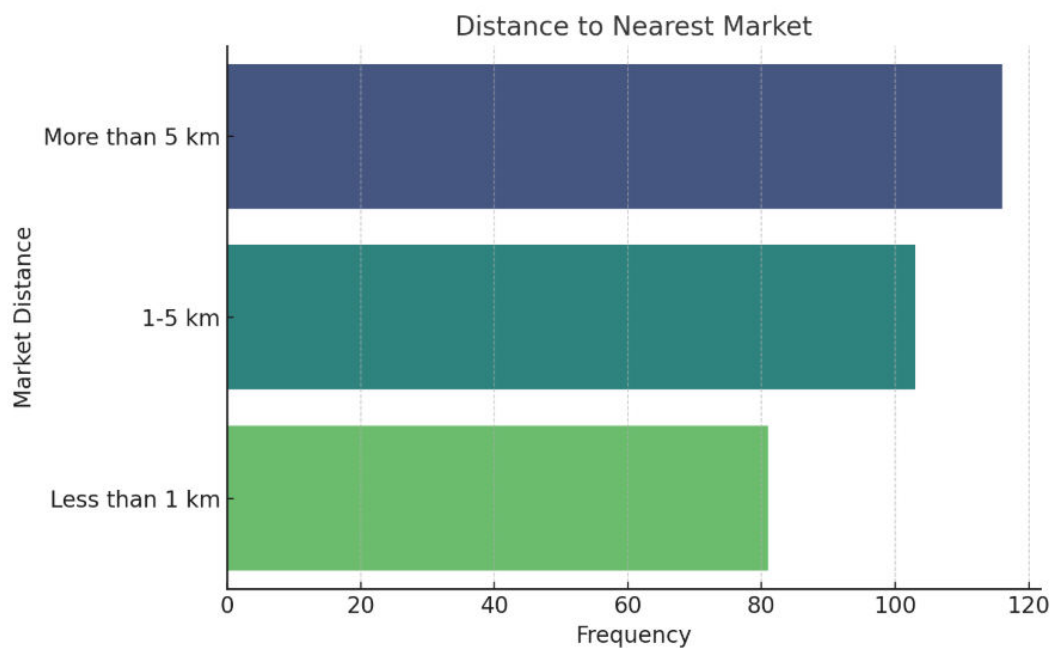
8. Healthcare Access Distribution:

The majority of respondents have **Access to healthcare facilities**, but a noticeable minority does not, indicating potential gaps in healthcare infrastructure in certain areas.



9. Participation in Nutrition Programs:

A larger portion of respondents have not participated in **Community nutrition programs**, suggesting a need for increased outreach and engagement in rural communities.



10. Distance to Nearest Market:

Most respondents live **1-5 km** away from the nearest market, while fewer are located at **Less than 1 km** or **More than 5 km**. This highlights logistical challenges that could influence dietary choices and food accessibility.

4.2 Inferential Statistical Results

The following research Hypotheses were tested and the result is as follows

1) H1: There is no significant relationship between self-awareness of nourishment and the diversity of dietary choices among rural women

- Chi-Square Value: 13.48
- p-value: 0.335

Interpretation: There is no statistically significant relationship between education level and awareness of nourishment ($p > 0.05$).

2) H2: Socio-economic factors do not significantly influence the level of self-awareness regarding nourishment among rural women

- Chi-Square Value: 2.30
- p-value: 0.681

Interpretation: Participation in nutrition programs does not significantly influence dietary awareness ($p > 0.05$).

3) H3: Self-awareness of nourishment does not have a significant impact on health outcomes, such as anemia prevalence, among rural women.

Chi-Square Value: 10.45

p-value: 0.235

Interpretation: Household income does not have a statistically significant effect on prioritizing nutritious food ($p > 0.05$).

4) H4: Participation in community-driven nutrition programs does not significantly enhances self-awareness of nourishment and dietary practices among rural women.

Chi-Square Value: 1.13

p-value: 0.569

Interpretation: Marital status does not significantly influence participation in nutrition programs ($p > 0.05$).

Summary of the tested Hypotheses

None of the tested hypotheses showed statistically significant results, as all p-values exceeded the 0.05 threshold. This suggests that the relationships between the tested demographic factors and dietary awareness, program participation, or prioritization of nutritious food might not be strong or require a more nuanced analysis.

5. Findings and Suggestions

This study explores the outcomes of a study examining the self-awareness of nourishment and its influence on dietary choices among rural women in selected districts of Karnataka. Using data collected through structured questionnaires, the study identifies key demographic trends, assesses the impact of socio-economic factors, and tests hypotheses to uncover the relationship between awareness, education, and dietary behaviors. The findings provide actionable insights to inform interventions aimed at improving nutritional habits in rural communities.

Findings of the Study:

1. Age Distribution:

The majority of respondents belong to the **20-30 years** age group, highlighting that younger rural women are more accessible for surveys and may be more engaged in dietary awareness topics.

2. Education and Awareness:

The analysis revealed no significant relationship between education level and awareness of nourishment ($p > 0.05$). However, respondents with **higher secondary education** showed slightly higher self-reported awareness in the graphs.

3. Income and Dietary Prioritization:

There is no statistically significant correlation between household income and the prioritization of nutritious food. Respondents across all income groups expressed mixed priorities for nutrition, suggesting that economic factors alone do not drive these choices.

4. Participation in Nutrition Programs:

Only a minority of respondents reported participation in community nutrition programs. The chi-square test indicated no significant impact of such programs on dietary awareness, underscoring the need for better-targeted interventions.

5. Access to Healthcare:

The majority of respondents have healthcare access, yet it is unclear whether this access translates into improved nutritional knowledge or dietary habits.

6. Family Size and Food Choices:

Respondents from smaller families appeared to have slightly better awareness of nourishment, as shown in the graph for family size distribution, though the impact is not statistically conclusive.

7. Occupation and Nutritional Choices:

Homemakers constitute the largest group among the respondents, but there is no evidence suggesting a strong relationship between occupation and dietary awareness or habits.

8. Marital Status and Nutrition Programs:

Marital status does not significantly influence participation in nutrition programs ($p > 0.05$). Married women represent the largest group but do not participate more actively in community programs.

9. Market Accessibility:

The majority of respondents live **1-5 km** from the nearest market. This moderate distance could influence the type and frequency of food purchased but requires further analysis to confirm.

10. Self-Awareness Trends:

Across all Likert-scale questions, self-awareness of nutrition appears moderate. Most respondents agreed with the importance of balanced diets but showed neutral responses when asked about actively seeking information.

Suggestions of the Study**1. Strengthen Community Nutrition Programs:**

Targeted and engaging nutrition awareness sessions are needed to increase participation and impact among rural women.

2. Enhance Educational Interventions:

Literacy campaigns emphasizing nutritional education can improve dietary awareness, especially for women with lower formal education levels.

3. Improve Accessibility to Nutritious Food:

Strengthen local supply chains and reduce market distances by promoting local production of nutritious food items.

4. Leverage Healthcare Facilities:

Incorporate nutrition counseling into existing healthcare services to maximize their reach and influence on dietary habits.

5. Focus on Cultural Factors:

Design awareness campaigns sensitive to cultural and traditional dietary practices to encourage gradual adoption of healthier habits.

6. Monitor Economic Factors:

While income may not significantly influence choices, subsidies for healthy foods and financial incentives could encourage the adoption of better dietary habits.

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ANNEXE-I

Structured Questionnaire

This section presents the questionnaire designed to collect data for the study on the impact of self-awareness of nourishment on dietary choices among rural women. The questionnaire consists of 15 Likert scale questions to assess various dimensions of nutritional awareness, dietary habits, and socio-economic factors. Respondents are asked to rate their agreement with each statement on a 5-point scale: Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1).

Instructions for Respondents

Please indicate the extent of your agreement with each statement by selecting the appropriate number on the scale. Your responses will remain confidential and will be used solely for academic research purposes.

Section A: Demographic Information

1. What is your age?
 - Below 20 years
 - 20-30 years
 - 31-40 years
 - Above 40 years
2. What is your highest educational qualification?
 - No formal education
 - Primary education
 - Secondary education
 - Higher secondary and above
3. What is your marital status?
 - Single
 - Married
 - Widowed
4. How many members are there in your family?
 - Less than 3
 - 3-5
 - More than 5
5. What is your monthly household income?

- Below ₹5000
- ₹5000-₹10,000
- Above ₹10,000
- 6. What is your primary occupation?
 - Homemaker
 - Agriculture
 - Laborer
 - Other (please specify)
- 7. Which district do you belong to?
 - Ramnagar
 - Davanagere
 - Chikkaballapur
 - Bangalore Rural
- 8. Do you have access to healthcare facilities?
 - Yes
 - No
- 9. Have you participated in community nutrition programs?
 - Yes
 - No
- 10. How far is the nearest market from your residence?
 - Less than 1 km
 - 1-5 km
 - More than 5 km

Self-Awareness and Food Habits (Multiple Choice)

1. How often do you read food labels before purchasing products?
 - Always
 - Sometimes
 - Rarely
 - Never
2. What influences your food choices the most?
 - Nutritional value
 - Taste
 - Cost
 - Availability
3. How often do you consume fruits and vegetables in a week?
 - Daily
 - 3-5 times a week
 - 1-2 times a week
 - Rarely
4. Do you know the recommended daily calorie intake for your age group?
 - Yes

- No
- 5. What is your primary source of information about nutrition?
 - Internet
 - Television/Radio
 - Community programs
 - Family and friends
- 6. How often do you prepare meals at home?
 - Daily
 - Few times a week
 - Occasionally
 - Never
- 7. What type of cooking oil do you primarily use?
 - Refined oil
 - Mustard oil
 - Coconut oil
 - Other (please specify)
- 8. Do you include protein-rich foods in your diet?
 - Always
 - Sometimes
 - Rarely
 - Never
- 9. How do you ensure food safety while cooking?
 - Washing thoroughly
 - Using fresh ingredients
 - Proper storage
 - All of the above
- 10. Do you believe traditional diets are more nutritious than modern diets?
 - Strongly agree
 - Agree
 - Neutral
 - Disagree

Section B: Self-Awareness of Nourishment

Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. I am aware of the nutritional value of the foods I consume.					
2. I actively seek information about healthy eating and balanced diets.					

3. I understand the importance of including fruits and vegetables in my daily diet.					
4. I can identify foods that are high in essential nutrients like protein and vitamins.					
5. I am aware of the negative health effects of consuming processed or junk food.					

Section C: Dietary Choices

Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
6. I make conscious efforts to include a variety of foods in my meals.					
7. I prioritize purchasing and consuming nutritious food over cheaper alternatives.					
8. My dietary choices are influenced by cultural or traditional beliefs.					
9. I frequently prepare meals that align with recommended dietary guidelines.					
10. I avoid skipping meals to ensure a balanced diet.					

Section D: Socio-Economic and Environmental Factors

Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
11. I have access to affordable and nutritious food in my locality.					
12. My dietary habits are influenced by my household income.					

13. Community nutrition programs have helped me improve my eating habits.					
14. I participate in awareness sessions or workshops on healthy nutrition.					
15. The support of family members encourages me to make healthier dietary choices.					

This detailed format ensures clarity and ease of response for participants, facilitating accurate data collection.