THE IMPACT OF BELIEF ON EATING HABIT OF THE ELDERLY: INVESTIGATING HOW BELIEF INFLUENCES WHAT THEY CONSUME AND BODY RESPONSES TO NUTRIENT

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ABSTRACT

This study examined the impact of belief on the eating habits of the elderly, with particular emphasis on how beliefs influence food consumption, nutrient intake, and the health status of older adults in Uyo Local Government Area, Akwa Ibom State, Nigeria In carrying out this study, an ex post facto research design was adopted. The study was conducted in Uyo Local Government Area of Akwa Ibom State, Nigeria. The target population comprised all elderly persons in Uyo Local Government Area. A simple random sampling technique was used to select 80 elderly persons from the study area, giving a total sample size of 80 respondents. The instrument used for data collection was a structured questionnaire entitled "Impact of Belief on Eating Habits of the Elderly Questionnaire (IBEHEQ)." The face and content validity of the instrument were established by an expert in Test, Measurement, and Evaluation to ensure its relevance, clarity, and suitability for the study. The instrument yielded a reliability coefficient of 0.79, which was considered sufficiently high to justify its use. The data obtained from the respondents were analyzed using percentage analysis, which was employed to answer the research questions. The result of the findings revealed that defined, structured dietary choices recorded the highest percentage (37.50%), while disruption of homeostatic eating habits, culminating in compromised metabolic outcomes recorded the least percentage (27.50%) under the impact of belief on eating habits. Also, maintenance of muscle mass, strength, and physical functioning recorded the highest percentage (37.50%), whereas immune system and resistance to disease recorded the least percentage (28.75%) regarding the impact of nutrients on the health status of the elderly. Furthermore, beliefs about healthy foods recorded the highest percentage (22.50%), while acceptance of nutritional advice recorded the least percentage (10.00%) as cultural factors influencing the eating habits of the elderly. The study concluded that belief and culture significantly influence the eating habits of the elderly and consequently affect their nutritional status and overall health. One of the recommendations made was that healthcare professionals and nutritionists should provide culturally sensitive nutrition education to older adults while promoting balanced dietary practices that support healthy ageing.

KEYWORDS: Belief, Eating Habit, Elderly, Belief Influences, Body Responses, Nutrient

INTRODUCTION

The food choices of older adults are influenced by several factors, including age-related physiological changes, economic conditions, cultural practices, religious values, and personal beliefs. Among these factors, belief plays a significant role in determining what the elderly consider appropriate, acceptable, or beneficial to consume. Beliefs may originate from religious teachings, cultural traditions, personal experiences, or family influences, and they often shape dietary practices that affect nutritional intake and overall well-being. According to Connors and Halligan (2021), belief systems are mental representations that influence how individuals interpret the world, make judgments, and respond to experiences. Likewise, Eagly and Chaiken (2022) explained that beliefs shape attitudes, which subsequently influence people's decisions and behaviours, including food choices.

Eating habits among the elderly have important implications for their nutritional status and health outcomes. As individuals grow older, they become more vulnerable to nutritional deficiencies due to reduced appetite, declining metabolism, chronic illnesses, and changes in digestive function. Healthy eating habits promote physical strength, immune function, and disease prevention, whereas poor dietary practices increase the risk of malnutrition and chronic diseases. Sobal and Bisogni (2009) noted that eating habits are major determinants of nutritional status and overall health, while Gombart, Pierre, and Maggini (2020) emphasized that nutrients are essential for maintaining health, supporting immunity, and ensuring normal body functions. Therefore, the beliefs that guide food selection among the elderly may directly influence the quality and adequacy of nutrients consumed.

Furthermore, the interaction between belief, eating habits, and nutrient response becomes increasingly important in old age because the body responds differently to nutrient intake as physiological functions decline. Research has shown that belief systems can encourage or discourage the consumption of certain foods, thereby affecting nutrient intake and health outcomes. Major-Smith et al. (2023) reported that strong religious and spiritual beliefs are associated with structured dietary practices that influence nutrient intake, while Trabelsi et al. (2022) observed that faith-based dietary restrictions can significantly alter metabolic responses. In addition, Bauer (2021) and Beaudart (2023) highlighted that adequate nutrient intake is essential for maintaining muscle strength and healthy ageing. Therefore, investigating the impact of belief on the eating habits of the elderly is necessary to understand how these beliefs influence food consumption patterns and the body's response to nutrients, thereby contributing to improved nutritional interventions and healthier ageing.

Statement of the Problem

Healthy eating is essential for maintaining good health and improving the quality of life of the elderly. However, the eating habits of older adults are often influenced by personal, religious, and cultural beliefs that determine the foods they consume or avoid. Although beliefs may encourage healthy dietary practices, they may also result in food taboos, dietary restrictions, and resistance to adopting scientifically recommended nutritional practices. Such beliefs may negatively affect nutrient intake and compromise the health status of older adults. Furthermore, cultural values and traditional food practices continue to shape the eating habits of the elderly, yet

many nutrition intervention programmes fail to adequately consider these cultural influences when promoting healthy ageing.

Despite the importance of proper nutrition in old age, little attention has been given to how belief influences the eating habits of the elderly, particularly in Uyo Local Government Area of Akwa Ibom State. It is against this background that this study was conducted to examine the impact of belief on the eating habits of the elderly, the impact of nutrients consumed on their health status, and the influence of culture on their eating habits.

Objectives of the Study

The main objective of this study was to examine the impact of belief on the eating habits of the elderly in Uyo Local Government Area, Akwa Ibom State. The specific objectives were :

1. To examine the impact of belief on the eating habits of the elderly;
2. To determine the impact of the nutrients consumed by the elderly on their health status
3. To identify the impact of culture on the eating habits of the elderly.

Research Questions

The following research questions guided the study:

1. What is the impact of belief on the eating habits of the elderly?
2. What is the impact of the nutrients consumed by the elderly on their health status?
3. What is the impact of culture on the eating habits of the elderly?

LITERATAURE REVIEW

Concept of Belief

A belief is the mental acceptance or conviction that a claim, concept, or thing is true, real, or valid. It serves as a personal stance or idea about the world that someone holds to be true, regardless of whether it is backed by absolute, objective evidence. Belief is a psychological and cognitive condition in which a person accepts something as real, genuine, or legitimate, frequently without the need for quick scientific evidence. It affects perception, judgment, and action and is a fundamental part of human thought processes. According to Connors & Halligan (2021), belief systems are mental representations that shape how individuals interpret the world, form judgments, and respond to experiences. Beliefs may be based on evidence, personal experience, cultural teachings, or faith, and they often function as guiding principles in everyday life.

Belief is a fundamental concept in understanding human cognition and society because it shapes knowledge formation and behavioral patterns. As noted by Eagly & Chaiken (2022), beliefs influence attitudes, which in turn guide intentions and actions in various social and personal contexts. Consequently, belief can be characterized as a mental acceptance or conviction that something is real or valid; it is influenced by social, cultural, emotional, and cognitive elements and is essential to human thought and conduct.

In addition, Belief is deeply connected to human perception of reality. As noted by De Houwer (2021), beliefs function as mental constructs that help individuals organize and interpret complex information in their environment. Beliefs help people make decisions easier, especially when they don't have access to all the information they need. Because of this, belief is a crucial instrument for dealing with uncertainty in day-to-day living.

Finally, belief systems are strongly influenced by culture, environment, and learning experiences. Hofstede (2020), said that cultural values shape how individuals develop beliefs about authority, morality, religion, and social behavior. For example, what is considered acceptable or unacceptable in one society may be interpreted differently in another due to culturally shaped belief systems. This highlights the social nature of belief formation.

Concept of Eating Habit

Eating habits refer to the consistent patterns in which individuals select, prepare, and consume food over time. These habits include meal timing, food preferences, portion sizes, and frequency of eating. They are shaped by biological needs as well as cultural, social, and environmental influences. Eating habits are widely recognized as a major determinant of nutritional status and overall health outcomes (Sobal & Bisogni, 2009), as noted by

Eating habits develop through a combination of personal experiences and external influences such as family upbringing, peer groups, socioeconomic status, and food availability. Psychological factors such as stress, mood, and emotional state also strongly influence dietary choices. In modern environments, advertising and increased availability of processed foods further modify eating behavior patterns (Konttinen, 2020), as noted by

Healthy eating habits involve regular consumption of a balanced diet that includes fruits, vegetables, whole grains, lean proteins, and adequate hydration. Such dietary patterns support growth, immune function, and prevention of chronic diseases like obesity, diabetes, and cardiovascular disorders. Long-term adherence to healthy eating patterns is strongly associated with improved life expectancy and reduced disease risk (Mozaffarian, 2016), as noted by

Poor eating habits include irregular meals, excessive intake of sugar, salt, and saturated fats, as well as frequent consumption of ultra-processed foods. These behaviors are strongly associated with obesity, hypertension, metabolic syndrome, and other non-communicable diseases. Research shows that high consumption of ultra-processed foods significantly increases the risk of cardiovascular and metabolic disorders (Montero, 2019), as noted by

Improving eating habits requires nutrition education, behavioral change strategies, and supportive food environments. Public health interventions such as dietary guidelines, school-based nutrition programs, and community awareness campaigns are effective in promoting healthier choices. Sustainable dietary change is most successful when supported by both individual motivation and structural food system improvements (Afshin, 2019), as noted by

Concept of Nutrients

Nutrients are chemical substances found in food that your body needs to survive, grow, repair itself, and function properly. They are classified into two main categories: macronutrients (needed in large amounts) and micronutrients (needed in smaller amounts).The term "nutrient"

refers to substances that are necessary for living things to be nourished, develop, maintain, and function properly. The body uses nutrients, which come from food, to support physiological processes, heal damaged tissues, and maintain life. As noted by Gombart, Pierre &Maggini (2020), nutrients are fundamental components required by the body to maintain health, support immunity, and facilitate normal metabolic processes.

The relationship between nutrition and physical performance is further highlighted by the idea of nutrients. Nutrients help people execute daily tasks effectively by promoting muscular function, tissue repair, and physical endurance. According to Phillips, Chevalier, & Leidy (2022), nutrients provide the resources necessary for maintaining physical strength, functional capacity, and overall body performance. Malnutrition has severe consequences on human health, affecting physical and cognitive development, immune function, and overall well-being. (Alaba & OJo, 2025)

Additionally, mental health and cognitive development depend on nutrients. For memory, focus, learning, and decision-making to be supported, the brain needs a steady flow of nutrients. Gómez-Pinilla (2021) stated that adequate nutrient availability is crucial for optimal brain development and neurological health processes.

Impact of Belief on Eating Habit

Defined, structured dietary choices

Human eating habits are fundamentally governed by cognitive frameworks, demonstrating that what we choose to consume is often as much a product of our belief systems as it is of biological hunger. Sociocultural and religious beliefs act as powerful institutional guides, drawing distinct lines between permitted and forbidden foods while directly modulating consumption frequencies. A research by Major-Smith et al. (2023) indicates that highly active religious and spiritual beliefs strongly correlate with defined, structured dietary choices, often pushing individuals toward high-quality, health-conscious dietary patterns and structured micro-nutrient intake. Conversely, these institutional belief assets regularly shape macro-level eating behaviors through ritualistic caloric restriction and fasting. Across global belief structures—ranging from Islamic Ramadan and Christian Lent to Hindu Ekadasi—faith-driven food abstinence alters individual metabolic profiles and redefines societal relationships with food production, functioning as a "religious health asset" that implicitly mitigates global health threats like obesity (Trabelsi et al., 2022).

Modern nutritional habits

Beyond structured spiritual mandates, localized ideological and personal value-based beliefs significantly dictate modern nutritional habits. The modern transition toward sustainable, plant-based, and pro-environmental eating patterns is heavily mediated by an individual's personal values, felt obligations, and core identity. Behavioral modeling demonstrates that while rational intentions to eat healthily are common, the translation of these intentions into actual sustained eating habits relies heavily on "attitudes plus" (ingrained personal values) and positive emotional affect towards specific ethical or ecological systems (Lo Dato et al., 2025). When individuals firmly believe that their dietary choices carry direct environmental consequences, their purchasing and consumption habits structurally adapt away from energy-dense or animal-derived products.

Therefore, cognitive alignment between personal identity and food philosophy operates as the primary cognitive driver behind contemporary dietary modifications, outperforming simple health awareness.

Disruption of homeostatic eating habits, culminating in compromised metabolic outcomes.

Crucially, maladaptive or distorted psychological beliefs can severely disrupt homeostatic eating habits, culminating in compromised metabolic outcomes. When an individual harbors irrational food beliefs—such as dichotomous "good versus bad" food tracking or relying on flawed compensatory assumptions like "exercising means dietary quality no longer matters"—the psychological friction alters functional eating phenotypes (Maradiag et al., 2025). These cognitive distortions actively foster problematic behaviors like emotional grazing, disorganized eating, and compulsive or hyperphagic episodes. Over time, these belief-driven maladaptive habits erode dietary self-control, trapping individuals in a cycle of addictive-like eating patterns where ultra-processed, highly palatable foods are used as regulatory coping mechanisms rather than nutritional fuel. Ultimately, the entire continuum of human eating behavior proves that our deeply held beliefs—whether theological, ecological, or deeply personal—dictate the physiological realities of nutritional health.

Impact of the Nutrient Eaten by Elderly on their Health Status

Because aging is frequently linked to decreased metabolism, weaker immunity, loss of muscle mass, poor appetite, and an increased risk of chronic diseases, nutrition is crucial to the health of the aged. The nutrients that older persons eat have a big impact on their general quality of life, mental and physical health, and resistance to disease. Proteins, vitamins, minerals, healthy fats, fiber, and water are examples of necessary nutrients that should be consumed in sufficient amounts to preserve health, avoid malnutrition, and lessen age-related problems.

- **Maintenance of muscle mass, strength, and physical functioning**

Maintaining muscular mass, strength, and physical functioning is one of the key effects of nutrients on the aged. Because sarcopenia, the progressive loss of skeletal muscle mass and strength, is frequently associated with aging, protein is particularly crucial. Elderly people who eat enough protein are better able to retain their mobility, protect their muscular tissue, and lower their risk of frailty and falls. According to Bauer (2021) and Beaudart (2023), higher protein intake in older adults is associated with improved muscle health, physical performance, and healthier aging outcomes.

- **Immune system and resistance to disease**

The immune system and resistance to illness are also impacted by nutrients. Minerals like iron, zinc, and selenium, as well as vitamins like A, C, D, and E, assist the body in fighting inflammation and infections. Inadequate consumption of these minerals may make older adults more susceptible to disease, slow the healing of wounds, and exacerbate long-term medical issues. Calder (2020) explains that nutrition strongly influences immune defense, especially in older adults, whose immunity naturally declines with age.

- **Bone health, cognitive function, and chronic disease prevention**

The prevention of chronic diseases, cognitive function, and bone health are all significantly impacted. In addition to lowering the risk of osteoporosis and fractures, calcium and vitamin D help preserve bone density. Foods high in antioxidants, B vitamins, and omega-3 fatty acids may promote brain health and slow cognitive decline. Additionally beneficial to heart health, blood sugar regulation, and digestive function are fiber, fruits, vegetables, and healthy fats. Studies show that healthy dietary patterns such as the Mediterranean diet are linked with better cardiovascular health, lower inflammation, and improved cognitive outcomes in older adults (Shlisky, 2022; Granic, 2021).

The Impact of Culture on the Eating Habits of the Elderly

Culture plays a significant role in shaping the eating habits of older adults. It influences food preferences, meal preparation methods, eating patterns, beliefs about nutrition, and attitudes toward health. Throughout life, individuals develop dietary habits that are deeply rooted in their cultural background, and these habits often become more pronounced in old age. As people age, they tend to maintain traditional food practices because such foods provide emotional comfort, reinforce cultural identity, and preserve family traditions. According to World Health Organization (2021), healthy diets for older adults should consider cultural preferences while ensuring adequate nutrient intake to support healthy ageing.

The following are the major impacts of culture on the eating habits of the elderly:

- **Food Preferences and Choices**

Culture determines the types of foods that older adults prefer to consume. Elderly individuals often choose foods they have eaten throughout their lives because these foods are familiar and culturally acceptable. For example, many elderly Nigerians prefer traditional meals such as pounded yam, garri, fufu, beans, and local soups instead of processed or Western foods. These long-established preferences may make them reluctant to adopt healthier alternatives even when recommended by healthcare professionals. According to Food and Agriculture Organization of the United Nations (2021), traditional food preferences strongly influence dietary choices among older adults and should be considered in nutrition interventions.

- **Meal Preparation and Cooking Methods**

Different cultures have unique methods of preparing food, which affect the nutritional quality of meals consumed by older adults. Some cultural cooking practices preserve nutrients through steaming or boiling, while others involve excessive frying, smoking, or prolonged cooking that may reduce nutrient content. Elderly individuals usually continue preparing foods using traditional methods learned during childhood, thereby maintaining cultural culinary practices throughout their lives (FAO, 2021).

- **Religious and Traditional Food Practices**

Religion and cultural beliefs often influence what foods older adults eat or avoid. Some elderly people observe fasting periods or avoid certain foods because of religious doctrines or traditional customs. Others may consume particular foods believed to promote longevity, strength, or healing. These practices can positively or negatively affect nutritional status depending on whether nutritional needs are adequately met. World Health Organization (2021) emphasizes that healthcare providers should respect cultural and religious food practices while promoting balanced nutrition.

- **Beliefs about Healthy Foods**

Every culture has beliefs regarding foods considered healthy or harmful. Older adults may believe that certain herbs, vegetables, soups, or locally prepared foods possess medicinal properties. While some of these beliefs are supported by nutritional evidence, others may limit dietary diversity if nutritious foods are unnecessarily avoided. According to National Institute on Aging (2023), cultural beliefs significantly influence food choices among older adults and should be understood when providing dietary counseling.

- **. Food Taboos and Dietary Restrictions**

Many cultures prohibit the consumption of certain foods based on age, gender, or traditional beliefs. Some elderly individuals avoid eggs, meat, fish, or dairy products because they are believed to cause illness or other undesirable effects. Such food restrictions may contribute to deficiencies in essential nutrients such as protein, calcium, iron, and vitamin B12 if appropriate alternatives are not consumed (WHO, 2021).

- **Economic and Cultural Value of Food**

Culture also influences how food resources are allocated within households. In some communities, elderly people may give priority to younger family members during meals because of cultural expectations of sacrifice and respect. Financial limitations combined with cultural obligations may reduce the quantity and quality of food available to older adults, increasing their risk of malnutrition. The FAO (2021) notes that socioeconomic and cultural factors jointly influence food security among older adults.

- **Acceptance of Nutritional Advice**

Older adults are more likely to follow dietary recommendations that align with their cultural beliefs and traditional food practices. Nutritional counseling that ignores cultural preferences often encounters resistance because elderly individuals may perceive recommended diets as unfamiliar or inconsistent with their lifelong habits. Therefore, culturally sensitive nutrition education improves adherence to healthy eating recommendations (National Institute on Aging, 2023).

- **Preservation of Cultural Identity**

Food serves as an important symbol of cultural identity among older adults. Preparing and consuming traditional meals allows elderly individuals to maintain connections with their heritage, family history, and community values. This cultural continuity contributes positively to emotional well-being and quality of life while encouraging regular meal consumption. WHO (2021) recognizes that culturally appropriate diets support healthy ageing by promoting both nutritional and psychosocial well-being.

METHODOLOGY

In carrying out this study, an ex post facto research design was adopted. The study was conducted in Uyo Local Government Area of Akwa Ibom State, Nigeria. The target population comprised all elderly persons in Uyo Local Government Area. A simple random sampling technique was used to select 80 elderly persons from the study area, giving a total sample size of 80 respondents. The instrument used for data collection was a structured questionnaire titled "*Impact of Belief on Eating Habits of the Elderly Questionnaire (IBEHEQ).*" The face and content validity of the instrument were established by an expert in Test, Measurement, and Evaluation to ensure its relevance, clarity, and suitability for the study. The instrument yielded a reliability coefficient of 0.79, which was considered sufficiently high to justify its use. The data obtained from the respondents were analyzed using percentage analysis, which was employed to answer the research questions.

RESULTS AND DISCUSSION

Research Question 1

The research question sought to examine the impact of belief on eating habits. To answer the research question, percentage analysis was performed on the data (see Table 1).

Table 1

Percentage analysis of the impact of belief on eating habits

Impact of belief on eating habits	FRQ	%
Defined, structured dietary choices	30	37.50**
Modern nutritional habits	28	35.00
Disruption of homeostatic eating habits, culminating in compromised metabolic outcomes	22	27.50**
TOTAL	**80**	**100**

****The highest percentage frequency**
***The least percentage frequency**
SOURCE: Field survey

Table 1 presents the percentage analysis of the impact of belief on eating habits. From the result of the data analysis, it was observed that the highest percentage (37.50%) was recorded against "defined, structured dietary choices", while the least percentage (27.50%) was recorded against "disruption of homeostatic eating habits, culminating in compromised metabolic outcomes". This finding indicates that respondents perceived beliefs as having the greatest influence on establishing organized dietary practices, whereas fewer respondents associated beliefs with disruptions in normal eating regulation and metabolic health. The finding agrees with Major-Smith et al. (2023), who reported that indicates that highly active religious and spiritual beliefs strongly correlate with defined, structured dietary choices, often pushing individuals toward high-quality, health-conscious dietary patterns and structured micro-nutrient intake. Conversely, these institutional belief assets regularly shape macro-level eating behaviors through ritualistic caloric restriction and fasting personal beliefs and cultural values significantly shape dietary choices among older adults by influencing food selection and eating patterns. The finding also aligns with Bloom et al. (2022), who observed that beliefs regarding healthy eating affect adherence to nutritional recommendations and contribute to healthier dietary behaviours among the elderly.

Research Question 2

The research question sought to examine the impact of the nutrients eaten by the elderly on their health status. To answer the research question, percentage analysis was performed on the data (see Table 2).

Table 2
Percentage analysis of the Impact of the Nutrient Eaten by Elderly on their Health Status

Impact of the Nutrient Eaten by the Elderly	FRQ	%
Maintenance of muscle mass, strength, and physical functioning	30	37.50**
Immune system and resistance to disease	23	28.75*
Bone health, cognitive function, and chronic disease prevention	27	33.75
TOTAL	**80**	**100**

****The highest percentage frequency**
***The least percentage frequency**
SOURCE: Field survey

Table 2 presents the percentage analysis of the impact of the nutrients eaten by the elderly on their health status. The result revealed that the highest percentage (37.50%) was recorded against "maintenance of muscle mass, strength, and physical functioning", while the least percentage (28.75%) was recorded against "Immune system and resistance to disease". This finding suggests that respondents considered adequate nutrition to play a greater role in maintaining physical strength and mobility than in preventing chronic diseases and supporting cognitive function. The finding supports Calder (2020) who stated that nutrition strongly influences immune defense, especially in older adults, whose immunity naturally declines with age. The finding also agrees with Shlisky, (2022); Granic, (2021), who emphasized that those Foods high in antioxidants, B vitamins, and omega-3 fatty acids may promote brain health and slow cognitive decline.

Additionally beneficial to heart health, blood sugar regulation, and digestive function are fiber, fruits, vegetables, and healthy fats. Studies show that healthy dietary patterns such as the Mediterranean diet are linked with better cardiovascular health, lower inflammation, and improved cognitive outcomes in older adults.

Research Question 3

The research question sought to examine the impact of culture on the eating habits of the elderly. To answer the research question, percentage analysis was performed on the data (see Table 3).

Table 3
Percentage analysis of the Impact of Culture on the Eating Habits of the Elderly

The Impact of Culture on the Eating Habits of the Elderly	FRQ	%
Food Preferences and Choices	16	20.00
Religious and Traditional Food Practices	15	18.75
Meal Preparation and Cooking Methods	14	17.50
Beliefs about Healthy Foods	18	22.50**
Food Taboos and Dietary Restrictions	9	11.25
Acceptance of Nutritional Advice	8	10.00*
TOTAL	**80**	**100**

****The highest percentage frequency**
***The least percentage frequency**
SOURCE: Field survey

Table 3 presents the percentage analysis of the impact of culture on the eating habits of the elderly. From the result of the data analysis, it was observed that the highest percentage (22.50%) was recorded against **"**beliefs about healthy foods"**,** while the least percentage (10.00%) was recorded against "acceptance of nutritional advice"**.** This finding indicates that cultural beliefs about what constitutes healthy food exert the greatest influence on the dietary habits of the elderly, whereas the acceptance of nutritional advice is comparatively less influenced by culture. The finding agrees with FAO, (2021), who mentioned that elderly individuals usually continue preparing foods using traditional methods learned during childhood, thereby maintaining cultural culinary practices throughout their lives. The finding also aligns with Keller and Hedley (2021)**,** who observed that family traditions, religious practices, and cultural norms remain strong determinants of eating habits and influence the willingness of elderly individuals to adopt recommended nutritional practices.

CONCLUSION

In conclusion, belief plays a vital role in shaping the eating habits of the elderly by influencing their food choices, dietary practices, and attitudes toward nutrition. These beliefs, whether religious, cultural, or personal, can have positive or negative effects on the nutrients they

consume and the way their bodies respond to those nutrients. Since proper nutrition is essential for maintaining good health, preventing diseases, and improving the quality of life in old age, it is important to understand the influence of belief on dietary behaviour. Such understanding will help promote healthier eating habits and support effective nutritional interventions that respect the beliefs and values of older adults.

RECOMMENDATION

1. Healthcare professionals and nutritionists should educate older adults on the importance of balanced nutrition while addressing cultural, religious, and personal beliefs that may influence their food choices.
2. Elderly individuals should undergo regular health and nutritional assessments to identify nutrient deficiencies or dietary practices that may negatively affect their health, allowing for timely intervention.
3. Governments, health agencies, and faith-based organizations should organize awareness campaigns and educational programs to encourage healthy eating habits among the elderly while respecting their beliefs and traditions.

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