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Research Article

Investigation of Older Adults' Perspectives on Nutrition and Food Availability Processes with a Community-Based Approach

Ozge Cemali[1], Mustafa Cemali[2]

[1]Trakya University, Faculty of Health Sciences, Department of Nutrition and Dietetics, Edirne, Türkiye
[2]Trakya University, Faculty of Health Sciences, Department of Occupational Therapy, Edirne, Türkiye

Abstract

Aim: The aim of the study is to investigate the attitudes of older adults towards nutrition and food availability processes and to offer solutions with a community-based approach to these attitudes.
Material and Method: This qualitative study was conducted using a phenomenological design. Sixteen older adults (8 women and 8 men) aged 65-80 years participated in the study. Semi-structured in-depth interviews were conducted with the participants on an online platform. The data were analyzed using thematic analysis and presented in 3 themes (dietary preferences, attitudes towards food access and future expectations about nutrition) and 5 sub-themes (food consumption habits and food choice, attitudes towards food choice, attitudes towards food waste, attitudes towards food shopping).
Results: According to the findings of the study, the majority of the participants prepared meals at home, ate two meals a day and paid attention to consume vegetables, fruits and meat products on a weekly basis. However, it was concluded that economic inadequacies limit food purchasing power and food choices are mostly shaped by price-performance balance. Participants were sensitive about paying attention to the expiration date; however, knowledge-based behaviors such as label reading and sustainable packaging preference were found to be at a more limited level. Although conscious attitudes towards preventing food waste are widespread, it was stated that some products are given up due to budget constraints, despite acting in a planned manner during the shopping process. It was found that the main expectations of the participants regarding nutrition were concentrated on increasing their pensions, ensuring access to affordable food, and being able to consume more meat and meat products in particular.
Conclusion: This study found that older adults generally make informed food choices, but are forced to be price-oriented due to economic constraints, suggesting the need for community-based interventions in these areas.

Keywords: Older adults, nutrition attitudes, food access, food choice, community-based approach

INTRODUCTION

Older adult is a stage of life when individuals become vulnerable not only physiologically but also economically, socially and environmentally (1). Nutrition plays a direct role in the quality of life, capacity for independent living and general health status of older adults in maintaining a healthy life in this process (2). Nutrition is a fundamental factor that has a direct impact on individuals' quality of life, general health status and their capacity to live independently. However, the factors that determine how individuals eat are not limited to personal preferences (3). Numerous factors such as economic opportunities, food access conditions, food preferences, level of knowledge and social support systems directly shape individuals' dietary habits (4). In recent years, the increase in food prices around the world has made it difficult to access many basic nutrients, especially protein-rich animal products, and has significantly affected the ability of individuals to purchase adequate nutrition (5). This situation is not only economic, but also combines with multifaceted factors such as physical ability, life loneliness, appetite status, access to information and shopping ability to create complex effects on individuals' food choices and consumption behaviors (6). In this framework, considering that a significant proportion of retired individuals in Turkey have an income below the minimum wage, it is foreseen that older adults may be

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Corresponding Author: Mustafa Cemali, Trakya University, Faculty of Health Sciences, Department of Occupational Therapy, Edirne, Türkiye
E-mail: muscemali@hotmail.com

in the risk group in terms of access to adequate and balanced nutrition (7). Consequently, approaches that focus only on individual preferences or behavior patterns are insufficient to explain the nutrition and food access problems of older adults in a holistic manner (8). Nutrition behaviors are shaped by the interaction of multilayered factors such as economic stability, social support networks, access to health services and food policies (9). This situation makes the need for multi-stakeholder and holistic community-based interventions that involve the responsibility and contribution of all segments of society, not just the individual, increasingly evident (10).

When the literature is reviewed, it is seen that studies on the nutritional status of older adults mostly focus on biomedical indicators such as energy intake, macro and micronutrient levels, anthropometric measurements and malnutrition risk (11,12). Studies examining older adults' perceptions of nutrition, its reflection on eating behaviors and factors in food choices are limited (13-15). To the best of our knowledge, there is no study in which the attitudes of older adults in the processes of nutrition and food selection are examined from the perspective of community-based approach through qualitative research method through their own views. Based on this, the aim of this study is to examine the attitudes of older adults in the processes of access to nutrition and food and to present community-based solution suggestions for these attitudes.

MATERIAL AND METHOD

Study Design

This study was planned within the framework of qualitative research method and phenomenology design. The study was conducted between November 2024 and April 2025 with older adults between the ages of 65-80. The research was carried out at the Faculty of Health Sciences, Trakya University. In the study, older adults' attitudes about their nutritional status and food choices were examined through semi-structured in-depth interviews. Through the interviews, qualitative data were obtained on older adults' perceptions and attitudes towards nutrition and food choices. The findings were analyzed and interpreted within the framework of a community-based approach. Approval for this study was obtained from Lokman Hekim University Scientific Research Ethics Committee on May 29, 2024 (Code: 2024145). Written informed consent was obtained from the participants and the study was conducted in accordance with the guidelines of the Declaration of Helsinki In the study design, the "Consolidated criteria for Reporting Qualitative (COREQ)" qualitative research guide used to report qualitative research was followed (16).

Participants

The study included community-dwelling older adults aged 65 to 80 years residing in the central districts of Ankara, Hatay, Kayseri, and Mersin provinces. Individuals who did not understand or speak Turkish language, and older adults who had difficulty in cooperation or communication, and those with chronic diseases (cancer, rheumatologic, orthopedic, neurologic and cardiovascular) whose symptoms could not be controlled and negatively affected nutritional status were excluded from the study. A total of 16 participants were included in the study and these people were reached by snowball sampling method. In order to protect the confidentiality of the participants' identity information, each individual was assigned codes (pseudonyms) ranging from Participant (P)1 to P16.

Data Collection

Data on age, gender, height, weight, body mass index (BMI), proportion of income allocated to food expenditures and income level were collected. BMI was calculated as body weight in kilograms divided by the square of height in meters (kg/m²). Following these anthropometric data, semi-structured questions in the qualitative data collection form created within the scope of the research were used to understand in depth the participants' views on their nutritional status and attitudes towards food choice.

Qualitative Research Questions

The semi-structured interview form, which forms the basis of the qualitative data collection process, was developed in line with the information obtained from similar studies in the literature (9,17-19). In the first stage, a question pool of 35 questions was created to comprehensively meet the research purpose. Among these questions, those that were open-ended, non-leading and capable of revealing the nutritional status of older

adults and their attitudes towards food choices in depth were selected and a final semi-structured interview form consisting of 9 main questions was created. In order to evaluate the comprehensibility and applicability of the form, a pilot study was conducted with three older adults and it was concluded that the questions were clear, simple and appropriate for the purpose of the research in line with the feedback received from the participants. The semi-structured interview form consists of open-ended questions that aim to gain an in-depth understanding of older adults' experiences and perceptions of their nutritional status and their attitudes towards food choices. The questions were structured around content, particularly dietary routines, access to food, food choices, the effects of economic inadequacies on nutrition, and changes in dietary preferences. During the interviews, a flexible and exploratory approach was adopted so that participants could better explain their own experiences; follow-up questions such as "What do you think about this?", "Can you give an example?" and "Can you explain this situation a little more?" were used to deepen the interview. The semi-structured interview questions used in this study are shown in Table 1.

Table 1. Semi-structured interview questions	
Question 1.	Can you give us information about your daily nutrition routine and meal habits?
Question 2.	Could you tell us about your food consumption and your criteria for choosing?
Question 3.	What do you think about your diet in general? Do you think it is sufficient and balanced?
Question 4.	How do you go about your food shopping process? Where do you shop and how often?
Question 5.	How do you use leftover food or food? Do you have any practices in your daily life to prevent food waste?
Question 6.	What are the factors that affect your choice when making food shopping decisions?
Question 7	How do you think your income level or economic situation affects your food choices or eating habits?
Question 8.	What kind of support do you think would be useful to facilitate your access to food?
Question 9.	What changes would you like to make or opportunities would you like to have in order to improve your eating habits in the future?

Data collection process

Within the scope of the research, data were collected through individual interviews with the participants using semi-structured interview method. Informed written consent was obtained from the participants before starting the interviews. Considering the accessibility and comfort of the participants, the interviews were conducted via teleconferencing over an online platform. All interviews were audio recorded with the permission of the participants.

All interviews were conducted by one researcher who was familiar with the research process; during the interviews, the other researcher participated online as an observer, but did not intervene. Each interview lasted approximately 20 to 30 minutes, depending on the participant's willingness to respond and the detail of the narrative. The data was considered saturated when meaningful recurrence of themes was observed, recruitment of new participants was discontinued and the study was terminated.

Data Transcription and Data Security

All audio-recorded interviews were transferred to a word file and recorded. The interview recordings were securely stored in an encrypted digital environment accessible only to the research team. The transcription process was verbatim, without disturbing the integrity of the individual's expression; pauses, emotional expressions and important emphases were also noted in the transcript. Thus, it was aimed to prevent loss of meaning in the thematic analysis process.

Regarding data security, pseudonyms (P1-P16) known only to the researchers were assigned to each individual to protect the confidentiality of the participants' identity information. In the process of sharing and storing the data in the digital environment, the principles of the Law on the Protection of Personal Data were followed and the ethics committee approval was obtained.

The Researcher Role and Bias Control

In this study, the fact that all interviews were conducted by the same researcher ensured consistency in the interview language and approach. During the interview process with the participants, the researcher took care to avoid directing, to remain impartial and to create a safe environment in which the participants could freely express their statements. In order to minimize possible researcher biases, a double coder approach was adopted in the analysis process; the codes and themes obtained were also examined by a second researcher and finalized by mutual consensus. This method supported a more reliable and objective analysis of the data.

Data Analysis

The data collected in the study were analyzed in a way to complement each other in qualitative and quantitative aspects. Data on age, gender, height, weight, BMI and the proportion of budget allocated to food from income were analyzed using SPSS IBM 22 Software. These data were presented as mean and standard deviation. Qualitative data were obtained through semi-structured interviews with the participants, and the audio recordings were transcribed by the researchers after the interview and converted into written text. The thematic analysis method was used to analyze the data. In this context, the texts obtained were carefully read in line with the research questions and the expressions that carry a meaningful integrity within the data were coded; themes and sub-themes were formed by combining similar codes together. The coding process was carried out independently by two researchers and consistency between themes was ensured through comparative analysis. In the analysis process, direct participant statements were also included as quotations in order to reflect the richness of the content.

The data were analyzed using descriptive analysis method and the opinions of the older adults were grouped under 3 themes (nutritional preferences and beliefs, attitudes towards food access, and future expectations about nutrition) and 5 sub-themes (food consumption habits and food choice, attitudes towards food choice, attitudes towards food waste, and attitudes towards food

shopping): Findings are presented in tabular form and themes are supported by direct participant quotes.

RESULTS

Sixteen older adults (8 females, 8 males) participated in the study. Fourteen participants were married, while two were single. Descriptive information about the older adults participating in the study is provided in Table 2.

The opinions of the older adults participating in the study were categorized into 3 themes: nutritional preferences and beliefs, attitudes in the process of accessing food, and future expectations about nutrition.

Table 2. Descriptive characteristics of the participants

	Older adults	
	n=16	
	Mean± SD	
Age (years)	67.53±4.66	
Height (cm)	161.66±6.84	
Weight (kg)	74.13±11.63	
BMI (kg/m²)	28.24±4.96	
Budget ratio allocated to food from income (%)	38.3±2.5	
	n	**%**
BMI classification		
18.5-24.99 (Normal weight)	2	12.5
25-29.99 (Overweight)	10	62.5
30 and above (Obese)	4	25
Monthly income		
Less than half the minimum wage	2	12.5
Between ½ and full minimum wage	7	43.75
Up to minimum wage	4	25
Between 1-1.5 times the minimum wage	3	18.75

n: number of people, %: percentage, SD: standard deviation, cm: centimetre, kg: kilogram, m²: metre square

The theme of dietary preferences and beliefs was analyzed under two sub-themes: food consumption habits and food purchasing power. Under the sub-theme of food consumption habits, it was determined that the majority of the participants ate two meals a day (n=9), prepared their meals at home (n=14), consumed meat at least once a week (n=16) and consumed vegetables and fruits daily (n=14). It was also found that a small proportion of the participants preferred snacks such as sweets, chips, chocolate and biscuits (n=4) and more than half of the participants used sources such as books, internet, television and social media to obtain information about nutrition (n=9) (Table 3).

P-1: *We used to eat three meals a day, but now two meals are enough for us. We have a late breakfast and dinner. We try not to eat too late because I have a stomach disorder. We eat less, but we try to choose good and natural foods for these meals.*

P-2: *The prices of eating out are quite expensive, we don't prefer to eat out in these conditions, my wife and I usually eat at home.*

P-3: *The prices of food products have increased so much that we can't buy everything. Meat is very expensive, I used to use meat much more in my meals, but now I can't say that we consume it as much as before.*

P-4: *We try to consume meat as much as we can, but the weight of meat is quite high, we used to consume more, now we try to consume it again by cutting back on other expenses.*

P-8: *We take care to eat healthy, so we try to consume fresh vegetables and fruit daily. We also do not consume chips and fizzy drinks, we take care to eat healthy foods.*

P-9: *We eat dessert, we love it, but we usually try to consume the desserts I make at home. I don't find sweets made outside very healthy and they are also expensive.*

Within the sub-theme of food choice, it was determined that most of the participants had difficulty in food intake compared to previous years (n=15), found their purchasing power insufficient (n=12), and made decisions based on the price-performance variable in their food preferences (n=9) (Table 3).

P-5: *I do not save on food, I save on other needs. Quality is therefore important to me and I eat the best quality food.*

P-10: *The content and quality of the food I eat is important to me, but in recent years I have found it difficult to buy the foods I want, so I now prefer products that are both affordable and of good quality.*

P-11: *In the past, we used to buy quality products and anything we wanted, but now our purchasing power has obviously decreased a lot, so I buy the most affordable products.*

Table 3. Older adults' views on dietary preferences

Theme	Nutritional preferences and beliefs	Older adults n=16	
Sub-theme	**Food consumption habits**	**n**	**%**
Number of meals (2 meals)		9	56.25
Number of meals (3 meals)		7	43.75
Preparing meals at home		14	87.5
Eating out		2	12.5
Eat one of the meat (red, white) and fish products once a week.		16	100
More than 1 meat (red, white) and fish product per week		4	25
Consuming vegetables and fruits daily		14	87.5
Consumption of sweet products		7	43.75
Food consumption such as chips, chocolate, and fizzy drinks		4	25
Those who use sources of information such as books, the internet, TV and social media to obtain information about nutrition		9	56.25
Sub-theme	**Food selection**	**n**	**%**
Difficulty in food intake compared to previous years		15	93.75
Stating that there is insufficient food intake power		12	75
Giving priority to quality in food selection		4	25
When choosing food, do not prioritize price.		4	25
Deciding on price-performance variables in food selection		8	50
Shopping for food based on its content		9	56.25
Preferring more filling foods		4	25

n: number of people, %: percentage

The theme of the food access process attitude of the older adults participating in the study was examined within the scope of three sub-themes: food choice, food waste and food shopping attitude.

Within the framework of the food choice attitude sub-theme, it was determined that only less than half of the participants have the habit of reading food labels (n=7), whereas the majority pay attention to expiration dates (n=14), take care to consume seasonal products (n=14), prefer locally produced foods (n=12) and adopt the use of non-packaged products (n=6). It was determined that the number of those who prefer products with recyclable packaging is low (n=4) (Table 4).

P-5: *When I shop at the supermarket, I look at the label but I don't really read the ingredients; however, I definitely look at the expiration date and if the expiration date is close, I definitely don't buy that product.*

P-6: *As a family, we care about healthy eating, we have been shopping at the market for years and we choose the products ourselves, we do not buy any products or food that is not fresh.*

P-7: *When shopping at the market, I especially try to choose local products, as they are more affordable and seem safer to me because they are produced in our country.*

P-11: *Whenever possible, I prefer products without packaging; however, if I buy packaged products, I unfortunately do not pay much attention to whether they are recyclable or have paper packaging.*

Within the scope of the sub-theme of attitude towards food waste, it was determined that the majority of the participants prepared only the portions they could consume (n=15), did not waste during the preparation and consumption process (n=15), and used leftovers by transforming or storing them (n=15). It was also determined that almost all of the participants did not throw away food because they could not consume it (n=1) or it got stale (n=1) (Table 4).

P-12: *We definitely do not throw away food. We cook as much as we can eat, and if there is any leftover, we eat it the next day.*

P-14: *We never throw away leftover food; we either put it in the freezer or the fridge. Even if it gets stale, we heat it up and eat it. Even if we are not going to eat it, we give it to animals instead of throwing it away.*

Within the scope of the food shopping attitude sub-theme, it was determined that most of the participants prepared a list before shopping (n=14) and made planned shopping (n=14). Some of the participants stated that

they could not buy some products due to insufficient food purchasing power (n=12), had financial difficulties in shopping due to high prices (n=15) and therefore had to save money (n=12) (Table 4).

P-13: *I always make a list before going to the market, but I don't buy all the things I need anymore because some products are expensive. I buy some products when they are on sale.*

P-16: *Frankly, I have a hard time buying the food products I want with my current income. I often can't afford certain products because the prices are too high for my income level. About 35% of my income goes to food, and it's hard for me to make ends meet with the rest of my budget.*

Table 4. Participants' attitudes towards food access

Theme	Food access process attitude	Older adults n=16	
Sub-theme	Food choice attitude	n	%
Label reading		7	43.75
Food purchases by expiration date		14	87.5
Consumption of products that are in season		14	87.5
Preferring locally produced products		12	75
Prefer packaged products		6	37.5
Preferring recyclable packaging when purchasing packaged products		4	25
Sub-theme	Attitude towards food waste	n	%
Preparing portions to be consumed		15	93.75
Not wasting food during preparation or consumption		15	93.75
Transform/store leftovers		15	93.75
Food waste due to non-consumption		1	6.25
Throwing away food due to staleness		1	6.25
Demonstrate strategies, attitudes and behaviors to reduce waste		16	100
Sub-theme	Food shopping attitude	n	%
Preparing a shopping list		14	87.5
Planned shopping habit		14	87.5
Inability to purchase certain products due to insufficient purchasing power of food products		12	75
I have financial difficulties in my food shopping due to expensive prices		15	93.75
Those who have to save money due to lack of purchasing power in purchasing food products		12	75

n: number of people, %: percentage

Within the scope of the theme of expectations regarding nutrition, a significant portion of the participants stated that they wanted to be able to consume more meat and meat products (n=13) and to be able to easily buy the foods they wanted (n=14). In addition, strong demands were expressed for increasing pensions to provide access to the foods they wanted (n=15), providing more affordable food for older adults (n=14), and providing food aid to the older adults in need (n=12) (Table 5).

P-9: *Frankly, we want to consume more meat, but with our current salary, we cannot afford to buy the amount of meat we want. We even have to save money when buying some foods other than meat.*

P-13: *I can't say that my nutritional status is bad; but I would certainly like to be able to buy the foods I want more easily and to eat better. For this reason, I think that pensions should be increased.*

P-15: *I spend almost 40% of my salary on food. Since this rate is quite high, I have to cut back on my other needs. It is not easy to work at a job after this age; therefore, affordable or discounted food sales or food aid can be provided for older adults.*

Table 5. Future expectations regarding nutritional status and requirements in older adults

Theme	Nutritional expectations	Older adults n=16	
		n	%
Ability to consume more meat and meat products		13	81.25
Desire to be able to consume the foods he/she wants		14	87.5
Increasing pensions so they can consume the food they want		15	93.75
Selling more affordable food to older adults		14	87.5
Providing food aid to the older adults		12	75

n: number of people, %: percentage

DISCUSSION

This study qualitatively examined the dietary preferences, food access processes and nutritional expectations of older adults. Findings revealed that the majority of participants prepared meals at home, ate two meals a day, and consumed meat at least once a week and daily vegetables and fruits. However, it was observed that economic constraints significantly affected food intake, many participants had difficulty in purchasing food compared to the past and prioritized price-performance balance in food selection. Although positive behaviors such as paying attention to expiration dates and preferring seasonal and locally produced products were adopted in the food selection process, awareness on issues such as reading food labels and choosing sustainable packaging was low. In terms of preventing food waste, it was found that most of the participants exhibited a conscious attitude, utilized leftover food and developed strategies to reduce waste. Although planning behavior in food shopping was common, it was emphasized that due to lack of income, some products could not be purchased and savings had to be made. Expectations regarding nutrition focused on basic economic support needs such as more meat consumption, increased pensions, access to affordable food and food aid.

Food Consumption Habits Sub-Theme

Whitelock and colleagues stated that older adults prefer to prepare meals at home for both healthy nutrition and economic reasons (17). Zou et al. emphasized that the frequency of eating out decreases among older adults due to economic constraints and health concerns (20). Another study concluded that older adults have high awareness of using healthy foods (8). In our current study, it was found that most of the participants prepared meals at home, ate two meals a day, paid attention to vegetable and fruit consumption and had low consumption of snacks. Concerns about the cost and safety of eating out reinforce home cooking habits, suggesting the maintenance of traditional diets. However, the low number of daily meals may also be related to psychosocial factors such as decreased appetite with age, metabolic slowdown and loneliness.

In line with the community-based approach, seminars can be organized at the local level in cooperation with public health units for older adults to maintain healthy eating routines; individual nutrition counseling can be provided with a dietitian and individualized meal plans can be made. In addition, guided group activities that integrate eating out with social interaction can be planned from time to time to reduce social isolation and support healthy choices.

Food Intake Power Sub-Theme

Food purchasing power is considered a fundamental determinant that directly affects the right of older adults to adequate and balanced nutrition (9). Park and Kim emphasized in their study that individuals find the price factor as decisive as health and food quality in their food choices, and that budget constraints are at the forefront in the shopping behaviors of individuals with fixed incomes in particular (21). A meta-analysis indicated that limited access to high-protein foods among low-income older adults may contribute to an increased risk of sarcopenia (22). According to the 2024 data of the Turkish Statistical Institute, the share of food and non-alcoholic beverage expenditure in total expenditure for all households was found to be 18% (23). Compared to previous years, most of the respondents reported that they had difficulty in purchasing food, found their purchasing power insufficient and prioritized the price-performance balance in food selection. This can be considered as one of the direct effects of food inflation. Considering price-performance balance in food selection shows that older adults act in line with their budgets, not only nutritional value. This finding is thought to indicate that the dietary behaviors of older adults are shaped under economic constraints.

To this end, within the scope of the community-based approach, nutrition awareness campaigns promoting low-cost but nutritious menus for the older adults can be organized in cooperation with local governments and social service units; special discount days for the older adults can be implemented in public markets. In addition, prioritizing protein sources (e.g. red/white meat, legume packages) in publicly supported food support programs would be an important step towards strengthening the purchasing power of older adults and increasing their access to adequate nutrition.

Food Choice Attitude Sub-Theme

Food choice behaviors are not limited to individual preferences, but are shaped by multifaceted factors such as knowledge level, perceptions and environmental factors (24). Karademir et al. emphasized that the information on food labels can positively affect consumer decisions; however, the effective use of this information is closely related to the individual's level of nutritional literacy (25). Aytop and colleagues found that older adults prefer locally produced products because they find them more affordable and because of the confidence that they are produced in the country (19). Remillard et al. reported that cognitive and visual limitations that increase with age negatively affect food safety-related behaviors by limiting the ability to read and interpret food labels (26). Moreover, another study has shown that individuals perceive packaged foods as unhealthy and therefore tend to prefer fresher, unpackaged products (27). Consistent with these findings, the current study found that the majority of participants paid attention to the expiration date, but were less likely to adopt more knowledge-based behaviors such as reading labels and choosing sustainable packaging. This suggests that older adults have a basic level of food safety awareness, but lack the skills to make informed decisions.

In line with the community-based approach, "food label literacy" seminars supported by simplified, visually supported educational materials can be organized to develop informed food choices in older adults In addition, age-appropriate information brochures and guides can be prepared in cooperation with public institutions, municipalities and Family Health Centers on issues such as the use of sustainable packaging and preference for local products to support individuals to make information-based choices.

Attitude Towards Food Waste Sub-Theme

Reducing food waste plays a critical role not only at the individual level but also in ensuring environmental and social sustainability (28). The study by Przezbórska and Wiza concluded that food waste is lower among older adults, which may be associated with long-standing habits of frugality (18). Bruce et al. found that older adults tend to evaluate leftover food and practice better portion control (29). In another study, he emphasized that behaviors to prevent food waste are often driven by habits and social norms, not by lack of knowledge, attitudes and motivation, so interventions should take these dynamics into account (30). The majority of participants exhibit conscious behaviors to prevent food waste. Strategies such as preparing portions to be consumed, storing or transforming leftovers can be considered as an important achievement in terms of sustainable nutrition. The findings suggest that older adults' attitudes and behaviors toward reducing food waste may not be solely rooted in past frugality habits, but could also be influenced by current economic constraints. This indicates that economic deprivation might be associated with more conscious food waste reduction behaviors. This finding can be interpreted as a combination of the saving habits of older adults from the past and the solution strategies they have developed under increasing economic pressures today. Reducing food waste is important in terms of both environmental sustainability and economic sustainability, and the sensitivity of older adults on this issue should be supported in community-based initiatives.

To this end, community-based approaches could include workshops on sustainable kitchen management for the older adults, hands-on trainings where local recipes are transformed and presented, or neighborhood-based "food waste reduction" campaigns. In addition, community-based food sharing networks can encourage the sharing of surplus food with neighbors or local support systems, increasing social interaction and reducing waste.

Food Shopping Attitude Sub-Theme

Food shopping is a process that directly affects the nutritional quality of individuals, and economic constraints can make this process more complex, especially for older adults (31). Chang and Hickman concluded in their study that low-income older adults are forced to limit their food expenditures, which may lead to a decline in diet quality (32). Pourebrahim and colleagues have shown that in the face of food insecurity, older adults limit their shopping to staple and inexpensive foods, thereby reducing dietary diversity (33). Leung et al. reported that especially among older adults living in urban poverty conditions, planned shopping behaviors are driven by economic necessity, and they tend to tend towards discounted products (34). It has been determined that most participants prepare shopping lists and make planned shopping. However, these plans are shaped by restrictions such as not being able to buy some products due to lack of income or preferring only discounted products. This shows that not only physical but also economic accessibility is a problem in food access.

Accordingly, within the scope of a community-based approach, "smart shopping guidance" seminars can be organized for older adults to teach them how to shop economically and nutritiously; food voucher programs can be implemented in cooperation with social service units or discounted grocery cards for older adults on fixed incomes. In addition, technology-supported user-friendly systems can be developed to increase older adults access to digital grocery applications and facilitate price comparisons, strengthening both nutritional quality and economic management.

Nutrition Expectations Subtheme

The nutritional expectations of older adults are based not only on taste preferences but also on the need to maintain an adequate and balanced diet (35). Stoodley et al. stated that inadequate protein intake in older adults increases the risk of sarcopenia and loss of physical function and emphasized that meeting protein requirements is critical for health, especially in this period (36). Jimenez and colleagues reported that economic constraints limit access not only to meat products but also to basic food groups such as protein, fruits, dairy products and whole grains in general (37). Another study found that protein, fiber, vitamin and mineral intakes in the older adults population are below recommended levels and that one of the main reasons for this is economic inaccessibility (38). Similarly, in this study, it was observed that participants were not only interested in consuming more meat, but also in having easy access to a variety of foods (dairy products, fruits, legumes, quality cereals, etc.). Increasing pensions, lowering food prices and expanding food aid for those in need are among the most frequently expressed expectations by participants. This shows that older persons face serious socioeconomic barriers in accessing the right to adequate and balanced nutrition.

In this context, there is a need for holistic and sustainable intervention programs that support older persons' access to food within a community-based approach. Supportive models such as social market practices that include affordable and nutritious staple food groups, subsidized food packages and collective meal services are important tools to secure the right to adequate and balanced nutrition for older persons (39). However, economic and

social strategies need to be implemented simultaneously, such as increasing pensions to a level that can cover the basic living expenses of older persons, developing price policies that facilitate access to food, implementing special discounts for the older adults and ensuring equal opportunities in access to quality food. For such interventions to be implemented effectively, it is crucial that local governments, central government, civil society organizations (associations and foundations) and the private sector work in coordination. This multi-stakeholder collaboration will create a strong foundation for both resource diversity and inclusive service delivery, and will sustainably support food security for older persons (40).

This study has several limitations. Since data collection was conducted exclusively via videoconferencing, older adults with limited access to digital tools or insufficient technological literacy could not be included. This may have led to selection bias in the sample. As all data were based on self-reports, measurement limitations such as recall bias and social desirability effects may have occurred. Lastly, since all participants resided in central urban districts of metropolitan cities, the findings may not reflect the living conditions of older adults residing in rural areas. In future studies, it is recommended to include older adults from different geographical regions and diverse socioeconomic backgrounds. More inclusive samples that also cover individuals without digital access should be established to enhance the generalizability of findings, particularly in the areas of nutritional status and food availability. Accordingly, applied research evaluating the effectiveness of community-based intervention programs targeting these variables would provide valuable contributions to the field.

CONCLUSION

This study examined the dietary preferences, food access attitudes and expectations of older adults with a qualitative approach. The findings revealed that older adults attach importance to preparing meals at home, consuming fruits and vegetables and planned shopping; however, economic inadequacies limit their intake of meat and similar protein sources. While positive behaviors such as paying attention to expiry dates in food selection are common, knowledge-based habits such as reading labels and choosing sustainable packaging are less adopted. Participants exhibited conscious attitudes towards preventing food waste, utilizing leftover food and trying to minimize waste. However, economic difficulties due to the high cost of food and lack of purchasing power emerged as a common problem in food shopping. In terms of nutritional expectations, the desire to consume more animal products, the desire to increase pensions, and the desire to have access to affordable foods stand out. These findings show that the nutritional behaviors of older adults are shaped by both economic and knowledge levels, and emphasize the importance of trainings, social support programs and sustainable community-based interventions to increase nutritional literacy.

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REFERENCES

1. Barbaccia V, Bravi L, Murmura F, et al. Mature and older adults' perception of active ageing and the need for supporting services: İnsights from a qualitative study. Int J Environ Res Public Health. 2022;19:7660.
2. Cristina NM, Lucia dA. Nutrition and healthy aging: prevention and treatment of gastrointestinal diseases. Nutrients. 2021;13:4337.
3. de Oliveira LFS, Wanderley RL, de Medeiros MMD, et al. Health-related quality of life of institutionalized older adults: Influence of physical, nutritional and self-perceived health status. Arch Gerontol Geriatr. 2021;92:104278.
4. Gyawali B, Mkoma GF, Harsch S. Social determinants influencing nutrition behaviors and cardiometabolic health in indigenous populations: a scoping review of the literature. Nutrients. 2024;16:2750.
5. Harris J, Nguyen PH, Tran LM, Huynh PN. Nutrition transition in Vietnam: changing food supply, food prices, household expenditure, diet and nutrition outcomes. Food Secur. 2020;12:1141-55.
6. Ellis A, Jung SE, Palmer F, Shahan M. Individual and interpersonal factors affecting dietary intake of community-dwelling older adults during the COVID-19 pandemic. Public Health Nutr. 2022;25:1667-77.
7. Gündüz E, Eskin F, Gündüz M, et al. Malnutrition in community-dwelling elderly in Turkey: a multicenter, cross-sectional study. Med Sci Monit. 2015;21:2750-6.
8. Daniele GM, Medoro C, Lippi N, et al. Exploring eating habits, healthy food awareness, and inclination toward functional foods of italian elderly people through computer-assisted telephone interviews (CATIs). Nutrients. 2024;16:762.
9. Besora-Moreno M, Llauradó E, Tarro L, Solà R. Social and economic factors and malnutrition or the risk of malnutrition in the elderly: a systematic review and meta-analysis of observational studies. Nutrients. 2020;12:737.
10. Valaitis R, Cleghorn L, Ploeg J, et al. Disconnected relationships between primary care and community-based health and social services and system navigation for older adults: a qualitative descriptive study. BMC Fam Pract. 2020;21:69.
11. Xie L, Jiang J, Fu H, et al. Malnutrition in relation to muscle mass, muscle quality, and muscle strength in hospitalized older adults. J Am Med Dir Assoc. 2022;23:722-8.

12. Cemali Ö, Cemali M, Elmas Ö, Erden Z. Examination of physical fitness and nutritional status in geriatric individuals with and without type 2 diabetes mellitus. Phys Occup Ther Geriatr. 2025:1-18.

13. Walker-Clarke A, Walasek L, Meyer C. Psychosocial factors influencing the eating behaviours of older adults: a systematic review. Ageing Res Rev. 2022;77:101597.

14. Burris M, Kihlstrom L, Arce KS, et al. Food insecurity, loneliness, and social support among older adults. J Hunger Environ Nutr. 2021;16:29-44.

15. Zaragoza-Martí A, Ruiz-Robledillo N, Sánchez-SanSegundo M, et al. Eating habits in older adults: compliance with the recommended daily intakes and its relationship with sociodemographic characteristics, clinical conditions, and lifestyles. Nutrients. 2020;12:446.

16. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19:349-57.

17. Whitelock E, Ensaff H. On your own: older adults' food choice and dietary habits. Nutrients. 2018;10:413.

18. Przezbórska-Skobiej L, Wiza PL. Food waste in households in Poland—Attitudes of young and older consumers towards the phenomenon of food waste as demonstrated by students and lecturers of PULS. Sustainability. 2021;13:3601.

19. Aytop Y, Çetinkaya S, Değirmenci BI. Determining the effect of ethnocentrism on the policy of purchasing domestic products. Turk J Agric Res. 2023;10:131-46.

20. Zou X, Zhou Y, Lu Y. Addressing 'difficulty in dining'among older adults: optimizing community senior dining halls from external and internal built environments. Humanit Soc Sci Commun. 2024;11:1361.

21. Park E, Kim S-B. Food preparation on a budget: an analysis of food consumption practices and the role of health consciousness. Nutr Res Pract. 2024;18:897-909.

22. Han M, Woo K, Kim K. Association of protein intake with sarcopenia and related indicators among Korean older adults: a systematic review and meta-analysis. Nutrients. 2024;16:4350.

23. Türkiye İstatistik Kurumu (TÜİK). Hanehalkı tüketim harcaması, 2024. https://data.tuik.gov.tr/Bulten/Index?p=Hanehalki-Tuketim-Harcamasi-2024-53957 access date 30.05.2025.

24. Fernqvist F, Spendrup S, Tellström R. Understanding food choice: a systematic review of reviews. Heliyon. 2024;10:e32492.

25. Karademir E, Bayrak E, Cebirbay MA. The importance of food and nutrition literacy in understanding nutrition label information. Turkiye Klinikleri Nutrition and Dietetics-Special Topics. 2022;8:48-52.

26. Remillard ET, Koon LM, Mitzner TL, Rogers WA. Everyday challenges for individuals aging with vision impairment: technology implications. Gerontologist. 2024;64:gnad169.

27. Herrmann C, Rhein S, Sträter KF. Consumers' sustainability-related perception of and willingness-to-pay for food packaging alternatives. Resour Conserv Recycl. 2022;181:106219.

28. Al-Obadi M, Ayad H, Pokharel S, Ayari MA. Perspectives on food waste management: Prevention and social innovations. Sustain Prod Consum. 2022;31:190-208.

29. McAdams B, von Massow M, Gallant M. Food waste and quality of life in elderly populations living in retirement living communities. J Hous Elderly. 2019;33:72-84.

30. van Herpen E, Wijnen T, Quested T, et al. Convenient tools and social norms: Measuring the effectiveness of an intervention to reduce household food waste. J Clean Prod. 2023;429:139604.

31. Castelo Branco TV, Alfinito S. Vulnerability of older adults in the context of food purchase. J Macromarketing. 2024;44:14-29.

32. Chang Y, Hickman H. Food insecurity and perceived diet quality among low-income older Americans with functional limitations. J Nutr Educ Behav. 2018;50:476-84.

33. Pourebrahim F, Omidvar N, Rezazadeh A, et al. Food security and its association with socioeconomic status and dietary diversity in free living older people in Tehran, Iran. BMC Geriatr. 2024;24:128.

34. Leung CW, Wolfson JA. Food insecurity among older adults: 10-year national trends and associations with diet quality. J Am Geriatr Soc. 2021;69:964-71.

35. Szakos D, Ózsvári L, Kasza G. Health-related nutritional preferences of older adults: a segmentation study for functional food development. J Funct Foods. 2022;92:105065.

36. Stoodley IL, Berthon BS, Scott HA, et al. Protein intake and physical activity levels as determinants of sarcopenia risk in community-dwelling older adults. Nutrients. 2024;16:1380.

37. Jimenez Rincon S, Dou N, Murray-Kolb LE, et al. Daily food insecurity is associated with diet quality, but not energy intake, in winter and during COVID-19, among low-income adults. Nutr J. 2022;21:19.

38. Qin Y, Cowan AE, Bailey RL, et al. Usual nutrient intake and dietary quality of low-income US older adults. Appl Econ Perspect Policy. 2023;45:317-35.

39. Caso G, Vecchio R. Factors influencing independent older adults (un) healthy food choices: a systematic review and research agenda. Food Res Int. 2022;158:111476.

40. Pak T-Y, Kim G. Food stamps, food insecurity, and health outcomes among elderly Americans. Prev Med. 2020;130:105871.