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Original Article

Vegan Diets between Trend and Health: A Qualitative Study for National Nutrition Policy

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Abstract

Background: The number of vegan consumers has increased markedly over the past decade. Some individuals adopt this diet without adequate understanding of its core principles, often driven by secondary motives and misconceptions. These misunderstandings may result in adverse health outcomes, including nutritional deficiencies, when the diet is poorly planned. Understanding the sociocultural and educational context of the target population, particularly in regions such as Lar, Gerash, and Evaz in southern Iran, is therefore essential.

Objectives: This study aimed to identify common misconceptions about the vegan diet among individuals referring to community health centers and to evaluate the need for targeted nutrition education as a preventive approach to reduce diet-related health risks.

Methods: This qualitative study employed semi-structured interviews and purposive sampling to recruit vegan individuals from community health centers in Lar, Gerash, and Evaz. Data were analyzed using conventional qualitative content analysis based on the Graneheim and Lundman approach. Interviews were transcribed verbatim, managed with MAXQDA version 10, and analyzed concurrently with data collection until saturation was achieved.

Results: Data from 32 participants, mean age: 40.21 (10.20) years, yielded four main themes: misconceptions about the vegan diet, consequences of unresolved misconceptions (including nutritional deficiencies), proposed solutions, and implementation strategies. Several misconceptions conflicted with fundamental dietary principles and, in some cases, led to unintended negative health effects.

Conclusion: While the vegan diet has potential health benefits, inadequate understanding of its objectives may increase health risks. Targeted nutrition education, professional guidance, and supportive public health policies are recommended to promote informed adherence and prevent diet-related harm.

Implications for Nursing and Midwifery Preventive Care

- Promote targeted nutrition education to correct misconceptions about vegan diets.
- Encourage professional guidance for safe dietary adherence.
- Integrate public health policies to prevent diet-related nutritional deficiencies.

Introduction

The vegan diet (strict vegetarianism) is a dietary pattern defined by the exclusion of all foods of animal origin. The factors that motivate individuals to adopt this dietary pattern are mainly ethical, health, and environmental reasons. In recent years, veganism has attracted increasing public and policy attention as part of broader discussions on sustainable nutrition, prevention of non-communicable diseases, and environmental protection [1]. From a nutritional quality perspective, the vegan diet has the highest Healthy Eating Index (HEI) score compared to vegetarian, semi-vegetarian, and omnivorous diets and shows the greatest similarity to the Mediterranean diet [2, 3]. Evidence suggests that vegan diets may provide greater protection against obesity, hypertension, type 2 diabetes, and cardiovascular mortality [4].

Despite these documented benefits, adherence to a vegan diet is not solely determined by nutritional knowledge. An individual's relationship with food, personal beliefs, and social influences play a critical role in shaping dietary behaviors and, in some cases, may contribute to health impairments or the development of disordered eating patterns [5]. From a clinical and public health perspective, concerns have been raised regarding the nutritional adequacy of poorly planned vegan diets, as individuals following this pattern tend to consume lower amounts of protein and may have inadequate intake of vitamins B2, niacin (B3), B12, and D, as well as iodine, zinc, calcium, potassium, and selenium [6].

Although international research has extensively examined the health effects of vegan diets, there is a limited understanding of how misconceptions, secondary motivations, and sociocultural factors influence adherence to this dietary pattern in non-Western contexts. In Iran, particularly in southern regions, dietary behaviors are shaped by local food availability, economic constraints, cultural norms, and public perceptions of food safety, all of which may affect motivations for adopting veganism and its associated health outcomes [6].

From a health policy perspective, the growing popularity of vegan diets represents both an opportunity and a challenge for healthcare systems. When adherence is based on misconceptions and lacks appropriate nutritional guidance, the risk of diet-related deficiencies may increase, potentially placing additional burdens on primary healthcare services [6]. Conversely, informed adherence supported by evidence-based nutrition education and context-sensitive public health policies may enhance health outcomes and contribute to broader goals of sustainable nutrition [1].

Therefore, considering the importance of informed and well-understood adherence to vegan diets, this study was designed to identify misconceptions and incorrect views regarding the vegan diet and to generate evidence that can inform targeted nutrition education and policy-oriented interventions within the healthcare system.

Objectives

The present study aimed to explore and systematically identify prevalent misconceptions regarding the vegan diet among individuals attending community health centers in southern Iran. In addition, it sought to examine how these misconceptions influence dietary practices and potential nutritional risks. The study further aimed to assess participants perceived need for professional nutrition education and guidance, and to provide evidence to inform the design of targeted educational interventions and public health strategies for promoting safe and informed adherence to vegan dietary patterns.

Methods

Type of Study

This study utilized a qualitative approach through conventional content analysis to explore the experiences of vegan individuals. Among the three perspectives of qualitative content analysis, the conventional method was deemed most appropriate for this research. Unlike directed or deductive approaches, the conventional method allows categories and codes to emerge inductively from the raw data without being constrained by prior theoretical frameworks or predefined categories [7].

This was particularly suitable for our study, as limited prior research exists on the experiences of vegan individuals in this context, and the aim was to capture participants' perspectives as authentically as possible.

Study Population

This study population comprised residents of Larestan, Gerash, and Evaz counties identified through electronic health records at community health centers and informational posters placed within these facilities. Participants were selected using purposive sampling to recruit information-rich cases and to achieve maximum variation in experiences. Specifically, we targeted individuals with sustained vegan practice and the ability to articulate their perspectives, while seeking diversity across counties and key sociodemographic characteristics to capture a broad range of viewpoints. Recruitment proceeded iteratively until thematic sufficiency was reached.

Inclusion Criteria

1. The participant must have a strict vegan diet for at least six months to ensure they have sufficient experience with the lifestyle.
2. The participants must be willing to participate in the research voluntarily.
3. The participants must be residents of Larestan, Gerash, or Evaz counties.
4. The participants must be familiar with Persian.
5. The participants must be able to share their experiences.

Exclusion Criteria

Participants' unwillingness to continue participating in the research.

Data Collection Procedure

Data were generated through semi-structured, in-depth interviews, allowing participants to freely share their experiences and perspectives regarding the vegan diet. Before the main study, a pilot phase was conducted with two participants to test and refine the interview guide, ensuring the questions were clear and effectively addressed the research objectives. Individual interviews with open questions are one of the most popular methods of data collection. In qualitative research, this type of interview is considered an unstructured conversation and is accompanied by word-for-word transcription and audio recording, and is more self-directed than limited to rigid and inflexible questions. Open interviews (unstructured) allow participants to fully describe and define their experiences [8]. In such cases, the interviews start with a general question, and then, with the continuation of the interview, more specific questions continue based on the results of the initial interviews and the main themes in the direction of the research goals [9].

In this study, the interview process was started by asking, "What is the reason or reasons for starting a vegan diet?" Other questions were asked of the participants based on the interview process and study objectives. Exploratory questions, such as "Can you explain more?" or "Can you give an example?" were used to collect deeper information.

After completing the consent form, the time and place of the interview were determined by the agreement of the interviewer and each participant in the study. To increase the accuracy of data collection, with the consent of the participants, in addition to taking notes, their voices were also recorded. Each interview was audio-recorded and transcribed verbatim, with an average duration of 45 to 60 minutes, reflecting the depth of the data collected. At the end of each interview, after thanking and appreciating, the participants also discussed the possibility of conducting additional interviews.

Sampling continued until data saturation was reached, which occurred after 32 interviews, that is, until the classes and characteristics of each class that were identified did not change with the entry of new data into the research [10].

Sampling Method

In this study, a purpose-based sampling method was used. Sampling was done among people with a vegan diet who had informed consent to participate in the research. The sampling process continued until the data saturation level was reached. The questions were asked and recorded by one of the researchers.

Analysis Method

According to Granheim and Landman's content analysis approach in qualitative research, data collection and analysis took place simultaneously [10]. To analyze the data, the recorded interviews were typed word for word after listening several times and then entered into the MAXQDA 10 software. After entering each interview into the software, each interview was read word for word, and each text was broken into meaning units. Then, meaning units that had similar meanings were placed in the same category. Main classes and sub-classes were finally formed based on content and similarities.

To improve the accuracy and robustness of the findings, the criteria of Lincoln and Guba (2007) were used [8]. Long-term involvement of the researcher with the processes of data collection and analysis, writing reminders, confirming the accuracy of data analysis by qualitative research experts, and checking primary codes by participants can increase the credibility of the data. To increase the dependability and confirm the ability of the data, sampling with the maximum variation was tried. Finally, to increase the transferability of the data, an attempt was made to provide a sufficient description of the data for the critical study of the findings by other researchers.

Result

Overview of Findings

A total of 32 individuals, mean age: 40.21 (10.20) years, participated in this study. Participants varied in age, gender, educational background, occupation, and duration of adherence to a vegan diet (Table 1).

Thematic analysis of interview data identified four principal categories of consumer misconceptions regarding the vegan diet:

1. Perceiving veganism as a trendy dietary pattern
2. Seeking social popularity through vegan identity
3. Adopting the diet primarily due to perceived lower cost
4. Avoiding meat products because of fear of food poisoning

Across these categories, misconceptions were associated with specific anticipated consequences if left unaddressed, including superficial adherence, nutritional inadequacy, reinforcement of misinformation, and potential protein and micronutrient deficiencies. To mitigate these risks, participants' narratives were synthesized into evidence-informed strategies focusing on public awareness, dietary literacy, food system regulation, and policy interventions.

Table 1: Characteristics of the Participants

N	Age	Gender	Occupation	Education	Duration of Vegan Diet Adherence (Year)
P1	62	Female	Retired	AS	1
P2	29	Male	Student	MSc	4
P3	35	Female	Self-employed	BSc	1
P4	58	Female	Housewife	Primary School	3
P5	50	Female	Homemaker	Diploma	3
P6	31	Female	Self-employed	BSc	2
P7	58	Male	Self-employed	Middle School	2
P8	42	Male	Self-employed	AS	5
P9	44	Female	Homemaker	Diploma	1
P10	27	Female	Student	BSc	2
P11	35	Female	Employee	BSc	4
P12	36	Male	Employee	BSc	2
P13	40	Female	Employee	BSc	7
P14	28	Female	Student	BSc	3
P15	45	Male	Self-employed	BSc	1
P16	38	Female	Employee	BSc	2
P17	46	Female	Homemaker	BSc	8
P18	32	Female	Employee	BSc	3
P19	29	Male	Student	MSc	1
P20	27	Female	Homemaker	Diploma	3
P21	46	Female	Self-employed	Diploma	3
P22	40	Female	Homemaker	Primary School Education	1
P23	42	Male	Self-employed	BSc	3
P24	47	Female	Self-employed	AS	5
P25	52	Female	Homemaker	Diploma	2
P26	23	Male	Self-employed	Diploma	3
P27	54	Male	Self-employed	Diploma	2
P28	33	Female	Employee	BSc	5
P29	41	Female	Self-employed	Diploma	2
P30	48	Female	Homemaker	BSc	6
P31	28	Male	Self-employed	Diploma	4
P32	41	Male	Employee	BSc	3

Table 1 presents participants' demographic characteristics, while Table 2 provides a structured summary of identified misconceptions, their potential consequences, and proposed corrective strategies. The following sections narratively elaborate these findings.

A. Trendiness of the Vegan Diet

One of the most frequently reported misconceptions was viewing veganism as a fashionable lifestyle rather than a health-, ethical-, or evidence-based dietary choice. Participants influenced by this perception adopted the diet to align with popular culture trends.

As one participant stated:

"In my opinion, the vegan diet is a trendy diet that is rapidly increasing, and I am also a supporter of this eating trend" (P6). As summarized in Table 2 (Consequences column), failure to address this misconception may lead to superficial adherence, neglect of nutritional adequacy, and deviation from the fundamental purpose of the diet. Popularization without adequate education risks transforming veganism into a symbolic identity rather than a nutritionally informed practice.

B. Seeking Social Popularity

Another identified misconception involved using veganism as a means of attracting attention and enhancing social visibility, particularly in digital environments. In this context, dietary behavior functioned as a tool for self-presentation.

One interviewee explained:

"When you say that I follow a vegan diet, it attracts a lot of attention and even gains you followers, especially on social media" (P10).

According to Table 2, unaddressed popularity-driven motivations may reinforce misinformation, encourage performative adherence, and prioritize social recognition over dietary quality and nutritional adequacy.

C. Cost of the Diet

Economic considerations also shaped dietary decisions. Some participants perceived vegan diets as financially advantageous compared to meat-based diets.For example:

"Obtaining vegan food ingredients can be challenging; however, since the diet is plant-based, it is less expensive than purchasing meat" (P8).

Conversely, another participant emphasized financial capability:

"I do not face any financial difficulties in obtaining vegan foods, whether those I prepare myself or those I order" (P21).

As outlined in Table 2, reliance on cost-driven adoption without appropriate nutritional planning may increase the risk of insufficient protein intake and deficiencies in essential micronutrients among individuals with higher physiological requirements.

D. Fear of Food Poisoning from Meat Products

Experiential health concerns, particularly fear of contamination and foodborne illness, constituted another misconception category.

Personal experiences with food poisoning strongly influenced dietary elimination of meat products.

For instance:

"A few years ago, I suffered a severe illness due to consuming contaminated food with Salmonella-infected chicken, and since then I gave up eating meat and gradually started following a vegan diet" (P23).

As presented in Table 2, while food safety concerns are legitimate, complete avoidance of meat without professional guidance may result in unintended nutritional consequences, particularly reduced intake of high-quality protein and vital minerals.

Additional Motivations and Perspectives

Importantly, participants' accounts were not limited to misconceptions.

Alongside misinformed drivers, several individuals reported informed and value-based motivations for adopting a vegan diet.

Health-related motivations included perceived longevity benefits (P1), disease improvement (P4), weight management (P5), prevention of chronic diseases (P5), hormonal regulation (P12), and physician recommendation (P17).

Table 2. Misconceptions of Vegan Diet Consumers and Proposed Strategies

Items	Misconceptions	Consequences of Not Addressing Misconceptions	Strategies	Appropriate Methods for Implementing Strategies
Trendiness of the Vegan Diet	Recognition of the vegan diet as a trendy diet	Popularization of the vegan diet without attention to its main purpose and benefits	Increasing public awareness of the benefits of this diet and correcting misconceptions to preserve its main purpose	1. Using social media 2. Designing appropriate posters 3. Producing documentaries related to the diet
Seeking Social Popularity	Using the vegan diet as a tool to attract attention	Formation of misconceptions regarding the diet and using it as a means to achieve social popularity	Enhancing public understanding of the diet's benefits and addressing misconceptions to maintain its core purpose	1. Utilizing social platforms 2. Creating and designing relevant posters 3. Producing documentaries related to dietary patterns
Cost of the Diet	Preference for the diet due to lower cost	Deficiency of protein and essential minerals in individuals who require meat products	Proposing policy strategies to provide access to meat products for individuals with low financial capacity	1.Using subsidies and food coupons 2. Distributing protein packages in underprivileged areas 3. Improving the supply chain and reducing waste 4. Developing local production
Food Poisoning from Meat Products	Fear of food poisoning from meat products	Reduction of protein and vital minerals in individuals for whom meat consumption is essential	Preparation of high-quality and safe meat products	1. Monitoring the production and distribution of meat products 2. Using healthy and high-quality raw materials 3. Eliminating or reducing harmful additives 4. Maintaining the cold chain

Ethical considerations were reflected in concerns for animal rights (P2) and compassion toward sentient beings (P32). Environmental sustainability concerns were also noted, particularly the environmental burden of meat production (P2).

Highlighting these perspectives provides a balanced representation of participants' viewpoints and demonstrates that vegan diet adoption in this sample reflected both evidence-informed motivations and consumer misconceptions.

Summary of Key Findings

Overall, perceiving veganism as a trendy dietary pattern and using it as a tool for social recognition emerged as the most prominent and potentially concerning misconceptions due to their association with superficial adherence and misinformation propagation.

While economic and food safety concerns were also influential, they appeared more context-dependent. Importantly, the coexistence of misconceptions and informed motivations underscores the complexity of dietary decision-making.

Thus, the findings suggest that improving dietary literacy, strengthening public education, and enhancing food system transparency are essential to ensure that vegan diet adoption is guided by informed choice rather than misperception.

Discussion and Policy Implications

The findings of this qualitative study revealed that although the vegan diet provides considerable health and environmental benefits, adherence to it is often based on misconceptions and secondary motivations. These misconceptions include perceiving the vegan diet as a social trend, a means of gaining attention, or a low-cost dietary alternative. When such perceptions are not accompanied by adequate nutritional knowledge, they may increase the risk of nutrient deficiencies and lead to adverse physical and psychological outcomes.

Firstly, it is important to acknowledge that the data offered a more complex message. In addition to the misconceptions, a range of informed, positive motivations also appeared within the sample. These included a deep concern for animal welfare, a direct concern for specific health outcomes, and a concern for sustainability. This highlights the importance of a two-pronged approach to policy. In particular, while it is necessary for health policies to actively dispel the common misconception in order to safeguard health, it is necessary to also validate the informed, positive motivations of the individuals adopting this diet in order to empower this group to succeed in their decision. This means providing the information to help them succeed. Secondly, the positioning of these observations within the international discourse shows that there is both universality and local specificity. The phenomenon of "trendy veganism," or the application of diet as a form of social capital, fits well within the observation that has been made within Western societies, which is that social media has a strong influence upon lifestyle decisions. However, certain misconceptions seem to resonate particularly deeply in the local Iranian context. The significance of fears around foodborne illness from meat products may reflect specific public health concerns related to food safety standards. Similarly, the perception of veganism as a primarily low-cost alternative needs to be framed against regional economic pressures and household financial strategies.

These localized drivers make it clear that while the superficial motivations may echo global trends, their causes and potential risks are considerably different in distinct socio-economic and public health realities. As such, policy interventions cannot simply be imported; they need to be culturally adapted to these root causes through targeted strategies, including enhancing food safety systems and incorporating nutrition security into economic support programs.

Accordingly, health policymakers should address these challenges through evidence-based educational interventions aimed at improving public understanding of the principles and nutritional requirements of vegan diets. Public health campaigns, social media–based educational initiatives, and nutritional counseling services provided through community health centers may serve as effective strategies to promote informed and

safe dietary practices. In addition, nutritionists and primary healthcare professionals should be equipped with up-to-date scientific knowledge to provide appropriate guidance to individuals who intend to adopt or maintain a vegan diet. It is important to contextualize these recommendations within the Iranian setting.

While this study did not explicitly report issues related to familial support or functional limitations, national policy programs must be designed with an understanding of local socio-economic realities and family structures. Initiatives should be sensitive to potential barriers such as economic pressures on households and traditional food practices to ensure feasibility and effectiveness.

Developing official, context-sensitive guidelines for plant-based nutrition can help prevent deficiencies and ensure that the growing interest in veganism translates into sustainable health benefits for the population.

In addition, it is recommended that national health authorities develop official, evidence-based guidelines for the safe implementation of plant-based diets to prevent deficiencies in vitamin B12, iron, zinc, and essential fatty acids. Supporting interdisciplinary research involving experts in nutrition, health psychology, and sociology can further contribute to understanding the underlying personal and social motivations behind vegan diet adherence and inform more effective policy interventions .Ultimately, fostering public dialogue and education about healthy and sustainable nutrition can guide the growing social interest in plant-based diets toward a scientifically sound and health-promoting direction, rather than a temporary social trend .Due to its qualitative design and the relatively small, purposively selected sample, the findings may not be generalizable to all individuals following a vegan diet.

Conclusion

Based on the data obtained from this qualitative study, some vegan diet consumers adhere to the diet without considering its main purpose and nature. These perspectives include following the diet as a trend, seeking social popularity, perceiving it as low-cost, and fear of food poisoning from animal products.

Following the diet based on such misconceptions can be harmful.

For instance, adopting a vegan diet solely because it is cheaper than animal-based foods may cause individuals who require animal proteins and essential minerals to harm their bodies and increase the risk of certain health issues.

These issues include iron-deficiency anemia, zinc deficiency, vitamin B12 deficiency, omega-3 fatty acid deficiency, osteoporosis, weakened immune function, and growth disorders. Therefore, given the importance, benefits, and emphasis on adopting a vegan diet in certain groups, adherence to this diet should be based on full awareness of its nature and in consultation with nutrition experts and professionals.

Ethics Consideration

This study was approved by the Ethics Committee of Larestan University of Medical Sciences (Approval Code: IR.LARUMS.REC.1403.014).

All participants provided written informed consent prior to participation.

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Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this article.

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Authors' Contributions

Barghi O: contributed to writing manuscript and initial data analysis.

Mansouri A: participated in the analysis process.

Rajabi H: participated in data collection and transcription of interviews.
Yarbakhsh H: assisted in data collection and data organization.
Kamali A: contributed to interpretation of findings.
Ranjbar Zahedani M: provided expert input on nutritional aspects and interpretation of the findings.
Abbasi H: critically revised the manuscript, and approved the final version.
Bazrafshan M: supervised the research process, reviewed the manuscript for important intellectual content, and approved the final version.

Artificial intelligence utilization for article writing

No artificial intelligence tools were used in the writing, data analysis, or preparation of this manuscript.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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