

**Food myths and facts: Perceptions
and beliefs in a sample of the
Portuguese population**
***Mitos e factos alimentares: Perceções e
crenças numa amostra da população
Portuguesa***

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**TRABALHO DE INVESTIGAÇÃO
I.º CICLO EM CIÊNCIAS DA NUTRIÇÃO | UNIDADE CURRICULAR ESTÁGIO
FACULDADE DE CIÊNCIAS DA NUTRIÇÃO E ALIMENTAÇÃO DA UNIVERSIDADE DO PORTO**

TC

Porto, 2021



Abstract

Food myths are nutritional concepts poorly justified or even contradicting existing scientific evidence that are, however, taken as the truth by individuals. The knowledge in nutrition is an important tool in tackling misinformation and in the promotion of adequate food choices. The aim of this study was to investigate the beliefs and perceptions of a sample of the Portuguese population regarding a series of food myths and facts, evaluating, consequently, the level of knowledge as well as the main sources of information. The research was conducted on a sample of 503 participants, using a questionnaire disclosed online, by email and social networks, between May and June of 2021. Thirty statements, some true and others false, were analyzed to assess people's perceptions, and most statements obtained positive scores, revealing correct perceptions. Also, the level of knowledge was measured, being very high for 21.7% of the participants and high for 42.1%. The main sources where the participants acquire nutritional information are scientific journals (43.3%), DGS website (31.4%) and technical books (31.0%), which is concordant with the level of trust in these sources. Hence, it was concluded that, despite the levels of nutritional knowledge, there are still several food myths that need to be debunked, through the proper channels, in order to promote healthy, balanced and adequate eating behaviors.

Keywords: Food myths, Sources of information, Nutritional knowledge, Health.

Resumo

Os mitos alimentares são conceitos nutricionais mal justificados ou até contradizentes da evidência científica que são, porém, tidos como verdadeiros pelos indivíduos. O conhecimento nutricional é uma importante ferramenta no combate à desinformação e na promoção de escolhas alimentares adequadas. O objetivo deste estudo foi investigar as crenças e percepções de uma amostra da população portuguesa, em relação a um conjunto de mitos e factos alimentares, avaliando, consequentemente, o nível de conhecimentos, assim como as principais fontes de informação. A investigação foi conduzida, numa amostra de 503 participantes, através do uso de um questionário divulgado online, através do email e das redes sociais, entre maio e junho de 2021. Trinta afirmações, algumas verdadeiras, outras falsas, foram analisadas para avaliar a percepção dos participantes, e a maioria das afirmações obteve um *score* positivo, revelando uma percepção correta. O nível de conhecimento foi também avaliado, sendo muito elevado para 21.7% dos participantes e elevado para 42.1%. As principais fontes, onde os participantes adquiriram o conhecimento nutricional, são as revistas científicas (43.3%), o site da DGS (31.4%) e livros técnicos (31.0%), o que é concordante com o nível de confiança nestes meios. Conclui-se, assim, que apesar dos níveis de conhecimento nutricional, existem, ainda, vários mitos alimentares que devem ser desmentidos, por intermédio de meios adequados, de forma a promover comportamentos alimentares adequados, equilibrados e saudáveis.

Palavras-Chave: Mitos alimentares, Fontes de informação, Conhecimento nutricional, Saúde.

List of abbreviations and acronyms

BMI: Body Mass Index

DGS: General Direction of Health

WHO: World Health Organization

SD: Standard Deviation

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Introduction

Food is one of the basic necessities of humans, being fundamental in the promotion of health and well-being, as well as prevention of diseases⁽¹⁾. However, even though food consumption has the main goal of satisfying a physiological need, hunger, there are other factors that determine what is the motivation, quantity, frequency and food choice. Some of these factors are related to appetite, cost, accessibility, emotions, culture and social interactions^(2, 3). Food choices, are therefore, an overlap of several domains, from exact sciences, for example nutrition, to social policies and the individual behaviour⁽¹⁾.

According to the Global Burden of Disease report⁽⁴⁾, from 2017, inadequate food habits are responsible for 11 million deaths every year, from which the main cause of death are diseases intrinsically linked to maladjusted eating behaviours, such as cardiovascular diseases, cancer and type 2 diabetes. These data corroborates the existence of a new global pandemic of chronic diseases that are directly connected with food^(4, 5). Hence, nutrition has assumed a prominent role in the prevention, control, treatment and even regression of several pathologies that are influenced by eating habits and behaviours, being important as a part of a healthy and balanced lifestyle^(5, 6).

Beliefs are one of the many factors that influence eating behaviours, arising from a set of concepts that are adopted by an individual as being the truth. Food myth are beliefs, that is, nutritional concepts poorly justified or even contradicting existing scientific evidence, that are, however, taken as the truth by the individual^(2, 7). Many of the existing myths are born from the current misinformation, and it is this lack of trustworthy information and knowledge about

nutrition that results, most of the times, in diseases such as the metabolic syndrome, hypertension, diabetes, atherosclerosis and cardiovascular diseases⁽²⁾. But can eating behaviour really be influenced by nutritional knowledge? There are numerous food education programs that have as the main goal to improve nutritional knowledge, contributing to the establishment and maintenance of healthy, balanced, and varied eating habits. According to a systematic review, nutritional knowledge is positively correlated, even if in a weak way, to food consumption, and so, the promotion of nutritional literacy should be considered a relevant nutritional policy to the modification of eating behaviours^(7, 8).

Nutritional knowledge, is, many times, obtained through unreliable information sources. A Canadian study has shown that, between 2004 and 2008, the primer sources of information about nutrition and food were food labels, followed by magazines/journals/books, colleagues/friends/family, internet and health care workers. When evaluating the level of credibility provided by the sources, nutritionists and health professionals were the ones who obtained a better level of credibility⁽⁹⁾. The knowledge about nutrition is an important tool in tackling misinformation and in the promotion of adequate eating behaviours. However, the information sources must be reliable and trustworthy, hence the primary role of health professionals in educating and monitoring the food habits of the population, thus allowing the control of various chronic pathologies influenced by lifestyle.

Aims

The aim of this research was to investigate the beliefs and perceptions of a sample of the Portuguese population regarding a series of food myths and facts, evaluating, consequently, the level of knowledge. The main sources of information

concerning nutritional knowledge were also analysed, as well as their level of trust.

Methodology

Instrument and Data Collection

The instrument used in this study was a questionnaire developed for this research (Appendix A). After the preparation of the questionnaire, and prior to its application, it was approved by the Ethical Commission at the Faculty of Food and Nutrition Sciences of University of Porto (ref. N° 28/2021/CEFCNAUP/2021).

The questionnaire consisted of four parts. The first section collected data on sociodemographic data. In the second section, some questions were included in order to obtain information regarding anthropometric data and lifestyle choices. In the third section, thirty sentences were placed, in order to evaluate the level of concordance concerning some food myths and facts, assessing the sample's perceptions on the subjects. Finally, the fourth section of the questionnaire consisted in the evaluation of the main sources of information and their level of trust.

The data was collected between May and June of 2021, being applied to a convenience sample, chosen according to the facility of recruitment and willingness to participate. This survey was online and disclosed to people by different tools, such as email and social networks. The participation in the study was voluntary and only allowed to adults aged 18 years or older. All respondents gave their informed consent to participate and the confidentiality of the answers provided was guaranteed. The inclusion criteria to partake in the study, apart

from the age, was the access to internet, email, social networks and a computer, as well as the skills necessary to be able to access the questionnaire. The design and application of the questionnaire has respected all ethical issues.

Data Analysis

The statistical analysis was conducted using SPSS software V25 (IBM, Inc., Armonk, New York, NY, USA) and Excel 2016. For treatment of data basic statistical tools were used such as frequencies, percentiles, mean values and standard deviation. The normality of the distribution was evaluated for some variables (age and BMI). Also, the Spearman correlations were used to measure the association between some variables. The agreement with the statements included in the questionnaire was used to calculate the scores for each item, as the sum for all participants. Also, the level of knowledge was calculated for each participant, as the sum of scores obtained for all items, after reversing some variables, in order to have them all in the same scale: Very low [-30;-15], low [-15;0], medium [0;10], high [10;20] and very high knowledge [20;30]. The level of significance considered in the analyses was 5%.

Results

Sample Characterization

In this questionnaire, half of the participants had less than 44 years, with only 5% of the respondents under 21 years old, and 5% over 65 years old (Table 1). It was observed that age did not follow a normal distribution ($p < 0.0005$).

Table 1. Characterization of the participants age by percentiles.

Age (years)	Percentiles					
	5%	10%	25%	50% (Median)	75%	95%
	21	22	29	44	52	65

Regarding sociodemographic characteristics (Table 2), the vast majority were middle-aged adults (31-50 years) (42.9%), women (77.8%), with university education (46.1%), living in an urban environment (68.4%) and married or living in union (57.1%).

Table 2. Sociodemographic characterization of the sample.

Variable		N	%
Age Class	Young adults (18-30 years)	137	27.2
	Middle-aged adults (31-50 years)	216	42.9
	Senior adults (51-65 years)	126	25.0
	Elderly (≥ 66 years)	24	4.8
Sex	Women	390	77.8
	Men	111	22.2
Level of Education	Basic	10	2.0
	Secondary	87	17.3
	University	232	46.1
	Post-Graduate	174	34.6
Living Environment	Rural	102	20.3
	Urban	287	68.4
	Suburban	57	11.3
Marital status	Single	172	34.2
	Married/Union	287	57.1
	Divorced/Separate	38	7.6
	Widowed	6	1.2
Total		503	100

Lifestyle and anthropometric data

In this sample, most of participants worked in professional areas related to nutrition (28.2%), health (33.4%) and food (34.8%) (Figure 1). Of the people who answered the survey, 35.4% practiced caloric restriction and 8.5% flexitarianism (Figure 2).

The acquisition of food was also questioned in this survey, with 88.3% of the participants being responsible for the purchase of the foods they consume.

The frequency of how often the respondents believe to be practicing a balanced and healthy diet was investigated based on the scale: always, frequently, sometimes, rarely and never. The results showed that the majority,

52.5%, answered frequently, followed by 37% who answered sometimes, with only 5.6% acknowledging always, 4.4% rarely and 0.6% never.

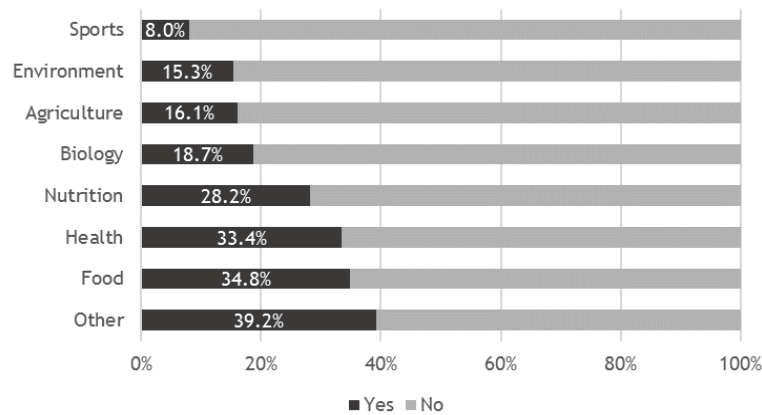


Figure 2. Participant's professional activity.

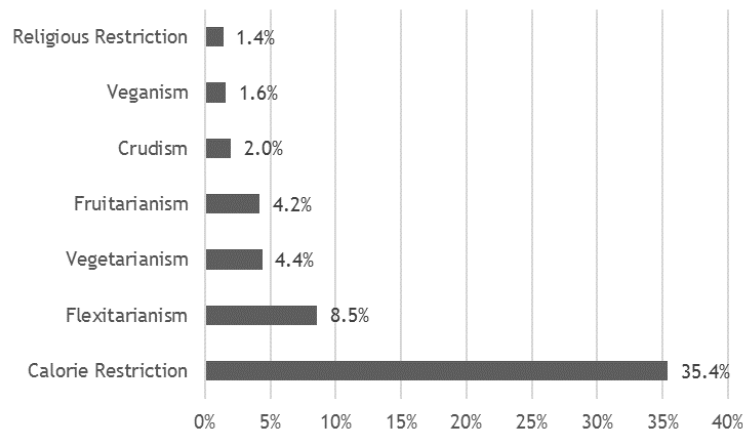


Figure 1. Dietary regimes practiced by the participants.

Some data were collected regarding height and weight of those who partook in the study, in order to calculate Body Mass Index (BMI). It was found that BMI did not follow a normal distribution ($p < 0.0005$). There were 5% of the participants with a BMI under 19.1 Kg/m² and 5% with a BMI over 31.3 Kg/m² (Table 3). The BMI was, then, grouped into classes according to the following categories: Underweight (< 18.5 Kg/m²), Normal weight (18.5-24.9 Kg/m²), Overweight (25-29.9 Kg/m²) and Obesity (≥ 30 Kg/m²). For this sample, 57.5% had Normal weight (18.5-24.9 Kg/m²) and 32.6% were Overweight (25-29.9 Kg/m²) (Figure 3). A significant ($p < 0.01$) negative correlation was found between BMI and the self-

reported practicing of a balanced and healthy diet, however, the value was low ($\rho = -0.271$), meaning that the correlation was weak.

Table 3. Characterization of the participant's BMI by percentiles.

	Percentiles						
BMI (Kg/m ²)	5%	10%	25%	50% (Median)	75%	90%	95%
	19.1	20.0	21.4	23.7	26.3	28.9	31.3

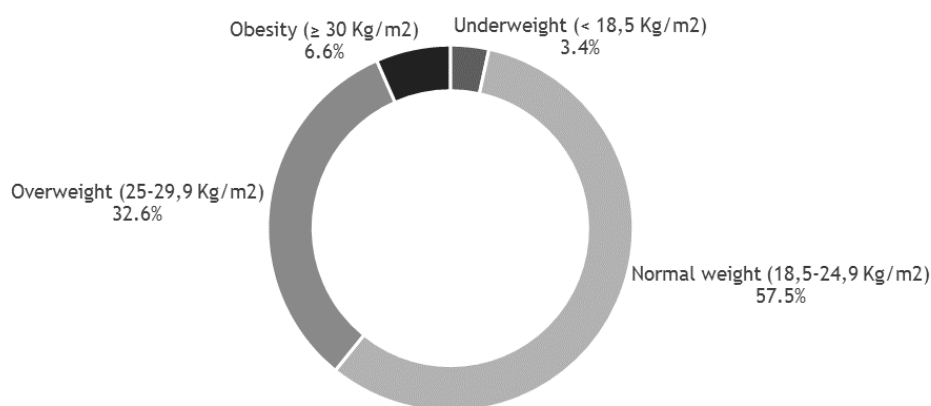


Figure 3. BMI classification of the respondents in the study.

Perceptions regarding food myths and facts

Table 4 shows the items questioned in the survey related to different food myths and facts, and the respective score, ranging from -503, wrong perception, to 503, correct perception. Items 26, 9, 11 and 18 exhibit the highest scores (484.5, 445.0, 441.5 and 437.0, respectively), demonstrating that these statements are known to be true by the participants. There were also, some items that did not had such a high score, meaning that people do not know about these topics or have false beliefs about them. The items with the lowest scores are 6 (-10), 8 (25.5), 30 (37.0) and 3 (38.0).

Table 4. Scores regarding the level of knowledge of each myth and fact, in descending order.

Item	Score*	Mean±SD
26. Water is essential to the normal function of all organs.	484.5	0.96±0.18
9. Fiber intake is important for normal bowel function.	445.0	0.89±0.25
11. Cheese consumption is bad for memory.	441.5	0.88±0.31
18. Not having a balanced and varied diet can lead to the development of multiple diseases.	437.0	0.87±0.30
23. Pregnant women should be eating for two.	418.0	0.83±0.33
14. Children have different nutritional needs than those for adults.	410.5	0.82±0.33
2. The digestion process begins in the mouth.	385.0	0.77±0.49
1. Drinking water during meals, contributes to weight gain.	351.5	0.70±0.50
25. The day should always start with breakfast.	341.5	0.68±0.52
21. Inadequate eating habits are the third risk factor for the loss of years of healthy life.	330.5	0.66±0.43
7. Fat is important to the human body.	269.5	0.54±0.53
17. Diet should be adapted to a person's blood group.	259.0	0.52±0.58
12. Coconut oil is healthier than olive oil.	257.0	0.51±0.56
13. Lactose-free foods are better for health and should, therefore, be adopted by all.	250.5	0.50±0.59
5. Drinking milk is bad for health.	237.5	0.47±0.59
4. Egg consumption increases blood cholesterol.	217.5	0.43±0.54
10. Gluten-free foods are better for health and should, therefore, be adopted by all.	206.5	0.41±0.60
27. Soy milk is healthier than cow's milk.	175.0	0.35±0.60
20. Drinking, while fasting, a glass of water with lemon helps in weight loss.	172.5	0.34±0.61
28. Orange should not be eaten at the same time as milk or yogurt.	160.5	0.32±0.62
19. The alkaline diet allows to balance the acidity in the blood.	118.5	0.24±0.59
15. Fruits and vegetables do not contribute to weight gain.	118.0	0.24±0.59
22. Ingesting high amounts of protein helps in the faster formation of muscles.	68.5	0.14±0.57
29. Dairy products should be consumed in between two and three portions per day.	66.5	0.13±0.58
24. Cold water should not be drunk.	57.0	0.11±0.66

16. Normal potatoes are more caloric than sweet potatoes.	50.0	0.10±0.68
3. Fruit should be eaten before meals.	38.0	0.08±0.62
30. All food additives (E's) are harmful to health.	37.0	0.07±0.65
8. Fruit should be eaten after meals.	25.5	0.05±0.58
6. Eating carbohydrates at night leads to an increase in weight gain.	-10.0	-0.02±0.71

*The score ranges from -503 to 503.

Concerning the level of knowledge about the 30 questions asked concerning food myths and facts, the vast majority of the participants had a high (42.1%) and medium (35.6%) level of knowledge, with no respondents having a very low level (Figure 4).

Some significant ($p < 0.01$) negative correlations were found between knowledge and professional area in nutrition ($\rho = -0.514$), food ($\rho = -0.419$) and health ($\rho = -0.362$), as well as age ($\rho = -0.176$) and BMI ($\rho = -0.167$). However, all correlations are weak due to the low values.

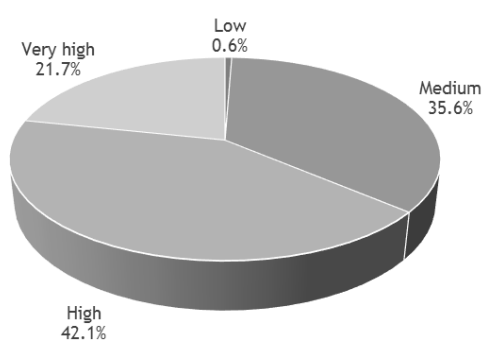


Figure 4. Level of knowledge of the sample at study.

Information sources

The main sources of information about nutritional facts were also evaluated. The most frequently used sources were scientific journals (34.4%), DGS (General Direction of Health) website (31.4%) and technical books (31.0%). The

sources with the highest level of trust were doctor/nutritionist appointments (44.7%), WHO (World Health Organization) website (42.5%) and DGS website (36.2%). Significant ($p < 0.01$) positive correlations were found between the utilization of information sources and the level of trust, such as, for example, social media ($\rho = 0.570$), YouTube channels of influencers ($\rho = 0.568$) and natural food stores ($\rho = 0.539$) (Table 5).

Table 5. Expressed opinions and association between the level of utilization and trust in the information sources.

Information source	Utilization level (%)			Level of trust (%)				Correlation between utilization and trust levels
	Never	Not many times	Frequently	No trust	Some trust	A lot of trust	Full trust	
YouTube channels of influencers	77.3	19.7	3.0	81.3	18.3	0.4	0	0.568**
Nutritionist blogs	32.6	46.5	20.9	10.9	60.0	25.6	3.4	0.383**
DGS Website (General Direction of Health)	25.3	43.3	31.4	2.0	22.7	39.2	36.2	0.335**
Natural food stores	55.9	36.8	7.4	35.0	50.3	11.9	2.8	0.539**
Scientific journals	27.0	38.6	34.4	2.4	23.7	39.8	34.2	0.362**
Internet pages	28.2	53.3	18.5	39.0	56.5	4.0	0.6	0.483**
Social media	54.5	36.6	8.9	67.0	30.8	2.0	0.2	0.570**
Television	36.2	54.1	9.7	28.8	56.1	13.5	1.6	0.649**
Technical books	28.6	40.4	31.0	3.0	25.0	38.2	33.8	0.304**
WHO website (World Health Organization)	34.2	38.6	27.2	2.4	20.7	34.4	42.5	0.337**
Pharmacies	58.3	33.4	8.3	13.7	43.7	29.0	3.5	0.341**
Health centers	38.6	44.9	16.5	4.8	30.2	40.2	24.9	0.301**
Doctors/nutritionists appointments	27.6	43.1	29.2	2.0	18.7	34.6	44.7	0.263**

**Correlation is significant at the 0.01 level.

Some significant ($p < 0.01$) negative correlations were found between knowledge and the utilization of some sources of information such as natural food

stores ($\rho = -0.355$), television ($\rho = -0.285$) and influencers' YouTube channels ($\rho = -0.240$). Nevertheless, the values are low, which means that the correlations are weak (Table 6). On the other hand, significant ($p < 0.01$) positive correlations were found between knowledge and the use of some sources of information such as DGS website ($\rho = 0.320$), WHO website ($\rho = 0.357$) and scientific journals ($\rho = 0.385$), although, the values are low, meaning that the correlations are weak (Table 6).

Table 6. Associations between knowledge and both the utilization and level of trust of information sources.

Information source	Correlation between knowledge and the utilization of information sources	Correlation between knowledge and the level of trust in the information sources
YouTube channels of influencers	-0.240**	-0.234**
Nutritionist blogs	-0.063	-0.021
DGS Website (General Direction of Health)	0.320**	0.357**
Natural food stores	-0.355**	-0.416**
Scientific journals	0.385**	0.380**
Internet pages	-0.121**	0.006
Social media	-0.209**	-0.161**
Television	-0.285**	-0.266**
Technical books	0.283**	0.263**
WHO website (World Health Organization)	0.357**	0.342**
Pharmacies	-0.124**	-0.179**
Health centers	0.083	0.086
Doctors/nutritionists appointments	0.072	0.213**

**Correlation is significant at the 0.01 level.

Regarding the relation between knowledge and the level of trust in information sources, some negative correlations were found significant ($p < 0.01$) for natural food stores ($\rho = -0.416$), television ($\rho = -0.266$) and influencers'

YouTube channels ($\rho = -0.234$). Again, the correlations are weak because of the low values (Table 6).

Discussion

Healthy and well-balanced eating habits are important for the maintenance of general health and well-being, prevention of several diseases and the increase of life expectancy. However, in reality, there are several dietary myths that compromise people's nutritional knowledge, making it difficult to follow adequate dietary patterns⁽⁶⁾. Hence the relevance of credible and trustworthy sources of nutritional information, in order to optimize the levels of knowledge and, consequently, improve the nutritional behaviours⁽¹⁰⁾. This study has shown that the main sources used to obtain information about nutrition are scientific journals, DGS website and technical books. In a study regarding the use of nutritional information, Goodman et al.⁽⁹⁾ determined that magazines, newspapers and books were the third most common source of information, surpassed only by the internet. Even though these are the most utilized sources, doctors and nutritionists are, in this research, the most trusted and reliable. Goodman et al.⁽⁹⁾ and Quaidoo et al.⁽¹⁰⁾, in their studies, have also confirmed that healthcare professionals were perceived as the most credible sources of nutritional information.

The grand majority of the participants recognize the importance of water, and adequate hydration, for the general health status, since it is involved in the functioning of all cells in the human body. A narrative review has evidenced that dehydration impairs cognitive functions such as attention, motor coordination and executive functions. Moreover, high fluid intake has been linked to a lower risk of

incidence of kidney stones, as well as to maintain a healthy and functional gastrointestinal system^(11, 12).

Concerning milk intake, there is some ambiguity as to which effects dairy products have on health. Milk is an important source of high-quality protein, vitamins and minerals such as Ca, P, Mg, Zn, Se, vitamins A, D, E and B complex and bioactive peptides with antimicrobial, antiviral, antifungal, antioxidant and antibacterial properties⁽¹³⁾. According to a review⁽¹⁴⁾, milk and dairy products have proven to reduce the risk of obesity in children and improve body composition in adults. Additionally, dairy products intake contributes to a reduced risk of type 2 diabetes, bone health maintenance in children and adolescents, and consuming 200 to 300 ml per day does not increase the risk of cardiovascular disease. Milk and dairy probably protect, as well, against colorectal cancer, bladder cancer, gastric cancer, and breast cancer. There is, however, a potential risk for prostate cancer, but the evidence is scarce and inconsistent⁽¹⁴⁾.

One of the items investigated in this survey, that has had a score below the average, is the adoption of a gluten-free diet for a better health. In fact, 65% of Americans do think that gluten-free foods are healthier. In recent years, more people have adopted a gluten-free diet, even though without being diagnosed for celiac disease or nonceliac gluten sensitivity, in which cases, a gluten-free diet is a necessity. There are significant disadvantages in embracing this type of diet, mainly, the lower levels of fibre, iron, zinc and potassium that products with grains, such as breads and cereals, have, as well as an increased risk of nutritional deficiencies of B vitamins, iron and other minerals⁽¹⁵⁾.

The statement “All food additives (E’s) are harmful to health” was the third item with the lowest score, corresponding to a wrong perception. Food additives are substances that are added to products with a specific purpose, such as preservation, colouring, sweetening and other reasons. All food additives authorised for use are considered safe by the Scientific Committee on Food and/or the European Food Safety Authority. Many of these additives are, in fact, naturally present in foods. As an example tomatoes are rich in lycopene (E160c), oranges have ascorbic acid, or vitamin C (E300), and apples have riboflavin, or Vitamin B12 (E101)^(16, 17).

In general, it was observed that participants have a wrong perception about the adequacy of eating the fruit before or after a meal. In reality, fruits are an important source of fibre, several vitamins, minerals and phytochemicals, having numerous studies associated the intake of fruits and vegetables with a reduced risk of all-cause mortality, cardiovascular diseases, diabetes, hypertension, and several types of cancer^(18, 19). Due to all of these benefits, the World Health Organization recommends the intake of at least 400 g of fruit and vegetables per day^(18, 19). In general, the consumption of fresh fruit, prior to or as part of a meal can promote satiety, reduce hunger and the total energy intake during meals or throughout the day. These properties come, majorly from the high fibre content, which stimulates the release of satiety hormones⁽¹⁹⁾. So, eating fruit right before or after the meal, does not bring any benefit apart from those of eating fruit. Only one clinical study has shown that, if fruit is eaten 30 to 120 minutes prior to the meals, this might have some advantages on maximizing satiety and reduction of energy intake⁽²⁰⁾.

The item with the lowest score is “Eating carbohydrates at night leads to an increase in weight gain”. Firstly, carbohydrates are not all the same. Some carbohydrates present in vegetables, fruits and whole-grains are mostly fibre, contrarily to others such as those in rice, potato and pasta, that are poorer in dietary fibre. Fibre has demonstrated the ability to facilitate the weight lost, since it helps stimulate satiety hormones, slowing gastric emptying, and reducing appetite and energy intake^(19, 21, 22). Secondly, carbohydrates only contribute to weight gain when they are eaten in excessive amounts. When this happens, glucose is transformed into triglycerides, that are then stored in the adipose tissue (fat). Obesity is a disorder in which there is an imbalance between energy intake and expenditure, therefore, the energy present in foods, from all macronutrients, is of extreme importance. All in all, carbohydrates are relevant in the human body, and at night, the most important is to prioritize low density and high fibre foods as well as the amounts consumed. Several studies defend that, for weight loss, the largest meal should be consumed at breakfast or lunch and not in the evening^(23, 24).

Conclusions

This research allowed concluding that the level of knowledge about nutritional facts is quite high. However, there are still several food myths that need to be debunked, through proper channels and adequate sources of information, in order to promote healthy, balanced and appropriate eating behaviours. This study had some limitations, such as the sample size, or the high levels of education and professional areas of the participants, that could have influenced the results.

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Appendix A - Questionnaire about food myths and facts

Questionário sobre

MITOS E FACTOS ALIMENTARES

No âmbito do Estágio curricular da licenciatura em Ciências da Nutrição da FCNAUP, está a ser desenvolvida uma investigação sobre os **"Mitos e factos alimentares: percepções e crenças numa amostra da população Portuguesa"**.

- A equipa de investigação assegura o anonimato e a confidencialidade de todos os dados recolhidos, nos termos da legislação em vigor.
- A recolha de dados é feita por ferramenta on-line, mas não são recolhidos quaisquer dados identificativos (email, nome ou IP).
- A participação é voluntária e não envolve quaisquer custos ou recompensas.
- O estudo destina-se apenas a indivíduos maiores de idade.

Assim, depois de devidamente informado (a) **declaro que sou maior de idade e autorizo a participação** neste estudo:

☐ Sim

☐ Não

I. DADOS DEMOGRÁFICOS

Os dados demográficos solicitados servem apenas para interpretar as respostas e são absolutamente confidenciais.

(Preencha inserindo um X ou completando os espaços disponíveis).

1. Idade: ____ anos

2. Sexo:

Feminino ☐ ₁

Masculino ☐ ₂

3. Nível de ensino mais elevado concluído:

Ensino Básico (até 9º ano) ☐ ₁

Ensino Secundário (12º ano) ☐ ₂

Ensino Superior ☐ ₃

Ensino pós-graduado (mestrado ou doutoramento) ☐ ₄

4. Meio onde vive:

Rural ☐ ₁

Urbano ☐ ₂

Suburbano ☐ ₃

5. Estado Civil:

Solteiro ☐ ₁

Casado/União de facto ☐ ₂

Divorciado/Separado ☐ ₃

Viúvo ☐ ₄

6. Atividade profissional /estudos relacionados com qualquer uma das seguintes áreas:

Nutrição ☐ ₁

Alimentação ☐ ₂

Agricultura ☐ ₃

Ambiente ☐ ₄

Biologia ☐ ₅

Desporto ☐ ₆ Atividades relacionadas com a saúde ☐ ₇

A atividade profissional não está relacionada com nenhuma das áreas acima mencionadas ☐ ₈

II. DADOS ANTROPOMÉTRICOS E ESTILOS DE VIDA

7. É responsável por adquirir os alimentos que consome?

Sim ☐₁ Não ☐₂

De acordo com o seu conhecimento, por favor, preencha os dados relativos à sua altura e ao seu peso:

8. Altura: _____ metros

9. Peso: _____ kg

10. Com que frequência acredita que está a praticar uma alimentação equilibrada/saudável?

Nunca ☐₁ Raramente ☐₂ Às vezes ☐₃ A maioria das vezes ☐₄ Sempre ☐₅

11. Pratica voluntariamente algum regime alimentar específico?

Crudismo (*prática alimentar que consiste em comer apenas alimentos crus e também não transformados*) ☐₁

Frutarianismo (*alimentação que consiste inteira ou principalmente no consumo de frutas e, possivelmente, frutos secos e sementes, sem haver consumo de produtos de origem animal*) ☐₂

Veganismo (*exclusão de produtos de origem animal, associada a uma filosofia que rejeita a exploração dos animais*) ☐₃

Vegetarianismo (*exclusão de qualquer tipo de carne, sendo que também pode excluir subprodutos do abate de animais*) ☐₄

Flexitarianismo (*alimentação baseada no consumo de plantas e ocasionalmente inclusão de produtos de origem animal*) ☐₅

Restrição calórica/Controlo de peso ☐₆

Restrições religiosas ☐₇ Quais? _____ (7.a)

Outro ☐₈ Qual? _____ (8.a)

Eu não sigo nenhum regime alimentar específico ☐₉

III. PERCEÇÕES SOBRE MITOS E FACTOS ALIMENTARES

12. Indique, na escala entre Discordo totalmente e Concordo totalmente, qual a sua opinião relativamente às seguintes afirmações.

	Discordo totalmente				Concordo totalmente
12.1 Beber água às refeições engorda	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.2 O processo da digestão começa na boca	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.3 A fruta deve ser comida antes da refeição	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.4 O consumo de ovos faz aumentar o colesterol	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.5 Beber leite faz mal à saúde	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.6 Comer hidratos de carbono à noite faz engordar	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.7 A gordura é importante para o corpo humano	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.8 A fruta deve ser comida após a refeição	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.9 A ingestão de fibra é importante para o normal funcionamento do intestino	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.10 Alimentos que não contêm glúten são melhores para a saúde, devendo por isso ser adotados por todos	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.11 O queijo faz mal à memória	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.12 O óleo de coco é mais saudável que o azeite	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.13 Alimentos que não contêm lactose são melhores para a saúde, devendo por isso ser adotados por todos	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.14 As crianças têm necessidades nutricionais diferentes dos adultos	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12.15 As frutas e os hortícolas não engordam	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

12.16 A batata normal é mais calórica que a batata doce	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.17 A dieta deve ser adaptada ao grupo sanguíneo	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.18 Não fazer uma dieta equilibrada e variada pode levar ao desenvolvimento de várias doenças	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.19 A dieta alcalina permite equilibrar a acidez do sangue	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.20 Beber um copo de água com limão, em jejum, ajuda a emagrecer	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.21 Os hábitos alimentares inadequados são o terceiro fator de risco para a perda de anos de vida saudável	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.22 Ingerir elevadas quantidades de proteína ajuda a formar músculos mais rapidamente	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.23 Mulheres grávidas devem comer por dois	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.24 Não se deve beber água gelada	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.25 O dia deve ser sempre iniciado com o pequeno-almoço	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.26 A água é essencial para o funcionamento dos órgãos	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.27 O "leite" de soja é mais saudável que o leite de vaca	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.28 Não se deve comer laranja juntamente com leite ou iogurte	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.29 Devem-se consumir entre duas a três porções de laticínios por dia	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅
12.30 Todos os aditivos alimentares (E's) são nefastos para a saúde	☐ ₁	☐ ₂	☐ ₃	☐ ₄	☐ ₅

IV. FONTES DE INFORMAÇÃO

13. Onde obtém informação e aconselhamento sobre alimentação?

	Nunca	Poucas vezes	Muitas vezes
13.1 Canais do Youtube de influencers	☐ ₁	☐ ₂	☐ ₃
13.2 Blogs de nutricionistas	☐ ₁	☐ ₂	☐ ₃
13.3 Site da DGS (Direção Geral da Saúde)	☐ ₁	☐ ₂	☐ ₃
13.4 Lojas de produtos naturais	☐ ₁	☐ ₂	☐ ₃
13.5 Revistas científicas	☐ ₁	☐ ₂	☐ ₃
13.6 Páginas da internet	☐ ₁	☐ ₂	☐ ₃
13.7 Redes sociais	☐ ₁	☐ ₂	☐ ₃
13.8 Televisão	☐ ₁	☐ ₂	☐ ₃
13.9 Livros técnicos	☐ ₁	☐ ₂	☐ ₃
13.10 Site da OMS (Organização Mundial de Saúde)	☐ ₁	☐ ₂	☐ ₃
13.11 Farmácias	☐ ₁	☐ ₂	☐ ₃
13.12 Centros de saúde	☐ ₁	☐ ₂	☐ ₃
13.13 Consultas com médicos/nutricionistas	☐ ₁	☐ ₂	☐ ₃

14. Qual o grau de confiança que tem na informação sobre alimentação obtida através das seguintes fontes:

	Nenhuma confiança	Alguma confiança	Muita confiança	Total confiança
14.1 Canais do Youtube de influencers	☐ 1	☐ 2	☐ 3	☐ 4
14.2 Blogs de nutricionistas	☐ 1	☐ 2	☐ 3	☐ 4
14.3 Site da DGS (Direção Geral da Saúde)	☐ 1	☐ 2	☐ 3	☐ 4
14.4 Lojas de produtos naturais	☐ 1	☐ 2	☐ 3	☐ 4
14.5 Revistas científicas	☐ 1	☐ 2	☐ 3	☐ 4
14.6 Páginas da internet	☐ 1	☐ 2	☐ 3	☐ 4
14.7 Redes sociais	☐ 1	☐ 2	☐ 3	☐ 4
14.8 Televisão	☐ 1	☐ 2	☐ 3	☐ 4
14.9 Livros técnicos	☐ 1	☐ 2	☐ 3	☐ 4
14.10 Site da OMS (Organização Mundial de Saúde)	☐ 1	☐ 2	☐ 3	☐ 4
14.11 Farmácias	☐ 1	☐ 2	☐ 3	☐ 4
14.12 Centros de saúde	☐ 1	☐ 2	☐ 3	☐ 4
14.13 Consultas com médicos/nutricionistas	☐ 1	☐ 2	☐ 3	☐ 4

Obrigada pela sua preciosa colaboração!

