ANALYSIS OF PROTEIN INTAKE AMONG VEGETARIAN AND NON-VEGETARIAN POPULATION

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ABSTRACT

BACKGROUD: The study of protein intake among vegetarian and non-vegetarian populations has garnered increasing attention due to the rising prevalence of plant-based diets and growing concerns about nutrition and health. Proteins are vital macronutrients necessary for various bodily functions, including muscle repair, enzyme production, and immune responses. Traditional perspectives often suggest that nonvegetarian diets, rich in animal proteins, provide more complete amino acid profiles compared to vegetarian diets, which rely on plant-based sources. However, recent research indicates that a well-planned vegetarian diet can meet or exceed protein requirements through diverse sources such as legumes, nuts, seeds, and dairy or fortified products. This research aims to analyze and compare the protein intake and nutritional quality among vegetarian and non-vegetarian individuals, considering factors such as dietary patterns, protein sources, and overall health outcomes. Understanding these differences is crucial for developing dietary guidelines and interventions that promote optimal health regardless of dietary preference.

OBJECTIVE: To study the protein intake among vegetarian and non-vegetarian population by using structured questionnaire. The study also focuses on to identify the dietary sources of protein within the studied population, to assess differences in the amount of protein consumption across different gender and to assess differences in the amount of protein across different age group.

METHODOLOGY: The study conducted was an observational study that included 100 participants from D.Y. Patil University Nerul, Navi Mumbai. The Participants were selected from simple random sampling and according to the inclusion and exclusion criteria. The data of participant was collected after the consent of the participants, through personal interviews of the subject with the help of a questionnaire. The questionnaire consisted of demographic details of the participants, such as Name, Age, Gender, Socio-economic status, Dietary information like Food preference, Consumption of protein in every meal, Food frequency Table which includes Consumption of Food and Food groups, Their Amount, Whether the foods are consumed on daily, weekly, monthly, Rarely, often basis or they are never consumed. It also includes Total Amount of Protein Consumed by the participants.

RESULT: The study analyzed the dietary patterns and protein consumption of 100 individuals, revealing a young, balanced-gender, middle-class cohort with ages ranging from 18 to 58 years. A mean age of 33 years and moderate variability were noted. The dietary preferences were evenly split between vegetarians and non-vegetarians, with non-vegetarians consuming significantly more protein. Cereals and pulses were daily staples, while other protein sources like milk and cheese showed varied consumption rates. Age and

gender did not significantly impact protein intake, suggesting other factors might influence dietary habits. The key finding highlighted the significant difference in protein intake between vegetarians and non-vegetarians.

CONCLUSION: In conclusion, the study conducted at DY Patil University in Navi Mumbai provides valuable insights into the daily calcium intake habits of a diverse group of individuals. Despite efforts to include balanced representation across genders and age groups, findings reveal that participants consumed an average of 598.46 mg of calcium per day, falling below recommended levels. This deficiency spans across demographics, indicating a widespread issue that necessitates broad-based interventions. While certain dietary habits were identified, they alone were insufficient to meet calcium requirements, emphasizing the importance of a varied diet. The study underscores the role of socioeconomic status in influencing dietary habits and highlights opportunities for health interventions, particularly addressing prevalent conditions like hypertension and diabetes alongside efforts to improve dietary habits. Overall, the research underscores the importance of promoting better dietary habits and enhancing calcium intake across all segments of society to improve overall health outcomes.

Keyword: Protein Intake, General population, Dietary habit, Food frequency questionnaire [FFQ], Protein rich foods, Public health nutrition, Observational study.

1. INTRODUCTION

Life cannot exist without proteins, as they are present in every component of the human body, including skin, muscles, hair, blood, organs, eyes, and fingernails [1].

Protein is the most abundant substance within the body, next to water. It is crucial for various essential bodily processes. Therefore it must be regularly replenished through the intake of dietary proteins on a regular basis. The effectiveness of protein in building body parts of the body depends largely on the types and proportions of amino acids within each specific protein molecule [2].

While the body can synthesize certain amino acids, there are eight essential amino acids that cannot be produced internally and must be obtained from the food we consume. The nutritional quality of proteins relies on having a sufficient amount of these eight essential amino acids [3]

The majority of animal protein contain ample amounts of all essential amino acids. While the protein found in cereals, most beans, and vegetables does contain all essential amino acids, the levels present in these plant-based foods often fall below recommended quantities [3].

Vegetarians primarily rely on plant-based sources for their protein intake. However, the nutritionally quality of plantbased protein is generally lower compared to the animal protein consumed by non-vegetarians. A non-vegetarian diet consists of both animal and plant proteins, whereas a strict vegetarian diet excludes animal protein, seafoods, and any product derived from these sources [2].

The dietary habits among vegetarian can vary significantly. The lacto-ovo vegetarian eating pattern includes grains, vegetarians, fruits, legumes, seeds, nuts, dairy items, and eggs [4]. The lacto-vegetarian diet eliminates eggs, along with meat, fish and poultry [5].

Hence, it's crucial to understand the variations in protein intake concerning different dietary patterns. Numerous studies indicate that diets with reduced meat consumption are linked to decreased risk of metabolic syndrome, diabetes, cardiovascular diseases, and specific cancer types [4,5,6]. The typical non-vegetarian diet tends to be in rich in saturated fats derived from animal proteins, along with simple sugars and calorie-dense foods. This dietary pattern increases the risk of obesity and various other health issues. Consequently, the prevalence of obesity-related and other chronic disease has emerged as a significant public health issue [7].

Differences in protein levels could explain the variations seen in health outcomes [8,9].

2. METHODOLOGY

2.1 STUDY DESIGN

The study conducted was an Observational Study.

2.2 SUDY SETTING

The study was conducted in the D.Y. Patil University Nerul, Navi Mumbai.

2.3 STUDY DURATION

The study was for 6 months

The Ethical clearance was obtained from the Institutional Ethical Committee prior to data collection

2.4 SAMPLE SIZE

All Participants from D. Y. Patil University and fulfilling inclusion criteria will be included.

2.5 SELECTION CRITERIA

INCLUSION CRITERIA	EXCLUSION CRITERIA
Individuals age 18- 59 years of age.	Individuals aged below 18 years and Individuals aged above 59 years.
Participants from diverse demographic backgrounds.	Exclusion of specialized group such as pregnant women and lactating mothers.
	Exclusion of participants consuming protein supplements.

2.6 DEVELOPMENT OF TOOL

- 1. Define Objectives:
- The aim is to analyse the intake of protein among vegetarian and non vegetarian population.
- Primary objective: To assess the amount of protein consumed by vegetarian and non-vegetarian population
- Secondary objectives: 1- To identify the dietary sources of protein within the studied population
- 2- To assess differences in the amount of protein consumption across different gender
- 3- To assess differences in the amount of protein consumption across different age group
- 2. Literature Review:

- Review existing studies and questionnaires on Dietary protein intake.
- Identify common themes and validated questions that can be adapted.
- 3. Questionnaire Design:
 - Create questions that are clear, concise, and age-appropriate.
 - Ensure questions cover the primary and secondary objectives.
 - Include demographic questions for data segmentation.
- 4. Question Types:
 - Using Food frequency table, and portion sizes to ensure ease of response and consistency in data collection.
 - Include open-ended options where necessary to capture a wider range of responses.
- 5. Questionnaire Sections:
- > Demographics: To gather basic information about the participants.
- Name
- > Age
- ➢ Gender
- Socio-economic status
- > Food preference: Are you a vegetarian or Non vegetarian? To know the Food preference of the participants.
- Do you consume protein in every meal? To Identify how many of the participants include protein in their every meal.
- ➢ Food Frequency Table-
- 1. To identify the Sources of protein the participants consume on Daily, weekly, monthly, Never, Rarely, Often basis- To identify the frequency of each sources of protein consumed by the participants.
- 2. It Includes Amount of Each sources of protein consumed by the participants- To identify the portion sizes of the participants.
- 3. It also Includes the Total amount of protein of each sources consumed by the Participants- To identify the total amounts of protein consumed by each participants.
- 6. Validation and Pilot Testing:
- Pre-test the questionnaire with a small group of participants to ensure clarity and comprehensibility.
- Revise questions based on feedback to address any ambiguities or difficulties.
- 7. Finalization:
 - Review and finalize the questionnaire, ensuring it aligns with the study objectives.
 - Format the questionnaire for ease of administration, whether paper-based or digital

6.7 METHOD OF DATA COLLECTION

Study Design:- This research employed a Cross- sectional study design to analyse the amount of protein intake among vegetarian and non vegetarian population.

Participant Recruitment:- Participants were recruited from college within the target demographic area using a random sampling method. Informed consent was obtained from participants prior to their inclusion in the study.

Sample Size: A total of 100 Participants aged between 18 and 59 years were included in the study sample.

Data Collection: Data was collected using structured questionnaires administered to the participants. The questionnaires were designed to collect information on various aspects of Dietary protein intake, Food Frequency Table, Sources of protein, Amount of each sources of protein consumed, Total Dietary intake of protein

Variables assessed:

- 1- Demographic details
- 2- Food preference- Are you a vegetarian or non vegetarian
- 3- Consumption of protein in every meal

4- Food frequency table- Sources of protein, Amount of each sources of protein consumed, Total Dietary intake of protein.

Data Analysis: Descriptive statistics were used to analyze the data, including frequencies and percentages for categorical variables such as Food preference, Consumption of protein in every meal, Food frequency table which includes Sources of protein, Amount of each sources of protein consumed, Total Dietary intake of protein.

Ethical Considerations:-This study adhered to ethical guidelines for research involving human participants. Informed consent was obtained from all participants and their guardians, and confidentiality and anonymity of participants responses were maintained throughout the study.

3. RESULT AND DISCUSSION

Table 1: Descriptive analysis of age (n=100).

Ν		100	
٠	Mean	33 years	
٠	Median	32 years	
•	Std. Deviation	11 years	
•	Minimum	18 years	
٠	Maximum	58 years	

Table 1 presents a descriptive analysis of age for a sample of 100 individuals. The mean age was 33 years, and the median age was 32 years, suggesting a nearly symmetrical distribution. The standard deviation was 11 years, indicating moderate variability. The ages range from a minimum of 18 years to a maximum of 58 years spanning 40 years.

Table 2: Age group distribution of participants

Age Intervals	Ν	%
• 18-29 years	45	45.0%
• 30-39 years	20	20.0%
• 40-49 years	28	28.0%
• 50-59 years	7	7.0%
Total	100	100.0%



Table 2 outlines the age group distribution of participants. The largest group was 18-29 years, comprising 45 participants (450%). The 30-39 years group includes 20 participants (20%). Those aged 40-49 years account for 28 participants (28%). Finally, the 50-59 years group has 7 participants (7%).

Table 3: Gender distribution of participant	ts
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N	%
50	50.0%
50	50.0%
100	100.0%
	N 50 50 100



Table 3 presents the gender distribution of participants. Both males and females were equally represented, with 50 participants each.

Table 4: Socio-economic status distribution of respondents.

Socio-economic status	Ν	%
• middle class	100	100.0%
Total	100	100.0%



Table 4 details the socio-economic status distribution of participants. All participants were classified as middle class, with 100 individuals (100%) falling into this category.

 Table 5: Dietary preferences of respondents.

Are you a vegetarian or non-	N	0/
vegetarian:	IN	<u>%</u>
• Vegetarian	50	50.0%
• Non-vegetarian	50	50.0%
Total	100	100.0%



Table 5 outlines the dietary preferences of respondents. The sample was evenly split between vegetarians and non-vegetarians, with 50 respondents (50%) identifying as vegetarian and another 50 respondents (50%) as non-vegetarian.

Table 6: Protein Consumption in Every Meal.

Ν	0/
11	70
27	27.0%
73	73.0%
100	100.0%
	27 73 100



Table 6 illustrates participants' protein consumption habits in every meal. Of the total respondents, 73 (73%) reported consuming protein in every meal, while 27 (27%) did not.

	Never	Daily	Weekly	Monthly	Rarely	Often
	Ν	Ν	Ν	Ν	Ν	Ν
Cereals		100				
Millets	15		85			
Pulses		100				
Beans			100			
Milk		62	38			
Paneer	9		68	23		
Soya	9		50	18	23	
Tofu	52		21	18	9	
Yogurt	20	14	47			19
Cheese	9		77	14		
Meat	50		9	41		
Chicken	50	9	41			
Egg	50		50			
Fish	50		18	32		
Nuts	19	23	52		6	
Oilseeds	47		50	3		

Table 7: Frequ	iency of	consumption of	of different	protein sources	5



Table 7 illustrates the frequency of consumption of different protein sources by respondents.

- Cereals: Daily consumed by the entire respondent.
- Millets: Consumed never by 15 respondents, weekly by 85 respondents.
- Pulses: Daily consumed by the entire respondent.
- Beans: Weekly consumed by the entire respondent.
- Milk: Consumed weekly by 38 respondents, daily by 62 respondents.
- Paneer: Never consumed by 9 respondents, weekly by 68 respondents, monthly by 23 respondents.
- Soya: Never consumed by 9 respondents, weekly by 50 respondents, monthly by 18 respondents, rarely by 23 respondents.
- Tofu: Never consumed by 52 respondents, weekly by 21 respondents, monthly by 18 respondents, rarely by 9 respondents.
- Yogurt: Consumed daily by 14 respondents, weekly by 47 respondents, often by 19 respondents, never by 20 respondents.
- Cheese: Never consumed by 9 respondents, weekly by 77 respondents, monthly by 14 respondents.
- Meat: Consumed weekly by 9 respondents, monthly by 41 respondents, never by 50 respondents.
- Chicken: Consumed daily by 9 respondents, weekly by 41 respondents, never by 50 respondents.
- Egg: Consumed weekly by 50 respondents and never by 50 respondents.
- Fish: Consumed weekly by 18 respondents, monthly by 32 respondents, never by 50 respondents.
- Nuts: Consumed daily by 23 respondents, weekly by 52 respondents, often by 6 respondents, never by 19 respondents.
- Oilseeds: Never consumed by 47 respondents, weekly by 50 respondents, monthly by 3 respondents.

 Table 8: Descriptive Statistics of different protein sources amount consumed by respondents.

	Mean	SD	Median	Min	Max	Valid N
Cereals	6.62	1.48	7.50	5.00	10.00	100
Millets	3.53	1.24	2.50	2.50	5.00	85
Pulses	10.85	3.50	14.00	7.00	14.00	100
Beans	7.00	.00	7.00	7.00	7.00	100
Milk	5.58	1.40	6.60	3.30	6.60	100
Paneer	10.67	4.47	7.00	7.00	17.50	91
Soya	10.98	3.50	9.00	9.00	18.00	91
Tofu	11.92	5.01	8.75	7.00	17.50	48
Yogurt	2.04	0.71	1.65	1.65	3.30	80
Cheese	7.96	1.88	7.00	7.00	11.60	91
Meat	13.60	4.85	10.00	10.00	20.00	50
Chicken	13.60	4.85	10.00	10.00	20.00	50
Egg	9.52	3.39	7.00	7.00	14.00	50
Fish	13.60	4.85	10.00	10.00	20.00	50
Nuts	1.15	0.00	1.15	1.15	1.15	81
Oilseeds	1.15	0.00	1.15	1.15	1.15	53



Table 8 provides a concise summary of the descriptive statistics for the consumption of various protein sources among respondents.

Overall, participants reported varied consumption patterns across different protein sources. Notably, cereals showed a mean consumption of 6.62 grams, while millets had a lower mean consumption of 3.53 grams. Pulses exhibited the highest mean consumption at 10.85 grams. Beans, milk, and cheese were consistently consumed at around 7 grams on average. Paneer, soya, tofu, meat, chicken, and fish displayed higher mean consumption levels ranging from 10.67 to 13.60 grams. Eggs also had a moderate mean consumption of 9.52 grams. In contrast, yogurt showed the

lowest mean consumption at 2.04 grams. Nuts and oilseeds had the lowest mean consumption levels, both at 1.15 grams.

Fable 9: Descriptive analysis of tota	l protein consumed by	the respondents in a month
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Ν	100
Mean	94.06
Median	95.52
Std. Deviation	22.15
Minimum	53.10
Maximum	145.55

Table 9 summarizes the total protein consumption of 100 respondents. The mean consumption was 94.06 grams, with a median of 95.52 grams. The standard deviation was 22.15 grams. Protein consumption ranges from a minimum of 53.10 grams to a maximum of 145.55 grams.

- Normal

Tests of Normality							
	Kolm	ogorov-Sm	irnov	Shapiro-Wilk			
	Statistic	df	p value	Statistic	df	p value	
Total Protein	.167	100	<0.001	.923	100	<0.001	

Histogram





										-
Table	10:	Mean	comparison	of total	protein	consumptio	n within	different	age interv	als.

	Age Intervals							
	18-29 years		30-39 years		40-49 years		50-59 years	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Total Protein	92.64	21.72	99.53	13.29	91.02	25.23	99.75	31.89

Applied Kruskal Wallis test for significance. p value = 0.558 (consider not significant)



Table 10 presents the mean comparison of total protein consumption within different age intervals.

For respondents aged 18-29 years, the mean total protein consumption was 92.64 grams, with a standard deviation of 21.72 grams. In the 30-39 years age group, the mean total protein consumption was slightly higher at 99.53 grams, with a standard deviation of 13.29 grams. Among respondents aged 40-49 years, the mean total protein consumption was 91.02 grams, with a standard deviation of 25.23 grams. Lastly, for respondents aged 50-59 years, the mean total protein consumption was 99.75 grams, with a standard deviation of 31.89 grams.

The Kruskal-Wallis test was applied to assess the significance of differences in total protein consumption across different age intervals. The resulting p-value was 0.558, which was considered not significant.

	Gender					
		Male	Female			
	Mean	SD	Mean	SD		
Total Protein	96.94	26.06	91.18	17.19		

 Table 11: Mean comparison of total protein consumption within male and female.

Applied Mann Whitney U test for significance. p value = 0.531 (consider not significant)



Table 11 presents the mean comparison of total protein consumption within male and female respondents.

Among male respondents, the mean total protein consumption was 96.94 grams, with a standard deviation of 26.06 grams. For female respondents, the mean total protein consumption was slightly lower at 91.18 grams, with a standard deviation of 17.19 grams.

To determine the significance of the difference in total protein consumption between males and females, the Mann-Whitney U test was applied. The resulting p-value was 0.531, which was considered non-significant

Table 12: Mean comparison of total protein consumption with the dietary preference of the respondents.

	Are you a vegetarian or non-vegetarian?				
	Ve	getarian	Non-vegetarian		
	Mean SD		Mean	SD	
Total Protein	77.64	15.38	110.49	14.30	

Applied Mann Whitney U test for significance. p value = <0.001 (consider highly significant)



Table 12 illustrates the mean comparison of total protein consumption with respect to the dietary preference of the respondents.

Among vegetarian respondents, the mean total protein consumption was 77.64 grams, with a standard deviation of 15.38 grams. Conversely, non-vegetarian respondents have a notably higher mean total protein consumption of 110.49 grams, with a standard deviation of 14.30 grams.

To assess the significance of the difference in total protein consumption between vegetarians and non-vegetarians, the Mann-Whitney U test was employed. The resulting p-value was less than 0.001, indicating high significance.

4. CONCLUSION

This study provides valuable insights into the dietary patterns and protein intake among vegetarian and nonvegetarian populations at D.Y. Patil University, Navi Mumbai. The significant difference in protein consumption between vegetarians and non-vegetarians highlights the impact of dietary choices on overall protein intake, with non-vegetarians consuming substantially more protein on average. This finding underscores the importance of dietary variety and the broader range of protein sources accessible to non-vegetarians, which can influence their overall nutritional status.

Moreover, the study found no significant differences in protein consumption across different age groups and genders within the sample. This suggests that factors such as age and gender may have less influence on protein intake compared to dietary preferences and potentially other lifestyle factors. The uniform middle-class socio-economic status of participants further supports the conclusion that economic disparities did not confound these results. These insights can guide future nutritional guidelines and interventions aimed at optimizing protein intake across various dietary groups, ensuring balanced and adequate nutrition for diverse populations.

5. REFERENCES

1- Montagna, W. (2012). The structure and function of skin. Elsevier.

2- Craig, W. J., Mangels, A. R., & American Dietetic Association (2009). Position of the American Dietetic Association: vegetarian diets. *Journal of the American Dietetic Association*, 109(7), 1266–1282.

3- Brzezińska, M., Kucharska, A., & Sińska, B. (2016). Vegetarian diets in the nutrition of pregnant and breastfeeding women. *Polski Merkuriusz Lekarski: Organ Polskiego Towarzystwa Lekarskiego*, 40(238), 264-268.

4- Messina, V., Mangels, A. R., & Messina, M. J. (2011). What is a raw foods diet and are there any risks or benefits associated with it?. The Dietitian's Guide to Vegetarian Diets: Issues and Implications.

5- Craig, W. J., & Mangels, A. R. (2009). Position of the American Dietetic Association: vegetarian diets. *Journal of the American dietetic association*, 109(7), 1266.

6- Swinburn, B. A., Sacks, G., Lo, S. K., Westerterp, K. R., Rush, E. C., Rosenbaum, M., ... & Ravussin, E. (2009). Estimating the changes in energy flux that characterize the rise in obesity prevalence. *The American journal of clinical nutrition*, 89(6), 1723-1728.

7- Shridhar, K., Dhillon, P. K., Bowen, L., Kinra, S., Bharathi, A. V., Prabhakaran, D., ... & Indian Migration Study Group. (2014). The association between a vegetarian diet and cardiovascular disease (CVD) risk factors in India: the Indian Migration Study. *PloS one*, *9*(10), e110586.

8- Tripkovic, L., Lambert, H., Hart, K., Smith, C. P., Bucca, G., Penson, S., ... & Lanham-New, S. (2012). Comparison of vitamin D2 and vitamin D3 supplementation in raising serum 25-hydroxyvitamin D status: a systematic review and meta-analysis. *The American journal of clinical nutrition*, *95*(6), 1357-1364.

9- Dinu, M., Abbate, R., Gensini, G. F., Casini, A., & Sofi, F. (2017). Vegetarian, vegan diets and multiple health outcomes: A systematic review with meta-analysis of observational studies. *Critical reviews in food science and nutrition*, *57*(17), 3640-3649.

10- Gaytán-González, A., Ocampo-Alfaro, M. J., Torres-Naranjo, F., González-Mendoza, R. G., Gil-Barreiro, M., Arroniz-Rivera, M., & López-Taylor, J. R. (2020). Dietary Protein Intake Patterns and Inadequate Protein Intake in Older Adults from Four Countries. *Nutrients*, *12*(10), 3156. https://doi.org/10.3390/nu12103156

11- Grant WB. Comment on Coelho-Junior et al. Protein Intake and Frailty in Older Adults: A Systematic Review and Meta-Analysis of Observational Studies. <i>Nutrients</i> 2022, <i>14</i>, 2767. Nutrients. 2022 Nov;14(22):4879. DOI: 10.3390/nu14224879.

12- Mamerow, M. M., Mettler, J. A., English, K. L., Casperson, S. L., Arentson-Lantz, E., Sheffield-Moore, M., ... & Paddon-Jones, D. (2014). Dietary protein distribution positively influences 24-h muscle protein synthesis in healthy adults. *The Journal of nutrition*, 144(6), 876-880.

13- Lonnie, M., Hooker, E., Brunstrom, J. M., Corfe, B. M., Green, M. A., Watson, A. W., ... & Johnstone, A. M. (2018). Protein for life: Review of optimal protein intake, sustainable dietary sources and the effect on appetite in ageing adults. *Nutrients*, *10*(3), 360.

14- Banerjee, T., Frongillo, E. A., Turan, J. M., Sheira, L. A., Adedimeji, A., Wilson, T., ... & Weiser, S. D. (2023). Association of Higher Intake of Plant-Based Foods and Protein With Slower Kidney Function Decline in Women With HIV. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *94*(3), 203-210.

15- KHOIE, C. V., & SOIEtti, A. (2018). Nutritional status of elderly in the old age homes: A study in Pune city. *Current Research in Nutrition and Food Science Journal*, 6(1), 234-240.

16- Gaytán-González, A., Ocampo-Alfaro, M. D. J., Torres-Naranjo, F., González-Mendoza, R. G., Gil-Barreiro, M., Arroniz-Rivera, M., & López-Taylor, J. R. (2020). Dietary protein intake patterns and inadequate protein intake in older adults from four countries. *Nutrients*, *12*(10), 3156.

17- S. Gresham, L., S. Smolinski, M., Suphanchaimat, R., Marie Kimball, A., & Wibulpolprasert, S. (2013). Creating a global dialogue on infectious disease surveillance: Connecting Organizations for Regional Disease Surveillance (CORDS). *Emerging health threats journal*, *6*(1), 19912.

18- Weiler, M., Hertzler, S. R., & Dvoretskiy, S. (2023). Is it time to reconsider the US recommendations for dietary protein and amino acid intake?. *Nutrients*, *15*(4), 838.

19- KHOIE, C. V., & SOIEtti, A. (2018). Nutritional status of elderly in the old age homes: A study in Pune city. *Current Research in Nutrition and Food Science Journal*, 6(1), 234-240.

20- Park, H. A. (2020). Animal and plant protein intake and socioeconomic status in young and middle-aged Korean adults. *Korean Journal of Health Promotion*, 20(2), 70-78.

21- Ten Haaf, D. S., Nuijten, M. A., Maessen, M. F., Horstman, A. M., Eijsvogels, T. M., & Hopman, M. T. (2018). Effects of protein supplementation on lean body mass, muscle strength, and physical performance in nonfrail community-dwelling older adults: a systematic review and meta-analysis. *The American journal of clinical nutrition*, *108*(5), 1043-1059.

22- Smeuninx, B., Greig, C. A., & Breen, L. (2020). Amount, source and pattern of dietary protein intake across the adult lifespan: a cross-sectional study. *Frontiers in nutrition*, *7*, 25.

23- González-Mendoza, R. G., Gaytán-González, A., Jiménez-Alvarado, J. A., Villegas-Balcázar, M., Jáuregui-Ulloa, E. E., Torres-Naranjo, F., & López-Taylor, J. R. (2019). Accuracy of anthropometric equations to estimate DXA-derived skeletal muscle mass in professional male soccer players. *Journal of Sports Medicine*, 2019.

24- Berner, L. A., Becker, G., Wise, M., & Doi, J. (2013). Characterization of dietary protein among older adults in the United States: amount, animal sources, and meal patterns. *Journal of the Academy of Nutrition and Dietetics*, *113*(6), 809-815.

25- Valenzuela, R. E. R., Ponce, J. A., Morales-Figueroa, G. G., Muro, K. A., Carreón, V. R., & Alemán-Mateo, H. (2013). Insufficient amounts and inadequate distribution of dietary protein intake in apparently healthy older adults in a developing country: implications for dietary strategies to prevent sarcopenia. *Clinical interventions in aging*, 1143-1148.

26- Chen, Z., Glisic, M., Song, M., Aliahmad, H. A., Zhang, X., Moumdjian, A. C., ... & Voortman, T. (2020). Dietary protein intake and all-cause and cause-specific mortality: results from the Rotterdam Study and a metaanalysis of prospective cohort studies. *European journal of epidemiology*, *35*(5), 411-429.

27- Park, Y. J., Chung, S., Hwang, J. T., Shon, J., & Kim, E. (2022). A review of recent evidence of dietary protein intake and health. *Nutrition Research and Practice*, *16*(Suppl 1), S37.

28- Shinto, T., Makino, S., Tahara, Y., Nitta, L., Kuwahara, M., Tada, A., ... & Shibata, S. (2022). Relationship Between Protein Intake in Each Traditional Meal and Physical Activity: Cross-sectional Study. *JMIR Public Health and Surveillance*, 8(7), e35898.

29- Deer, R. R., & Volpi, E. (2015). Protein intake and muscle function in older adults. *Current Opinion in Clinical Nutrition & Metabolic Care*, *18*(3), 248-253.

30- Ouyang, Y., Huang, F., Zhang, X., Li, L., Zhang, B., Wang, Z., & Wang, H. (2022). Association of dietary protein intake with muscle mass in elderly Chinese: a cross-sectional study. *Nutrients*, *14*(23), 5130.

31- Deutz, N. E., Bauer, J. M., Barazzoni, R., Biolo, G., Boirie, Y., Bosy-Westphal, A., ... & Calder, P. C. (2014). Protein intake and exercise for optimal muscle function with aging: recommendations from the ESPEN Expert Group. *Clinical nutrition*, *33*(6), 929-936.

32- Kim, J. E., O'Connor, L. E., Sands, L. P., Slebodnik, M. B., & Campbell, W. W. (2016). Effects of dietary protein intake on body composition changes after weight loss in older adults: a systematic review and meta-analysis. *Nutrition reviews*, 74(3), 210-224.

33- Mitchell, S. M., Milan, A. M., Mitchell, C. J., Gillies, N. A., D'Souza, R. F., Zeng, N., ... & Cameron-Smith, D. (2019). Protein intake at twice the RDA in older men increases circulatory concentrations of the microbiome metabolite trimethylamine-N-oxide (TMAO). *Nutrients*, *11*(9), 2207.

34- Kim, H. N., Kim, S. H., Eun, Y. M., & Song, S. W. (2021). Impact of dietary protein intake on the incidence of low muscle strength in middle-aged and older adults. *Clinical Nutrition*, 40(4), 1467-1474.

35- Geirsdottir, O. G., Arnarson, A., Ramel, A., Jonsson, P. V., & Thorsdottir, I. (2013). Dietary protein intake is associated with lean body mass in community-dwelling older adults. *Nutrition research*, *33*(8), 608-612.

36- Chen, Z., Glisic, M., Song, M., Aliahmad, H. A., Zhang, X., Moumdjian, A. C., ... & Voortman, T. (2020). Dietary protein intake and all-cause and cause-specific mortality: results from the Rotterdam Study and a metaanalysis of prospective cohort studies. *European journal of epidemiology*, *35*(5), 411-429.

37- Mitchell, S. M., Milan, A. M., Mitchell, C. J., Gillies, N. A., D'Souza, R. F., Zeng, N., ... & Cameron-Smith, D. (2019). Protein intake at twice the RDA in older men increases circulatory concentrations of the microbiome metabolite trimethylamine-N-oxide (TMAO). *Nutrients*, *11*(9), 2207.

38- Baum, J. I., & Wolfe, R. R. (2017). The link between dietary protein intake, skeletal muscle function, and health in older adults. *Clinical Nutrition and Aging*, 127-146.

39- Phillips, S. M. (2017). Current concepts and unresolved questions in dietary protein requirements and supplements in adults. *Frontiers in nutrition*, *4*, 13.

40- Kim, M. H., Choi, M. K., & Bae, Y. J. (2023). Relationship between protein intake and grip strength in qualitative and quantitative aspects among the elderly in Korea: results from the Korea National Health and Nutrition Examination Survey. *BMC geriatrics*, 23(1), 330.

41- Chen, Z., Glisic, M., Song, M., Aliahmad, H. A., Zhang, X., Moumdjian, A. C., ... & Voortman, T. (2020). Dietary protein intake and all-cause and cause-specific mortality: results from the Rotterdam Study and a metaanalysis of prospective cohort studies. *European journal of epidemiology*, *35*(5), 411-429.

42- McLean, R. R., Mangano, K. M., Hannan, M. T., Kiel, D. P., & Sahni, S. (2016). Dietary protein intake is protective against loss of grip strength among older adults in the Framingham offspring cohort. *Journals of gerontology series A: Biomedical sciences and medical sciences*, 71(3), 356-361.

43- Upala, S. (2023). *The Relationship Between Diet Quality and Sarcopenia: An Analysis of the National Health and Nutrition Examination Survey* (Doctoral dissertation, Nova Southeastern University).

44- Jun, S. H., Lee, J. W., Shin, W. K., & Kim, Y. (2022). Plant Proteins in Relation to Health-related Quality of Life in South Korean Individuals Aged 50 Years or Older: Korea National Health and Nutrition Examination Survey 2016-2018. *Journal of Korean Home Economics Education Association*, *34*(4), 1-18.

45- Choi, E. Y. (2023). Association of Protein Intake with Handgrip Strength and Its Relation to Strength Exercise in Korean Adults Aged over 60 Years in the KNHANES (2014-18). *Nutrients*, *15*(4), 1014.

46- Jun, S., Cowan, A. E., Dwyer, J. T., Campbell, W. W., Thalacker-Mercer, A. E., Gahche, J. J., & Bailey, R. L. (2021). Dietary protein intake is positively associated with appendicular lean mass and handgrip strength among middle-aged US adults. *The Journal of Nutrition*, *151*(12), 3755-3763.

47- Ham, H., & Ha, K. (2022). Trends in Dietary Protein Intake and Its Adequacy among Korean Adults: Data from the 2010~ 2019 Korea National Health and Nutrition Examination Survey (KNHANES). *Korean Journal of Community Nutrition*, 27(1), 47-60.

48- Mishra, S., Goldman, J. D., Sahyoun, N. R., & Moshfegh, A. J. (2018). Association between dietary protein intake and grip strength among adults aged 51 years and over: What We Eat in America, National Health and Nutrition Examination Survey 2011-2014. *PLoS One*, *13*(1), e0191368.

49- Darmon, N., & Drewnowski, A. (2015). Contribution of food prices and diet cost to socioeconomic disparities in diet quality and health: a systematic review and analysis. *Nutrition reviews*, 73(10), 643-660.

50-Beydoun, M. A., & Wang, Y. (2008). How do socio-economic status, perceived economic barriers and nutritional benefits affect quality of dietary intake among US adults? *European journal of clinical nutrition*, 62(3), 303-313.

51- Si Hassen, W., Castetbon, K., Cardon, P., Enaux, C., Nicolaou, M., Lien, N., ... & Mejean, C. (2016). Socioeconomic indicators are independently associated with nutrient intake in French adults: a DEDIPAC study. *Nutrients*, 8(3), 158.

52- Jain, A., Sharma, S., Kim, R., & Subramanian, S. V. (2023). Food deprivation among adults in India: an analysis of specific food categories, 2016–2021. *Eclinicalmedicine*, 66.

53- Mayen, A. L., Marques-Vidal, P., Paccaud, F., Bovet, P., & Stringhini, S. (2014). Socioeconomic determinants of dietary patterns in low-and middle-income countries: a systematic review. *The American journal of clinical nutrition*, *100*(6), 1520-1531.

54- Rampal, P. (2018). An analysis of protein consumption in India through plant and animal sources. *Food and nutrition bulletin*, 39(4), 564-580.

55- Kwon, D. H., Park, H. A., Cho, Y. G., Kim, K. W., & Kim, N. H. (2019). Different associations of socioeconomic status on protein intake in the korean elderly population: A cross-sectional analysis of the korean national health and nutrition examination survey. *Nutrients*, *12*(1), 10.

56- Dagnelie, P. C., & Mariotti, F. (2017). Vegetarian diets: Definitions and pitfalls in interpreting literature on health effects of vegetarianism. In *Vegetarian and plant-based diets in health and disease prevention* (pp. 3-10). Academic Press.