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Original Paper

AGE-RELATED DIFFERENCES IN EATING HABITS OF LATVIAN ADULTS

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Dietary habits are modifiable determinants of health and may change across the lifespan due to socioeconomic and lifestyle factors. The aim of the study was to assess age-related differences in eating habits, nutrition literacy, and perceived barriers to healthy eating among Latvian adults. A cross-sectional survey was conducted among 1133 Latvian adults aged 18–94 years. Participants completed a structured face-to-face questionnaire assessing self-reported diet quality, perceived barriers to healthy eating and selected dietary behaviours. Differences between age groups were evaluated using Pearson chi-square, one-way ANOVA, or Kruskal–Wallis tests. Most respondents rated their diet as "generally good, but could be improved," with no significant age differences ($p = 0.10$). Younger adults more frequently reported lack of time, cooking skills, and work-related conditions as barriers to healthy eating ($p < 0.01$), but financial difficulties increased significantly with age ($p < 0.01$). Awareness and application of the plate principle in meal planning and fruit and vegetable intake recommendations were low across all age groups. Fast food consumption decreased significantly with age ($p < 0.01$), older adults also more often reported low daily water intake ($p < 0.01$). Eating habits and perceived barriers to healthy eating differ across adulthood in Latvia, highlighting the need for age-specific nutrition interventions.

Keywords: *nutrition literacy, age-related eating habits, dietary patterns, Latvian population.*

INTRODUCTION

Dietary habits are a key modifiable determinant of health and play an important role in the prevention of non-communicable diseases such as cardiovascular diseases, type 2 diabetes, obesity, and certain cancers (Alyafei and Daley, 2025). Eating behaviours change throughout life; they evolve in response to biological aging, social roles, economic circumstances, and changes in health status (Drewnowski and Shultz, 2001). Consequently, understanding age-related differences in dietary habits is essential for designing effective public health interventions and nutrition policies (Wang *et al*., 2023).

Previous studies demonstrated that younger adults tend to consume more energy-dense, processed, and fast foods, often due to time constraints, work or education-related stress, and limited cooking skills (Escoto *et al*., 2012; Almoraie *et al*., 2025). In contrast, older adults may adopt more regular meal patterns but face other barriers, including reduced ap-

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petite, difficulties in accessing diverse foods (Stalling *et al*., 2022; Ueland *et al*., 2022; Eglseer *et al*., 2025) or financial limitations (Caso and Vecchio, 2022). Nutrition knowledge and adherence to dietary guidelines also may vary across age groups, potentially influencing long-term health outcomes (Kucharska *et al*., 2025).

In Latvia, data on age-specific dietary behaviours in adults remain limited. Given the country's aging population and the growing burden of diet-related chronic diseases (OECD, 2025), there is a need for comprehensive population-based data examining how eating habits, nutrition knowledge, and perceived barriers to healthy eating differ across adulthood (Afshin *et al*., 2019). The aim of this study was to evaluate age-related differences in eating habits, barriers to healthy eating, and nutrition awareness among Latvian adults using a nationally representative cross-sectional survey.

MATERIALS AND METHODS

A cross-sectional survey was conducted in a random sample of Latvian inhabitants, proportionally distributed by place of residence. Adults aged ≥ 18 years were eligible to participate in the study. Age groups were defined as 18–24, 25–34, 35–44, 45–54, 55–64, 65–75, and 76+ years. The survey was performed by the Latvian Market and Public Opinion Research Centre (SKDS, 2026).

Participants completed a face-to-face questionnaire that included demographic variables (n = 21) and questions on eating habits (n = 20). The following categories of questions were included in the survey: self-assessment of the dietary habits (e.g. self-assessed diet quality and barriers for healthy eating), dietary habits and nutrition awareness (e.g., knowledge and implementation of the plate principle for meal planning (the "plate method"), number of meals per day, regular breakfast/lunch/ dinner), and eating according to World Health Organisation recommendations (WHO) (e.g., fruit/vegetable intake, fast food consumption, and daily water intake) (WHO, 2025).

Descriptive statistics were performed for all variables. For group variables, frequencies and percentages were presented for each group. For continuous variables with a normal distribution, means and standard deviations were presented. For continuous variables with a distribution other than normal, medians and interquartile ranges were presented. Differences between age groups were assessed using the Pearson chi-square test for categorical variables and one-way ANOVA for continuous variables with a normal distribution. For continuous variables with a distribution other than normal, the Kruskal–Wallis test was used to evaluate differences between age groups. Analyses were performed using IBM SPSS Statistics (version 29) (IBM Corp., 2023). Statistical significance was set at $\alpha = 0.05$.

RESULTS

Study population. A total of 1133 adults aged 18 to 94 years participated in the study, of whom more than a half (55.8%) were women. All adult age groups were represented, with the largest proportion for the oldest age group (76+ years; 16.8%). Participants were proportionally distributed across Latvian regions, with the highest representation from Rīga (30.3%) (Table 1).

Table 1. Description of the study population

Gender	n (%)
Male	501 (44.2)
Female	632 (55.8)
Age group (years)	
18–24	128 (11.3)
25–34	151 (13.3)
35–44	174 (15.4)
45–54	160 (14.1)
55–64	169 (14.9)
65–75	161 (14.2)
75+	190 (16.8)
Region	
Rīga	343 (30.3)
Latgale	221 (19.5)
Kurzeme	197 (17.4)
Zemgale	189 (16.7)
Vidzeme	183 (16.1)

Self-reported diet quality and perceived barriers to healthy eating. Across all age groups, most respondents rated their diet as "generally good but could be improved" (58.2%). No statistically significant differences in self-reported diet quality were observed between age groups ($p = 0.10$), indicating a similar overall perception of dietary quality throughout adulthood (Table 2).

However, perceived barriers to healthy eating differed significantly by age. Younger adults (18–34 years) more frequently reported lack of time and lack of cooking skills as barriers to healthy eating ($p < 0.01$); these barriers decreased progressively with age. Work-related conditions were also reported more often among the working age population, particularly those aged 25–54 years ($p < 0.01$) (Table 2).

In contrast, financial aspects became increasingly prominent with advancing age. The proportion of respondents reporting financial reasons as a barrier to healthy eating rose steadily, reaching its highest level in the 76+ age group ($p < 0.01$). Insufficient knowledge about healthy nutrition differed significantly by age ($p = 0.03$), with younger and middle-aged adults reporting this barrier more frequently than older adults.

Nutrition literacy and patterns. Knowledge and implementation of the plate principle in meal planning (the "plate method") were generally low across all age groups. A substantial proportion of participants in every age category reported not knowing about the "plate method" or not following it, with significant differences between age groups

Table 2. Differences between dietary habits and perceived barriers for healthy eating, by age group

Parameter	Response	18–24 n (%)	25–34 n (%)	35–44 n (%)	45–54 n (%)	55–64 n (%)	65–75 n (%)	76+ n (%)	*p* -value
Self-rated diet quality	Unhealthy	22 (9.8)	36 (16.1)	39 (17.4)	41 (18.3)	35 (15.6)	29 (12.9)	22 (9.8)	0.10
	Generally good, needs improvement	54 (8.3)	97 (14.9)	110 (16.9)	120 (18.4)	100 (15.4)	114 (17.5)	56 (8.6)	
	Mostly healthy	19 (7.8)	25 (10.3)	45 (18.5)	37 (15.2)	33 (13.6)	44 (18.1)	40 (16.5)	
Lack of cooking skills	No	56 (7.1)	113 (14.3)	129 (16.3)	155 (19.6)	128 (16.2)	138 (17.5)	70 (8.9)	< 0.01
	Yes	21 (20.8)	21 (20.8)	22 (21.8)	9 (8.9)	10 (9.9)	9 (8.9)	9 (8.9)	
Lack of time	No	40 (6.8)	58 (9.8)	84 (14.2)	99 (16.8)	99 (16.8)	133 (22.5)	77 (13.1)	< 0.01
	Yes	37 (12.3)	76 (25.3)	67 (22.3)	65 (21.7)	39 (13)	14 (4.7)	2 (0.7)	
Too much conflicting nutritional information	No	69 (8.7)	126 (15.8)	140 (17.6)	145 (18.2)	120 (15.1)	126 (15.8)	71 (8.9)	0.24
	Yes	8 (8.6)	8 (8.6)	11 (11.8)	19 (20.4)	18 (19.4)	21 (22.6)	8 (8.6)	
Work conditions	No	65 (8.7)	104 (13.9)	116 (15.5)	125 (16.8)	116 (15.5)	141 (18.9)	79 (10.6)	< 0.01
	Yes	12 (8.3)	30 (20.8)	35 (24.3)	39 (27.1)	22 (15.3)	6 (4.2)	0 (0)	
Financial reasons	No	52 (10.4)	88 (17.6)	101 (20.2)	96 (19.2)	69 (13.8)	64 (12.8)	30 (6)	< 0.01
	Yes	25 (6.4)	46 (11.8)	50 (12.8)	68 (17.4)	69 (17.7)	83 (21.3)	49 (12.6)	
Family eating habits	No	50 (8.7)	80 (14)	101 (17.7)	93 (16.3)	92 (16.1)	104 (18.2)	52 (9.1)	0.18
	Yes	27 (8.5)	54 (17)	50 (15.7)	71 (22.3)	46 (14.5)	43 (13.5)	27 (8.5)	
Insufficient nutrition literacy	No	68 (8.5)	115 (14.3)	137 (17.1)	158 (19.7)	127 (15.8)	131 (16.3)	67 (8.3)	0.03
	Yes	9 (10.3)	19 (21.8)	14 (16.1)	6 (6.9)	11 (12.6)	16 (18.4)	12 (13.8)	

($p < 0.01$). Only a minority reported both being aware of and consistently following the "plate method" (Table 3).

Meal frequency differed significantly by age ($p = 0.01$). Most respondents consumed two to three meals per day, regardless of age, while four to five meals per day were more common among younger and middle-aged adults. Skipping breakfast was significantly more common among younger adults, whereas regular breakfast consumption increased with age ($p < 0.01$). No significant age-related differences were observed for lunch or dinner consumption.

Attention to nutrition labels varied significantly across age groups ($p = 0.04$). Middle-aged adults most frequently reported reading nutrition labels either sometimes or always, whereas younger and older adults were less attentive to food labelling.

Knowledge of recommended fruit and vegetable portion sizes was low across all age groups, with no statistically significant differences observed. Most participants in all age groups reported consuming fewer than the recommended daily portions of vegetables and fruits, and age-related differences were not statistically significant (Table 3).

Fast food consumption showed a clear and statistically significant age-related pattern ($p < 0.01$). Younger adults reported the highest frequency of fast food consumption, including weekly or daily intake. In contrast, older adults, particularly those aged 65 years and older, most reported not consuming fast food at all.

The habit of adding sugar, honey, or syrups to beverages did not differ significantly between age groups ($p = 0.18$). Across all age categories, a substantial proportion of respondents reported regularly adding sweeteners to drinks. While the frequency of always adding sugar was observed in all age groups, middle-aged adults (35–54 years) showed slightly higher proportions compared to younger and older participants. The proportion of respondents who reported never adding sugar to beverages tended to increase with age, with the highest prevalence observed among adults aged 65–75 years. Overall, these findings indicate that sweetening beverages remains a common habit throughout adulthood, with no clear age-related pattern.

Daily water intake differed significantly by age (p 0.01). Older adults were more likely to report drinking less than one litre of water per day, whereas higher fluid intake was more frequently reported among younger and middle-aged adults.

DISCUSSION

This study provides comprehensive evidence of age-related differences in eating habits, barriers to healthy eating, and nutrition-related behaviours among Latvian adults. Although self-rated diet quality did not differ significantly by age, differences were observed in specific dietary behaviours and perceived barriers to healthy eating.

Younger adults were more likely to report lack of time, limited cooking skills, and work-related factors as barriers to healthy eating. These findings are consistent with previous research indicating that early adulthood is often characterised by irregular schedules, reliance on convenience foods, and lower engagement in food preparation (Thorpe *et al*., 2014; Jurado-Gonzalez *et al*., 2025). The high prevalence of fast food consumption among younger adults in Latvia cor-

Table 3. Nutrition literacy and dietary habits, by age group

Variable	Group	18–24 n (%)	25–34 n (%)	35–44 n (%)	45–54 n (%)	55–64 n (%)	65–75 n (%)	76+ n (%)	*p*-value
The plate principle in meal planning (the "plate method") knowledge	Don't know	56 (9.2)	66 (10.8)	92 (15.1)	101 (16.6)	95 (15.6)	118 (19.3)	82 (13.4)	< 0.01
	Know but don't follow	31 (7.5)	72 (17.4)	80 (19.4)	82 (19.9)	61 (14.8)	63 (15.3)	24 (5.8)	
	Know and follow	9 (9.4)	18 (18.8)	21 (21.9)	15 (15.6)	15 (15.6)	8 (8.3)	10 (10.4)	
Meals per day	1	4 (16.7)	4 (16.7)	5 (20.8)	8 (33.3)	2 (8.3)	1 (4.2)	0 (0)	0.01
	2–3	55 (6.8)	112 (13.9)	142 (17.7)	149 (18.6)	136 (16.9)	136 (16.9)	73 (9.1)	
	4–5	36 (12.6)	39 (13.6)	47 (16.4)	41 (14.3)	31 (10.8)	48 (16.8)	44 (15.4)	
	More	1 (11.1)	1 (11.1)	1 (11.1)	1 (11.1)	2 (22.2)	2 (22.2)	1 (11.1)	
Attention to nutrition labels	No	60 (9.5)	80 (12.6)	95 (15)	117 (18.5)	91 (14.4)	109 (17.2)	82 (12.9)	0.04
	Yes, sometimes	28 (7)	63 (15.8)	77 (19.3)	73 (18.3)	61 (15.3)	67 (16.8)	31 (7.8)	
	Yes, always	8 (8.4)	15 (15.8)	23 (24.2)	10 (10.5)	18 (18.9)	15 (15.8)	6 (6.3)	
Knowledge of fruit/ vegetable portion size	Yes	20 (8.3)	41 (17)	42 (17.4)	43 (17.8)	38 (15.8)	40 (16.6)	17 (7.1)	0.45
	No	73 (8.5)	114 (13.3)	149 (17.4)	151 (17.6)	126 (14.7)	144 (16.8)	100 (11.7)	
Fast-food consumption frequency	Do not consume fast food	9 (1.4)	39 (6.2)	67 (10.7)	109 (17.4)	131 (20.9)	158 (25.2)	113 (18.1)	< 0.01
	A few times a year	28 (11.1)	47 (18.6)	77 (30.4)	51 (20.2)	24 (9.5)	24 (9.5)	2 (0.8)	
	A few times a month	41 (21.1)	55 (28.4)	43 (22.2)	32 (16.5)	13 (6.7)	7 (3.6)	3 (1.5)	
	A few times a week	15 (33.3)	16 (35.6)	7 (15.6)	6 (13.3)	1 (2.2)	0 (0)	0 (0)	
	Every or almost every day	3 (60)	1 (20)	0 (0)	0 (0)	1 (20)	0 (0)	0 (0)	
Adding sugar/honey/ syrups to drinks	No, never	18 (7.4)	26 (10.7)	34 (14)	40 (16.5)	45 (18.6)	53 (21.9)	26 (10.7)	0.18
	Yes, sometimes	40 (8.6)	76 (16.3)	85 (18.2)	76 (16.3)	66 (14.2)	77 (16.5)	46 (9.9)	
	Yes, always	38 (9)	57 (13.4)	77 (18.2)	85 (20)	59 (13.9)	61 (14.4)	47 (11.1)	
Daily water intake	Less than 1 liter	12 (5.8)	24 (11.6)	22 (10.6)	28 (13.5)	37 (17.9)	49 (23.7)	35 (16.9)	< 0.01
	1–1.5 liters	51 (8.6)	79 (13.3)	113 (19)	118 (19.8)	78 (13.1)	93 (15.6)	64 (10.7)	
	1.51–2 liters	24 (9.2)	46 (17.7)	49 (18.8)	42 (16.2)	42 (16.2)	39 (15)	18 (6.9)	
	More than 2 liters	9 (14.5)	9 (14.5)	11 (17.7)	12 (19.4)	13 (21)	6 (9.7)	2 (3.2)	

responds with United States data, where the percentage of consumed calories from fast food on a given day among adults decreased with age: 15.2% for ages 20–39, 11.9% for 40–59, and 7.6% for 60 and older (Shah *et al*., 2025). These results highlight younger adults as a critical target group for nutrition interventions focused on practical skills, meal planning, and healthier convenience food options.

In contrast, older adults reported fewer time-related barriers but were significantly more likely to experience financial difficulties. This finding highlights the importance of economic factors in shaping dietary choices in later life, particularly among inhabitants with fixed incomes (Conklin *et al*., 2013). Additionally, lower water intake among older adults may reflect age-related changes in thirst perception or mobility limitations, raising concerns regarding dehydration risk in this population (Pepa *et al*., 2025). Li *et al*. point out that dehydration is a prevalent health problem in older adults, accounting for substantial economic and social burden (Li *et al*., 2023).

Awareness and implementation of the plate principle in meal planning (the "plate method"), as well as knowledge of fruit and vegetable portion sizes, were low across all age groups. These findings suggest that general nutrition education alone may be insufficient and should be complemented by age-specific and practical strategies (Li and Wang, 2025). Ren *et al*. also indicate that nutrition literacy should take into account in cases of underlying chronic diseases (Ren *et al*., 2025).

Several limitations should be considered when interpreting the results of this study. The cross-sectional study design does not allow to evaluate long-term patterns of nutritional

behaviour. All data were self-reported, thus reducing the objectivity of observed results. Only univariate analysis of differences between age groups was performed, which did not allow for assessing predictors of unhealthy behaviours other than age.

The strength of this study is a nationally representative sample of Latvian adults with a wide age range (18–94 years) and a proportional distribution of participants by region. The use of standardised, face-to-face data collection likely improved data quality. Additionally, the study examined multiple dimensions of nutrition literacy, including self-rated diet quality, meal patterns, nutrition literacy, and perceived barriers to healthy eating, providing a complex overview of eating habits.

To conclude, Latvian adults of different ages stated similar self-reported diet quality but showed age-related differences in barriers to healthy eating and several dietary behaviours. Public health interventions in nutrition literacy should adopt age-specific patterns, promoting younger adults to improve their cooking skills, time management, and reducing fast food consumption, while strategies for older adults should address affordability, access to nutritious foods, and adequate hydration. Tailoring public health initiatives to age-specific needs may help improve nutritional outcomes across the Latvian adult population.

ETHICS

The study was approved by the Ethical Committee of the Life Sciences and Medicine of the University of Latvia (approval Nr.71-35/75 from 14.05.2024).

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REFERENCES

Afshin, A., Sur, P. J., Fay, K. A., Cornaby, L., Ferrara, G., Salama, J. S., Mullany, E. C., Abate, K. H., Abbafati, C., Abebe, Z., *et al*. (2019). Health effects of dietary risks in 195 countries, 1990–2017: A systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*, **393**, 1958–1972. https://doi.org/10.1016/S0140-6736(19)30041-8.

Almoraie, N. M., Alothmani, N. M., Alomari, W. D., Al-amoudi, A. H. (2025). Addressing nutritional issues and eating behaviours among university students: A narrative review. *Nutr. Res. Rev*., **38**, 53–68. https://doi.org/10.1017/S0954422424000088.

Alyafei, A., Daley, S. F. (2025). *The Role of Dietary Lifestyle Modification in Chronic Disease Prevention and Management.* StatPearls Publishing, StatPearls, Treasure Island (FL). Bookshelf ID: NBK587401.

Caso, G., Vecchio, R. (2022). Factors influencing independent older adults (un)healthy food choices: A systematic review and research agenda. *Food Res. Int*., **158**, 111476. https://doi.org/10.1016/j.foodres.2022.111476.

Conklin, A. I., Maguire, E. R., Monsivais, P. (2013). Economic determinants of diet in older adults: systematic review. *J. Epidemiol. Community Health*, **67**, 721–727. https://doi.org/10.1136/jech-2013-202513.

Drewnowski, A., Shultz, J. M. (2001). Impact of aging on eating behaviors, food choices, nutrition, and health status. *J. Nutr. Health Aging*, **5**, 75–79.

Eglseer, D., Bauer, S., Farzer, E., Reitbauer, M., Lampersberger, L. (2025). Barriers, facilitators, and needs for supporting healthy diets in community-dwelling older adults and their informal caregivers: A qualitative study. *Appetite*, **214**, 108184. https://doi.org/10.1016/j.appet.2025.108184.

Escoto, K. H., Laska, M. N., Larson, N., Neumark-Sztainer, D., Hannan, P. J. (2012). Work hours and perceived time barriers to healthful eating among young adults. *Amer. J. Health Behav*., **36**, 786–796. https://doi.org/10.5993/AJHB.36.6.6.

Jurado-Gonzalez, P., López-Toledo, S., Bach-Faig, A., Medina, F.-X. (2025). Barriers and enablers of healthy eating among university students in Oaxaca de Juarez: A mixed-methods study. *Nutrients*, **17**, 1263. https://doi.org/10.3390/nu17071263.

Kucharska, A., Sińska, B. I., Panczyk, M., Samel-Kowalik, P., Raciborski, F., Czerwonogrodzka-Senczyna, A., Boniecka, I., Traczyk, I. (2025). Nutritional knowledge, sociodemographic, and lifestyle factors as determinants of diet quality: A Polish population-based study. *Front. Publ. Health*, **13**. https://doi.org/10.3389/fpubh.2025.1613598.

Li, Q., Wang, Q. (2025). A qualitative study of facilitators and barriers to healthy eating among older adults in China based on nutritional literacy and the capability opportunity motivation behaviour model. *Sci. Rep*., **15**, 20360. https://doi.org/10.1038/s41598-025-05115-9

Li, S., Xiao, X., Zhang, X. (2023). Hydration status in older adults: Current knowledge and future challenges. *Nutrients*, **15**, 2609. https://doi.org/10.3390/nu15112609.

WHO. Nutrition for a healthy life – WHO recommendations [WWW Document], n.d. https://www.who.int/europe/news-room/fact-sheets/item/nutrition—-maintaining-a-healthy-lifestyle (accessed 30.01.2026).

OECD/European Observatory on Health Systems and Policies (2025). Country Health Profile 2025: Latvia. State of Health in the EU, OECD Publishing, Paris/ European Observatory on Health Systems and Policies, Brussels. https://eurohealthobservatory.who.int/publications/m/latvia-country-health-profile-2025 (accessed 30.01.2026).

Pepa, A., Malisova, O., Apostolaki, I., Magriplis, E., Galanaki, C., Chamos, A., Grammatikopoulou, M. G., Kapsokefalou, M. (2025). Total water intake and beverage variety in older adults: A cross-sectional study on social capital and quality of life in Greece. *Beverages*, **11**, 132. https://doi.org/10.3390/beverages11050132.

Ren, Y., Liu, Y., Liu, K., Jin, R., 2025. Nutrition literacy assessment in older adults: A scoping review of measurement tools. *Front. Nutr*., **12**. https://doi.org/10.3389/fnut.2025.1608558.

Shah, N. N., Fryar, C. D., Ahluwalia, N., Akinbami, L. J. (2025). Fast-food intake among adults in the United States, August 2021–August 2023. *NCHS Data Briefs*, No. 533, 1–12. DOI: https://dx.doi.org/10.15620/cdc/174606, n.d.

SKDS, Research Centre (2026). https://www.skds.lv/ (accessed 30.01.2026).

Stalling, I., Albrecht, B. M., Foettinger, L., Recke, C., Bammann, K. (2022). Meal patterns of older adults: Results from the OUTDOOR ACTIVE Study. *Nutrients*, **14**, 2784. https://doi.org/10.3390/nu14142784.

Thorpe, M. G., Kestin, M., Riddell, L. J., Keast, R. S., McNaughton, S. A. (2014). Diet quality in young adults and its association with food-related behaviours. *Publ. Health Nutr*., **17**, 1767–1775. https://doi.org/10.1017/S1368980013001924.

Ueland, Ø., Grini, I. S., Schillinger, I., Varela, P. (2022). Opportunities and barriers for food intake in older age: A Norwegian perspective. *Food Nutr. Res*., **66**, 10.29219/fnr.v66.8628. https://doi.org/10.29219/fnr.v66.8628.

Wang, X., Wu, Y., Miao, J., Pu, K., Ming, W.-K., Zang, S. (2023). Factors associated with eating behaviors in older adults from a socioecological model perspective. *BMC Public Health,* **23**, 1726. https://doi.org/10.1186/s12889-023-16651-2.

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AR VECUMU SAISTĪTAS ATŠĶIRĪBAS UZTURA PARADUMOS PIEAUGUŠO VIDŪ LATVIJĀ

Uztura paradumi ir modificējams veselību noteicošais faktors, un dzīves laikā tas var mainīties socioekonomisko un dzīvesveida faktoru ietekmē. Pētījuma mērķis bija izvērtēt ar vecumu saistītās atšķirības uztura paradumos un šķēršļos veselīgam uzturam Latvijas pieaugušo vidū. Šķērsgriezuma pētījumā piedalījās 1133 Latvijas iedzīvotāji vecumā no 18 līdz 94 gadiem. Dalībnieki aizpildīja strukturētu klātienes aptauju par uztura pašnovērtējumu, veselīga uztura šķēršļiem un atsevišķiem uztura paradumiem. Atšķirības starp vecuma grupām tika analizētas, izmantojot *Pearson chi-square*, *one-way ANOVA* vai *Kruskal–Wallis* testus. Lielākā daļa respondentu savu uzturu novērtēja kā "kopumā labu, bet ir ko uzlabot", bez būtiskām atšķirībām starp vecuma grupām ($p = 0{,}10$). Jauni pieaugušie biežāk norādīja laika trūkumu, nepietiekamas ēdienu gatavošanas prasmes un darba apstākļus kā šķēršļus veselīgam uzturam ($p < 0{,}01$), savukārt finansiālie ierobežojumi būtiski pieauga ar dalībnieku vecumu ($p < 0{,}01$). Šķīvja principa uztura plānošana un augļu, dārzeņu patēriņa rekomendāciju ievērošana bija zema visās vecuma grupās. Ātrās ēdināšanas patēriņš būtiski samazinājās līdz ar vecumu ($p < 0{,}01$), ka arī vecāka gadagājuma pieaugušie biežāk uzrādīja nepietiekamu ikdienas šķidruma uzņemšanu ($p < 0{,}01$). Pašziņotie uztura paradumi un šķēršļi veselīgam uzturam Latvijas pieaugušo vidū būtiski atšķirās atkarībā no vecuma, uzsverot nepieciešamību pēc vecumam pielāgotām stratēģijām veselīga uztura veicināšanā.