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Research Article

Knowledge, Attitudes and Practice regarding Plant Based Diets among Medical Doctors in a Medical College: A Cross-sectional study

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Abstract:

Background: Plant-based dietary patterns emphasize foods derived predominantly from plants, including vegetables, fruits, whole grains, legumes, nuts and seeds. Increasing evidence suggests that appropriately planned plant-based dietary patterns may contribute to the prevention and management of selected cardiometabolic conditions. Physicians have an important role in providing evidence-based dietary counselling; however, their knowledge, attitudes and personal practices may influence their confidence in recommending such dietary patterns.

Objective: To assess the knowledge, attitudes and practices regarding plant-based diets among medical doctors and to identify factors associated with their perceptions and dietary practices.

Methods: A cross-sectional observational study was conducted among 200 practicing medical doctors at Mahavir Institute of Medical Sciences, Telangana, from 10 November 2025 to 10 April 2026. Participants were selected using convenience sampling. Data was collected using a structured questionnaire covering sociodemographic characteristics, knowledge, attitudes and dietary practices related to plant-based diets. Data were analyzed using SPSS version 25.0. Categorical variables were summarized using frequencies and percentages, and associations between categorical variables were assessed using the chi-square test or Fisher's exact test, as appropriate. Statistical significance was considered at $p < 0.05$.

Results: Among the 200 participating doctors, 151 (75.5%) reported awareness of plant-based nutrition. All participants correctly identified the major food groups comprising a plant-based dietary pattern. Knowledge regarding plant sources of complete protein was demonstrated by 151 (75.5%) participants, while 190 (95.0%) correctly identified vitamin B12 as an important nutrient requiring attention among individuals following vegan or vegetarian diets. Attitudes toward plant-based diets were generally favorable, although concerns regarding preparation, affordability and feasibility were reported. The findings also indicated a difference between knowledge and willingness to translate plant-based dietary practices into personal and professional recommendations.

Conclusion: Doctors surveyed at the participating institution demonstrated relatively high correct-response rates for several knowledge items and generally favorable attitudes toward plant-based dietary patterns. However, practical concerns and uncertainty regarding adoption and dietary counselling were also evident. Structured nutrition education and evidence-

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based counselling resources may help improve physicians' confidence in discussing plant-based dietary patterns with patients.

Keywords: Plant-based diet, Medical doctors, Knowledge, Attitudes, Practices, Nutrition, Dietary counselling.

Introduction

A plant-based dietary pattern emphasizes foods derived predominantly from plants, including vegetables, fruits, whole grains, legumes, nuts and seeds. Throughout human history, different groups have adhered to plant-based diets. In ancient Greece, the philosopher Pythagoras extolled the health benefits of a vegetarian diet and taught that animal slaughter was immoral[1]. The quantity and type of animal-derived foods may vary across plant-based dietary patterns. Plant-based diets therefore represent a spectrum ranging from predominantly plant-based diets that include some animal foods to vegetarian and vegan dietary patterns.[2] .They have become increasingly significant in modern diet because of their potential health benefits and environmental sustainability. These plant based diet lower's the cholesterol levels, reduces the cardiovascular risks, provides important antioxidants, benefits overall health. Vegetarian diets are typically lower in fat, particularly saturated fat, and higher in dietary fiber. They are also likely to include more whole grains, legumes, nuts, and soy protein, and together with the absence of red meat, this type of eating plan may provide many benefits for the prevention and treatment of obesity and chronic health problems, including diabetes and cardiovascular disease[3]. Plant based food encourages plant foods in their whole form, especially vegetables, fruits, legumes, and seeds and nuts (in smaller amounts). For maximal health benefits this diet limits animal products. Total fat is generally restricted[4].

Most common cause of morbidity and mortality in the world is due to Atherosclerosis and cardiovascular disorders. Therefore dietary and lifestyle behaviors, may lead to profound health changes. Large population-based studies have found that consumption of animal products to be associated with both increased mortality and incidence of atherosclerotic cardiovascular disease[6]. Physicians play an important role in promoting healthy dietary behaviors because dietary counselling is an integral component of preventive and lifestyle-oriented healthcare. However, healthcare professionals may have limited nutrition training and may lack confidence in providing dietary counselling.

Knowledge alone may not necessarily translate into dietary practice or professional counselling. Personal dietary habits, perceived feasibility, cultural influences, affordability and confidence in nutritional counselling may influence physicians' attitudes and practices.

Therefore, assessing physicians' knowledge, attitudes and practices regarding plant-based dietary patterns is relevant for understanding their preparedness to discuss evidence-based nutrition with patients. The present study was undertaken to assess knowledge, attitudes and practices regarding plant-based diets among medical doctors and to identify factors associated with their dietary perceptions and practices.

Methodology

Study Design

This study was designed as a cross-sectional observational study aimed at assessing the knowledge, attitudes, and practices (KAP) regarding plant-based diets among practicing doctors. A cross-sectional design was chosen as it allows the collection of data from participants at a single point in time and helps in evaluating the current level of awareness, perceptions, and dietary behaviors related to plant-based nutrition.

Study Setting

The study was conducted at Mahavir Institute of Medical Sciences. The institution provides medical education and healthcare services and includes doctors from various clinical and non-

clinical departments. The study setting was selected to obtain information from healthcare professionals who play an important role in promoting healthy dietary practices among the general population.

Study Duration: The study was carried out over a period of six months, from 10th November 2025 to 10th April 2026. During this period, data collection, participant recruitment, and questionnaire administration were completed.

Study Population and Source of Data

The study population consisted of practicing medical doctors (Post MBBS Doctors) working at Mahavir Institute of Medical Sciences. The source of data included doctors from different specialties and departments who were available during the study period and willing to participate.

Sample Size: A total 200 practicing doctors were included in the study. The sample size was selected based on feasibility and the availability of participants during the study period.

Sampling Method: Convenience sampling method was used for participant selection. Eligible doctors who were available at the time of data collection and fulfilled the inclusion criteria were approached and invited to participate in the study.

Inclusion Criteria: All practicing doctors (Post MBBS) working at Mahavir Institute of Medical Sciences who gave informed consent to participate in the study were included.

Questionnaire development and validation: The questionnaire was developed after reviewing published literature related to plant-based dietary patterns, nutrition knowledge and KAP studies. The initial questionnaire was reviewed by subject experts for relevance, clarity and appropriateness of the items. Following expert review, necessary modifications were made before administration. A pilot assessment was conducted among participants who were not included in the final study sample, and the questionnaire was modified based on the feedback obtained. Reliability was assessed using.

Knowledge items were scored according to predefined correct responses, while attitude items were assessed using a five-point Likert scale. Practice-related questions assessed participants' reported dietary behaviors and willingness to adopt or recommend plant-based dietary patterns.

Data Collection Procedure

After obtaining informed consent, the questionnaire was distributed to the participants either in printed form. Participants were informed about the purpose of the study and assured that their responses would remain confidential. Adequate time was provided to complete the questionnaire, and completed forms were collected for analysis.

Statistical Analysis

Data were entered into Microsoft Excel and analyzed using SPSS version 25.0. Categorical variables were summarized using frequencies and percentages. Continuous variables were summarized using mean ± standard deviation or median and interquartile range, depending on the distribution of the data. Associations between categorical variables were assessed using the chi-square test, and Fisher's exact test was used when the assumptions for the chi-square test were not met. For continuous variables, the independent-samples *t* test or Mann–Whitney U test was used as appropriate.

Associations between participants' sociodemographic characteristics including age, sex, educational qualification, years of professional practice and dietary pattern and selected knowledge, attitude and practice outcomes were assessed.

Results

The present study was conducted at Mahavir Institute of Medical Sciences, Telangana by department of community medicine. Among the

200 participating doctors, 151 (75.5%) reported having heard of plant-based nutrition. All participants identified fruits, vegetables, legumes, nuts, seeds and whole grains as components of a plant-based dietary pattern. Knowledge regarding a plant source providing complete protein was demonstrated by 151 (75.5%) participants. Furthermore, 190 (95.0%) participants correctly identified vitamin B12 as an important nutrient requiring attention among individuals following vegan or vegetarian diets.

Table No.1: Age and gender wise distribution of participants (doctors)

Age in years	Male		Female		Total	
	No.	%	No.	%	No.	%
21—30	32	35.6	43	39.1	75	37.5
31—40	29	32.2	28	25.5	57	28.5
41—50	11	12.2	26	23.6	37	18.5
51—60	10	11.1	9	8.2	19	9.5
>60	8	8.9	4	3.6	12	6.0
Total	90	100.0	110	100.0	200	100.0
Mean ± SD	38.14 ± 12.13		36.71 ± 10.55		37.35 ± 11.28	
t-test & sign.	t = 0.894, P = 0.372, NS					

NS = Not significant S = significant HS = highly significant

In the present study age distribution range from 23 years to 70 years. Majority of the participants were among 21-30 years i-e, 37.5%, followed by 57 (28.5%) of participants were belonging to the age group of 31—40 years, 37 (18.5%) of participants were belonging to the age group of 41--50 years. 90 (45.0%) were male participants and 110 (55.0%) of participants were females. Mean age of male participants was 38.14 years and female was 36.71 years. Statistically no significant difference of age among gender (P>0.05)

Fig 1: Simple bar diagram represents age and gender wise distribution of participants

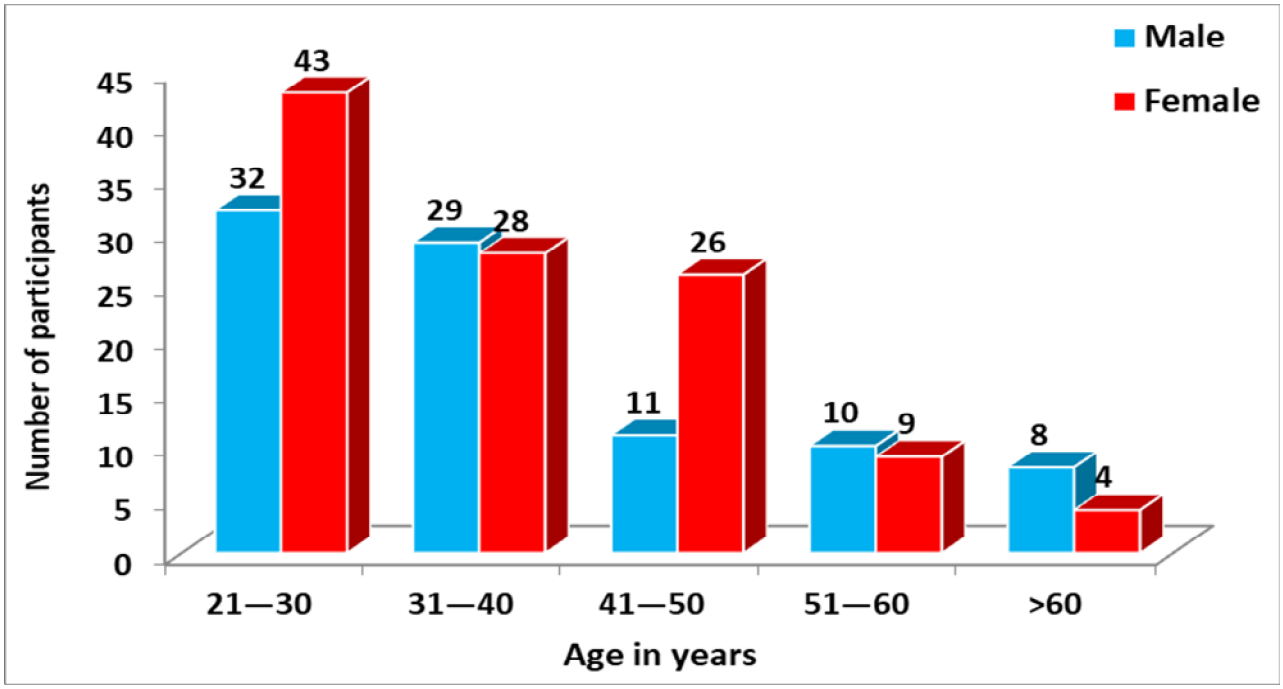
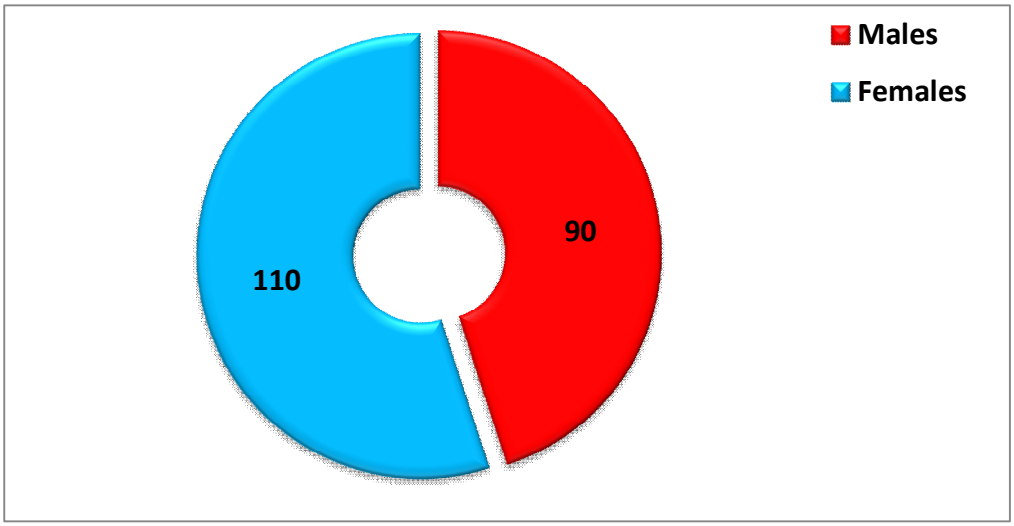


Fig 2: Pie diagram represent gender wise distribution of participants



. **Table No.2:** Distribution of participants based on demographical variables

Variables	Categories	No. participants	Percentage
Educational status	MBBS	31	15.5
	PG Diploma	4	2.0
	DNB	8	4.0
	MS/MD	155	77.5
	DM/MCH	2	1.0
Year of practice	1—5 years	93	46.5
	6—10 years	50	25.0
	11—15 years	27	13.5
	>15 years	30	15.0
Diet you consume	Vegetarian	33	16.5
	Non-veg /Mixed	167	83.5

Majority of participant's 155 (77.5%) educational qualification was MS/MD, followed by 31 (15.5%) of participants educational qualification was MBBS. Majority of participant's 93 (46.5%) practice was 1-5 years, followed by 50 (25.0%) of participants practice was 6-10 years, 27 (13.5%) of participants practice was 11-15 years and 30 (15.0%) of participants practice was >15 years. Majority of participants 167 (83.5%) were consume non-veg/mixed diet and 33 (16.5%) of participants were consume vegetarian diet.

Table No.3: Attitude of participants on plant-based diet

Attitude questions	Likert's 5 point scale				
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Attitude statement	**Strongly agree**	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
Complex carbohydrates are discouraged in a plant-based diet	39 (19.5%)	78 (39.0%)	57 (28.5%)	16 (8.0%)	10 (5.0%)
Eggs are limited/excluded from a plant-based diet	45 (22.5%)	110 (55.0%)	34 (17.0%)	6 (3.0%)	5 (2.5%)
Processed foods are avoided in a plant-based diet	65 (32.5%)	85 (42.5%)	41 (20.5%)	9 (4.5%)	0 (0%)
Oil is encouraged in a plant-based diet	25 (12.5%)	53 (26.5%)	60 (30.0%)	47 (23.5%)	15 (7.5%)
Vegetarians are more neurotic and depressed	14 (7.0%)	42 (21.0%)	66 (33.0%)	61 (30.5%)	17 (8.5%)
Preparation of meals is too complicated	23 (11.5%)	35 (17.5%)	49 (24.5%)	66 (33.0%)	27 (13.5%)
Raw materials of plant-based diets are costly	23 (11.5%)	34 (17.0%)	65 (32.5%)	62 (31.0%)	16 (8.0%)

Table 3 demonstrates generally favourable attitudes toward several characteristics of plant-based dietary patterns. A majority of participants agreed that eggs are limited or excluded from plant-based dietary patterns (77.5%) and that processed foods are avoided (75.0%). However, responses regarding the role of oils, meal preparation and affordability were more heterogeneous. For example, 30.0% of participants were neutral regarding whether oil is encouraged, while 46.5% agreed or strongly agreed that preparation of plant-based meals is complicated. These findings indicate that although participants generally recognized several features of plant-based diets, practical barriers and uncertainty remained.

Table No.4: The opinion of participants regarding the potential of plant based diet in preventing/reversing chronic diseases?

Sr. NO	Opinion	No. of participants (%)
1	Yes, I believe it not only prevent but, in some cases, significantly improve or even reverse several chronic conditions.	2
2	Yes, A well-planned plant-based diet has strong potential in preventing and even partially reversing chronic diseases	2
3	Yes, It helps lower cholesterol, improve blood sugar control, reduce blood pressure, and support weight management, thereby decreasing the risk of cardiovascular disease, type 2 diabetes, and some cancers. However, it must be properly planned to avoid nutrient deficiencies such as vitamin B12	1
	Yes, Based on disease	15
	Yes, Cultural practices now a days have to be changed to adapt healthy life	2
	Yes, can adopted healthy life	6
	Yes, Eating the food which Is easily digestible including all the proteinaceous foods can reverse even the chronic diseases	4
	Yes, For our bright futures we need to encourage as the life style is completely with junky so it will be a great change	5
	Yes, Good helpful	12
	Yes, High intake of plant foods is associated with reduced risk of several cancers, and it gives healthy future	3
	Yes, I strongly agree that plan based diet play a crucial role in reversing chronic diseases	14
	Yes Plant based diet should be encouraged in these days to prevent long term diseases	15
	Yes, Plant based diet is highly nutritious and recommended to prevent chronic condition	10
	Yes, Plant protein has much beneficious	6
	Yes, It's good to adopt but difficult to maintain	25
	Yes, we follow	12
	I think a well-planned whole-food plant-based (WFPB) diet has substantial, evidence-backed potential for preventing many chronic diseases and meaningful potential for helping reverse or remit some of them—particularly cardio metabolic ones like heart disease and type 2 diabetes. It's not a miracle cure or one-size-fits-all solution, but the data from large cohorts, meta-analyses, and some interventional trials make a compelling case that shifting toward more plants (fruits, vegetables, whole grains, legumes, nuts, seeds) while minimizing or eliminating animal products and ultra-processed foods can meaningfully lower disease burden for many people.	1
	Human physiology, starting from the dentition (incisors, canines, premolars and molars), protein and fat digestive enzymes from the pancreas and liver, show us that we are meant to consume plants and animal sources of food. A balanced diet is ideal.	2
	No, Can be reversed but cannot be prevented	3
	No, Complete plant based may not possible in these life style data	5
	No, worse trying it is harmful	3
	May or may not	14
	May depends	15
	No, Opinion not given	23

Interpretation of Table No. 4 indicates that the responses of the medical doctors were reviewed and thematically categorized into positive, negative, uncertain/conditional and no clear opinion categories based on their overall meaning.

Table No.5: Knowledge of participants on plant based diet

S.N	Knowledge questions	Answers			
		1	**2**	**3**	**4**
1	Have you heard of plant based nutrition	Yes-151 (75.5%)	No-30 (15.0%)	Maybe-19 (9.5%)	--
2	A plant based diet is primarily composed of	Fruits, vegetables, legumes, nuts, seeds and whole grains-200 (100.0%)	Dairy products, meat and poultry-0	High-fat food items-0	Refined sugar and oils-0
3	Which pant based diet provides a complete protein i.e., provides all the essential amino acids?	Soybeans-151 (75.5%)	Peanuts-35 (17.5%)	Lentils-14 (7.0%)	--
4	Which of the following is most strongly supported by evidence as a potential benefit of appropriately planned plant-based dietary patterns?	Elimination of the need for medication 7(3.5%)	Prevention of all cancers 8 (4.0%)	Guaranteed reversal of all chronic diseases 12 (6.0%)	Improved blood pressure and cardiometabolic risk factors 173(86.5%)
5	Which vitamin is important for vegans/vegetarians to supplement?	Vitamin B12-190 (95.0%)	Vitamin D-7 (3.5%)	Vitamin A-3(1.5%)	--
6	What is the main difference between vegan & vegetarian diets?	Vegetarians consume dairy, vegans exclude all animal derived foods-170 (85.0%)	Vegans eat eggs, vegetarians avoid eggs-17(8.5%)	Vegans eat fish, vegetarian's don't-3 (1.5%)	Both avoid all animal products equally-10 (5.0%)
7	Which antioxidant in green tea contributes to cardiovascular protection?	Catechins-146 (73.0%)	Lycopene-35 (17.5%)	Retinol-2 (1.0%)	Tocopherol-17 (8.5%)

Table 5 presents the participants' knowledge regarding various aspects of plant-based nutrition, including dietary components, nutrient sources, health benefits, and supplementation requirements. The findings indicate that 151 participants (75.5%) had heard of plant-based nutrition, 151 participants (75.5%) correctly identified soybeans as a complete protein source. A large majority of participants (173; 86.5%) recognized that a plant-based diet can improve multiple chronic conditions, including rheumatoid arthritis, hypertension, and type 2 diabetes. Knowledge regarding nutrient supplementation among vegetarians and vegans was notably high, with 190 participants (95.0%) correctly identifying vitamin B12 as the key nutrient requiring supplementation. Knowledge of plant-based functional foods

was also evident, as 146 participants (73.0%) correctly identified catechins as the antioxidant in green tea associated with cardiovascular protection. Other respondents selected lycopene (17.5%), retinol (1.0%), or tocopherol (8.5%).

Table No.6: Practice of participants on plant based diet

	Practice questions	Answers			
		1	**2**	**3**	**4**
1	Would you ever consider adopting a plant-based diet?	Yes-65 (32.5%)	No-34 (17.0%)	Maybe -68 (34.0%)	Only for a short period of time-33(16.5%)
2	If you would consider adopting a plant based diet, for how long would you consider to change your diet?	< 1week -52 (26.0%)	2—4 weeks -65 (32.5%)	1—2 months -28(14.0%)	>3 months-55 (27.5%)
3	18. Would you recommend plant-based diet to your current/future patients?	Yes-80 (40.0%)	No-15 (7.5%)	Maybe -101 (50.5%)	Others -4(2.0%)

Table 6 presents the participants' practices and willingness regarding the adoption and recommendation of plant-based diets. When asked whether they would consider adopting a plant-based diet, 68 participants (34.0%) responded "Maybe," representing the largest proportion. Regarding the duration for which participants would be willing to change their diet, the highest proportion (65 participants; 32.5%) indicated a willingness to follow a plant-based diet for 2–4 weeks. When asked whether they would recommend a plant-based diet to their current or future patients, 101 participants (50.5%) responded "Maybe," indicating uncertainty. However, 80 participants (40.0%) reported that they would recommend a plant-based diet, whereas only 15 participants (7.5%) stated that they would not recommend it.

Discussion

The present cross-sectional study assessed knowledge, attitudes and practices regarding plant-based dietary patterns among 200 medical doctors at the participating institution. Participants demonstrated relatively high correct-response rates for several knowledge items, including recognition of the major food groups comprising plant-based diets and awareness of vitamin B12 as an important nutritional consideration.

The findings also demonstrated generally favorable attitudes toward several aspects of plant-based dietary patterns. However, responses were less consistent regarding meal preparation, affordability and the role of oils. This suggests that awareness of plant-based nutrition does not necessarily translate into confidence in practical implementation.

The distinction between knowledge and practice is important. Physicians may recognize potential health benefits of plant-based dietary patterns while simultaneously experiencing uncertainty about dietary adequacy, feasibility, cultural acceptability or appropriate patient counselling. Previous literature has similarly identified limited nutrition training and inadequate confidence in nutrition counselling among healthcare professionals as potential barriers.

Evidence indicates that appropriately planned plant-based and vegetarian dietary patterns can be nutritionally adequate and may provide cardiometabolic health benefits. However, the term "plant-based diet" encompasses a range of dietary patterns, and the health effects depend on the quality and composition of the diet rather than simply the absence of animal foods.

The findings therefore have implications for medical education. Greater emphasis on practical nutrition education, interpretation of dietary evidence and communication skills may

help physicians provide more confident and individualized dietary counselling.

Because this study used convenience sampling and was conducted at a single institution, the findings should be interpreted within the context of the participating doctors and should not be generalized to all medical doctors

A review by Ferdowsian and Barnard describes the beneficial effects of plant-based diets on plasma lipids, reporting an up to 35% decrease in plasma low-density lipoprotein (LDL) cholesterol with a whole-food plant-based diet combined with nuts, soy and fiber[5]. Investigators in the Adventist Health Study 2 reported vegetarian and vegan diets to be associated with decreased rates of all-cause and cardiovascular mortality compared to nonvegetarians[6].

The Lifestyle Heart Trial examined the relationship between atherosclerosis and diet. In this study, patients with cardiac disease were switched from their standard omnivorous diets to either a plant-based diet or the American Heart Association Diet, which is the current standard of care dietary intervention. The study found that 34% more patients on the plant-based diet had reduction of atherosclerosis than those on the diet recommended by the American Heart Association [7] .

A similar study among 200 young adults in Delhi NCR assessed knowledge, attitudes, and practices related to plant-based protein foods. While general awareness was high (89.5%), detailed understanding such as knowledge of complete proteins (23.5%) and health benefits (42%) remains limited. Attitudes are largely positive, driven by health and environmental concerns, with 62% viewing plant-based proteins favourably and 53% recognizing their sustainability[8].

A study on Incident of Cardiovascular Disease showed that participants in the highest versus lowest quintile for adherence to overall plant-based diet index or pro vegetarian diet had a 16%, 31% to 32%, and 18% to 25% lower risk of cardiovascular disease, cardiovascular disease mortality, and all-cause mortality, respectively, after adjusting for important confounders (all $P<0.05$ for trend). Higher adherence to a healthy plant-based diet index was associated with a 19% and 11% lower risk of cardiovascular disease mortality and all-cause mortality, respectively, but not incident cardiovascular disease ($P<0.05$ for trend). No associations were observed between the less healthy plant-based diet index and the outcomes. Diets higher in plant foods and lower in animal foods were associated with a lower risk of cardiovascular morbidity and mortality in a general population[9]. The association between plant-based diets, incident CKD, and kidney function decline has not been examined in the general population. We prospectively investigated this relationship in a population-based study, and evaluated if risk varied by different types of plant-based diets[10].

Conclusion

Among doctors surveyed at the participating institution, relatively high correct-response rates were observed for several knowledge items, and attitudes toward plant-based dietary patterns were generally favorable. However, concerns regarding feasibility, meal preparation and affordability were also identified. The findings suggest a potential gap between knowledge and practical adoption or recommendation of plant-based dietary patterns. Further evidence-based nutrition education and practical dietary counselling training may help strengthen physicians' confidence in discussing plant-based dietary patterns with patients. Given the single-institution setting and convenience sampling, the findings should be interpreted cautiously and should not be generalized to all doctors in

We would like to give our gratitude to all the study participants in the study for giving their valuable time and information.

Declarations

Ethics Approval and Consent to Participate

The study was approved by the Institutional Ethics Committee (IEC) of Mahavir Institute of Medical Sciences, Vikarabad, Telangana, India (Approval No. MIMS/IEC/2026/184). Written informed consent was obtained from all

participants before their participation in the study.

Competing Interests: The authors declare that they have no competing interests.

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Authors' Contributions

All authors contributed to the conception and design of the study, data collection, analysis and interpretation of the findings, and preparation and critical revision of the manuscript. All authors read and approved the final version of the manuscript.

Data Availability: The data generated and/or analyzed during the current study are available from the corresponding author on reasonable request, subject to appropriate ethical and confidentiality considerations.

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Use of Artificial Intelligence: The authors declare that no artificial intelligence tools were used to generate, analyze, or interpret the study data.

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