



Nutritional Awareness, Dietary Intake and Health Status: A Study of Female College Students in Chandigarh City – Review

Jasneet Kaur Sandhu nee Malhi, Asst Prof, GGS College for Women, Chandigarh

Dr Ritu, Asst Prof, Desh Bhagat University, Mandi Gobindgarh

Abstract

The present review paper investigates the health status, nutritional awareness, and dietary intake of female college students in Chandigarh City. The research investigates several elements that affect the eating habits of female college students, with specific emphasis on comprehending their level of nutritional awareness and its consequences on their overall health. The study utilises a variety of sources, such as research on nutritional awareness among teenage girls, dietary habits, and obstacles in adopting a healthy diet among university students, and the nutritional and health condition of teenage students. In addition, the review includes studies about the effects of nutrition education programmes on children's behaviour and attitudes, as well as the 4M-Model of interventions at the individual level that seek to enhance the mental well-being of university students. The paper endeavours to offer a comprehensive list of the obstacles and prospects pertaining to nutritional consciousness, dietary consumption, and health condition among female college students in Chandigarh City through the synthesis of various sources.

Keywords: Nutrition and Health, Education, Dietary Consumption

Introduction

The term "nutrition" originated in 1551 from the Latin word "nutrire" which means "to nourish." Today, nutrition is defined as the collective mechanisms by which organisms acquire, metabolise, and use nutrients to sustain all vital functions. Nutrition science is the study of how organisms are fed and encompasses the examination of how food impacts individual health, population health, and global health. Nutrition scientists have the opportunity to specialise in certain areas of nutrition, such as biology, physiology, immunology, biochemistry, education, psychology, sustainability, and sociology. Inadequate nutrition hampers the normal functioning of the human body, and a severe lack of nutrients may result in illness and even mortality.[1] Dieticians are



nutrition experts that use their understanding of nutritional science to assist individuals in attaining a nutritious diet and developing positive dietary practices.

Non-communicable diseases (NCDs), such as obesity, diabetes, hypertension, cardiovascular disease, cancer, and stroke, are increasing rapidly in both developed and developing nations, including India. Health field theory posits that our overall health is primarily influenced by four key factors: biology (genetics), the healthcare system, lifestyle choices, and the environment. Apart from lifestyle, all other elements are beyond an individual's direct control.

Lifestyle encompasses our daily routines, such as our eating patterns, physical activities, and social engagements, including behaviours like tobacco use, excessive alcohol intake, bad dietary practices, lack of physical exercise, sedentary lifestyle, and excessive use of electronic devices such as computers, televisions, and mobile phones.

Our habits may either promote health, such as cleaning hands, engaging in more physical activity, and maintaining a balanced diet, or they can be detrimental to health, such as smoking and consuming alcohol. Therefore, our way of living has a substantial impact on our general health.[2]

Nutritional Awareness among Female College Students

Nutrition awareness refers to an individual's conscious knowledge and comprehension of the nutritional content of the food they consume. It is a multifaceted concept that is crucial for overall well-being. It extends beyond mere awareness of the need of good food and involves a more profound understanding of the essential nutrients, vitamins, and minerals required to attain and maintain optimal health. This information is the fundamental basis for making informed and mindful judgements about one's dietary intake, serving as the underlying principle. Nutrition knowledge is crucial for health literacy, since low health literacy has been linked to poor health outcomes. Research is needed to guide community nutrition education and public health policies.[3]

The World Health Organisation (WHO) recommends that adults engage in at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity physical activity per week. Furthermore, maintaining a balanced and suitable nutrient intake promotes weight management, mitigates the likelihood of developing chronic illnesses, and enhances psychological health. Multiple studies



indicate that the shift to higher education increases the susceptibility of students to establishing detrimental habits.[4]As an illustration, the rate of weight gain among students is significantly greater than that of the corresponding population that does not attend tertiary institutions. Furthermore, there is a rising prevalence of obesity and overweight.College students encounter several obstacles that may foster detrimental dietary patterns, ultimately resulting in weight gain. They are often subjected to harmful dietary options, such as high-calorie snacks and fast food, have a reduced intake of fruits and vegetables, and frequently skip meals.In contrast to their male counterparts, stressed female college students were more likely to choose harmful foods high in sugar and fat and to consume larger quantities of beverages. A high prevalence of aberrant eating attitudes among male and female Kuwaiti college students was also associated with a high prevalence of obesity, according to a number of recent studies.[5]

Factors influencing Nutritional Awareness:

The correlation between nutritional awareness and food consumption has been a topic of investigation in recent years. A study carried out in Italy examined the level of nutritional awareness and its correlation with dietary patterns among a cohort of parents. The research revealed a correlation between residing in rural regions, being of a younger age, and possessing a limited educational background with poor nutrition knowledge and harmful dietary patterns. A further study conducted in Bangladesh showed that the extent of understanding and awareness of the advantageous effects of nutrition had an impact on the eating habits and dietary consumption of university students. A significant number of students had a restricted understanding of the health advantages associated with healthy food products and failed to take into account the nutritional content while making meal selections.[6]

In addition, research conducted in Brazil revealed seven dietary components that contribute to children's food consumption patterns. The study also discovered that these patterns were linked to socioeconomic features, early feeding habits, and body mass index. Furthermore, a study examined the determinants of food choices, emphasising that flavour, affordability, nutrition, convenience, and weight concerns are significant variables influencing meal choices.[7] Furthermore, a study conducted in Nepal revealed that the athletes' comprehension of nutrition plays a crucial role in influencing their nutritional consumption. Individuals with more nutrition literacy had a stronger



propensity to consume increased quantities of fruits, vegetables, and foods abundant in carbohydrates, in comparison to those with less nutrition literacy.

These studies provide useful perspectives on the elements that influence knowledge of nutrition and the consumption of food. They emphasise the significance of comprehending the correlation between knowledge about nutrition, patterns of eating, and the amount of food consumed, as well as the impact of socioeconomic, cultural, and environmental variables on food preferences.

Implications for Health Promotion & Education:The implications for health promotion and education are extensive and complex, including several elements that impact people's health behaviours and results. Comprehending these consequences is essential for developing efficient health promotion programmes and educational activities. Recent research has provided valuable insights into several crucial domains that have substantial consequences for the promotion and education of health.

Some of the most important factors that affect health habits are factors related to a person's social background, such as age, financial status, gender, racial or ethnic group status, and disability status. In the same way, important cognitive factors have to do with the person's drive, goals, and obstacles. In the past, it has been shown that the built world affects how much people from different social groups engage in physical activity and sports.[8]There is also a lot of evidence that social environment, drive, goals, and obstacles play a big role in explaining differences in how active people are and how many sports they play. Several studies and reviews of the literature have found significant connections between different aspects of a person's social background and their involvement in sports and physical activity. On the other hand, many studies have found significant connections between motivation, reasons, and obstacles, on one hand, and sports and physical exercise, on the other.[9]

Nutrition Education and Health Promotion:Nutrition education and health promotion have been emphasised as crucial factors in fostering good dietary practices and averting nutrition-related ailments. An Italian research highlighted the need of efficient communication with young individuals in order to encourage good eating behaviours and tackle the consequences for health education initiatives.[10]Likewise, research conducted in Bangladesh emphasised the impact of



understanding and perception of the positive effects of nutrition on the eating habits and dietary intake of university students.

Recent studies have emphasised the criticality of health promotion and nutrition education in promoting the adoption of nutritious eating habits and mitigating the risk of nutrition-related illnesses. The necessity for fresh perspectives on the delivery of nutrition education in medical institutions was identified in a systematic review of nutrition education provided to medical students.[11]

The necessity for enhanced intervention study design and more comprehensive reporting of nutrition education interventions was underscored in the review. In addition, the positive effects of theory-based nutrition and health promotion curricula on children's nutrition knowledge, health behaviours, and dietary practices were highlighted in a League of Arab States study.[12] Training educators in the implementation of theory-based curricula appeared to be a viable and economically efficient approach to advance effective school nutrition interventions, according to the research. Furthermore, an investigation concerning the distribution of knowledge pertaining to nutrition and diet health through an official WeChat account in China revealed that such knowledge may enhance user involvement in the dissemination of health information.

The Impact of Education on Health:According to studies, education has an important influence in shaping health outcomes and behaviours, with higher levels of education being associated with improved general self-awareness about personal health and access to healthcare. Furthermore, education is linked to lower involvement in health-risk activities and increased awareness of diseases, which finally leads to better health outcomes. Recent study has emphasised the role of education in fostering good health. For example, a research done in OECD nations from 1995 to 2015 discovered that low educational attainment is linked to self-reported bad health, lower life expectancy, and shorter survival while unwell [13]. The research also discovered a link between education and self-rated health, with individuals with the most education potentially having the greatest health.

Another research found that an extra four years of schooling decreases five-year mortality by 1.8 percentage points, the risk of heart disease by 2.16 percentage points, and the risk of diabetes by



1.3 percentage points[14]. The research indicated that those with greater levels of education are less likely to participate in health-risk behaviours including smoking, excessive drinking, being overweight or obese, and taking illicit substances.

Furthermore, a research on the link between education and health discovered that education is a significant social predictor of health, with various individual, institutional, and interpersonal variables influencing schooling and health trajectories across time[15]. The study emphasised the importance of taking a contextual approach to understanding the role of the schooling process in health outcomes.

Social determinants of health: Socioeconomic, cultural, and environmental variables are influential in determining health behaviours and results, making them the social determinants of health. Health promotion and education campaigns must consider socioeconomic differences in health, as well as racial and ethnic disparities, and the availability of preventative and treatment services.

Over the past few decades, the concept of "social determinants of health" has garnered significant interest as a fundamental principle within the domains of population and public health [16]. The World Conference on Social Determinants of Health in Brazil in 2011 and the work of the World Health Organization's Global Commission on Social Determinants of Health were instrumental in bringing attention to the concept of social determinants of health. The concept of social determinants of health necessitates a comprehensive approach, and the volume of literature has increased significantly in a relatively short period. As a result, considerable uncertainty surrounds this notion[17]. The presence of these ambiguities hinders the effective transmission of the fundamental concept of "social determinants of health" to key stakeholders, including policy-makers, healthcare providers, students, the public, and researchers.

Social determinants of health, as defined by the World Health Organisation, refer to the situations and circumstances that individuals encounter from birth to old age, including their upbringing, living environment, occupation, and ageing process. These circumstances are influenced by political, social, and economic factors[18]. An adverse outcome may arise from the detrimental combination of inadequate policies and programmes, inequitable economic structures, and



ineffective governance. Ideally, a society should have socio-politico-economic circumstances that provide its inhabitants with a beneficial array of social resources, which are dispersed equitably.

Socioeconomic Factors and Nutritional Behaviour:The interaction between socioeconomic conditions and dietary behaviour is an intricate and important field of research. Studies have shown that the food patterns of families are impacted by their surroundings and socioeconomic class (SES). A study conducted in Fars Province, Iran, revealed that variables such as wealth, education, and food environment had a substantial influence on nutritional behaviour and consumption patterns. Individuals with greater levels of education are more prone to making well-informed dietary choices, while low-income groups may face food insecurity, resulting in poor nutritional judgements[19]. Likewise, among teenagers, socioeconomic circumstances and food poverty significantly impact eating choices. The study revealed a greater occurrence of certain dietary patterns among teenagers from lower socioeconomic backgrounds, underscoring the need of advocating for good eating habits in this age group, regardless of their economic status. Moreover, the domestic food setting, including the accessibility of food and the influence of parental behaviour, has been recognised as a significant connection between socioeconomic status (SES) and the dietary habits of children. Low-income families have a reduced propensity to acquire nutritious food, resulting in a less conducive home food environment for fostering good dietary habits [20].

The influence of socioeconomic variables on nutritional behaviour goes beyond the choices that individuals make about their food to include even more extensive health effects. people with low incomes were shown to have a greater incidence of obesity and chronic illnesses, such as type 2 diabetes and cardiovascular diseases, according to research conducted in the United States. Additionally, an increased likelihood of experiencing food insecurity was discovered among these people. [21]

Dietary Intake Patterns and Practices

Dietary intake pattern evaluation is a useful method for understanding various populations' eating habits. Multiple studies have assessed the dietary habits of various populations, including infants, adolescents, and university students, using a variety of methodologies. An investigation carried out in Lebanon utilised a self-administered food frequency questionnaire to evaluate the dietary habits



of university students. The study identified four primary food categories that were consumed by the participants: foods of the western variety, foods derived from plants, composite dishes, and a restricted consumption of red meat [22].

In addition, seven dietary components of children's dietary consumption patterns were identified by a study in Brazil. These components included rice and legumes, fruits and vegetables, snacks and treats, and snacks and treats. The study further discovered that these patterns were correlated with early nutrition practices and socioeconomic status. These studies illustrate the application of diverse methodologies, including cluster analysis and food frequency questionnaires, to determine the dietary patterns of various populations. The results underscore the significance of comprehending the intricate characteristics of dietary consumption and its correlation with a multitude of variables, including socioeconomic standing, cultural customs, and health results.[23]As a result, a review article pertaining to dietary practices and patterns of consumption could furnish an exhaustive synopsis of the diverse methodologies employed to evaluate dietary patterns and their correlations with a multitude of factors across populations.

Dietary Intake of Students

The dietary habits and nutritional patterns of university students have been illuminated by recent studies that have yielded significant insights into this subject matter. Most university students engage in unhealthy eating behaviours, including excessive consumption of fast food, snacks, sweets, soft drinks, and alcoholic beverages, and insufficient consumption of fruits, vegetables, fish, whole grains, and legumes, according to a narrative literature review that analysed the results of studies on university students' food intake. Regardless of the undergraduate programmes or sexes of the students, this hazardous dietary pattern was observed.

The knowledge and perception of university students regarding the health benefits of nutrition had an impact on their food habits and dietary consumption, according to another study conducted in Bangladesh. The findings revealed that a significant proportion of the respondents lacked awareness regarding the nutritional composition of the foods they frequently ingested and therefore failed to account for it when selecting meals.[24]. The consequence of their inadequate understanding and consciousness regarding nutrition was a substantial alteration in their dietary



consumption, underscoring the criticality of endeavours to educate university students about nutrition.

In addition, the correlations between dietary proficiency and scholastic performance among college students were assessed through a systematic review. The article highlighted the potential influence of diet on academic achievement and noted the scarcity of research pertaining to this population group.[25] Consisting of breakfast, regular meal consumption, and adhering to national fruit intake recommendations, the results revealed modest to moderately significant positive associations between diet and academic achievement. To improve the dietary intake of university students and foster healthy eating habits, these studies emphasise collectively the necessity of implementing targeted interventions and educational programmes. Health promotion and education initiatives have the potential to significantly contribute to the cultivation of a healthy eating culture among university students by addressing diverse determinants of dietary behaviour, including nutritional knowledge, perception of healthy eating, and the correlation between diet and academic performance.

Cultural Influences on Dietary Practices

Cultural influences have a substantial impact on the formation of eating habits across diverse people. Research done in Burkina Faso sought to elucidate the socio-cultural factors that shape the dietary patterns and frequency of food intake among new-borns. The research revealed that the mother's socioeconomic position had an impact on the choice of meals ingested. Specifically, basic porridges, rice, cookies and cakes, juices, and sweet beverages were identified as the most often consumed food items. Cowpeas, enhanced porridges, and eggs had the lowest consumption rates. Over 33% of the youngsters had three meals each day, whereas a tiny fraction of the children only had one meal per day. The research emphasises the significance of comprehending cultural ideas and practices about nutrition in order to provide suitable nutrition education and establish a good relationship with patients in the healthcare environment [26].

Similarly, research done in Hungary examined the influence of cultural variables on the practice of sustainable food consumption among foreign students. The research revealed that cultural influences, such as dietary preferences and customs, had an impact on food consumption behaviours. For example, Slovak students residing in Thailand used various herbs and spices to



enhance the visual appeal of their national cuisine. Conversely, Chinese students demonstrated a preference for communal dining, seeing it as a more socially immersive experience compared to Western dining practices. The research emphasises the need of taking cultural aspects into account when designing interventions to encourage sustainable food consumption.[27] It has been shown that cultural variables have an impact on the selection of food and the adoption of dietary habits among various ethnic communities. A study carried out in the United States revealed that cultural influences have a greater influence than socioeconomic position in shaping food habits among Hispanic and African American communities. The research demonstrated that cultural influences, including food preferences and customs, have a substantial influence on the dietary choices of these populations [28]. Similarly, research in India revealed that individuals of Hindu faith generally adhere to lacto-vegetarian diets, which mostly consist of plant-based protein sources such as Idli and dahi. Individuals who did not adhere to lacto-vegetarian diets ingested animal proteins, such as chicken or mutton curries and baked goat[29].

Challenges and Barriers to Healthy Eating

Dietary behaviours are influenced by a wide range of circumstances, which makes the problems and obstacles that are associated with healthy eating even more multidimensional and complicated. A research study was carried out in the United States with the purpose of determining the obstacles and opportunities that adult food bank users have when it comes to maintaining a healthy diet. According to the findings of the research, perceived barriers to healthy eating were classified as personal problems. These personal challenges included impediments to healthy eating, such as a lack of personal motivation, time restrictions, and unhealthy food choices. Further, environmental problems, such as the easy availability of fast food and the high cost of nutritious foods, were highlighted as important barriers to healthy eating. These challenges were identified as significant barriers to healthy eating.[30]

In a similar vein, research that was carried out in Saudi Arabia targeted the identification of the obstacles that prevent university students from adhering to good eating habits. According to the findings of the survey, the most significant obstacles to adopting a healthy diet are the ease with which one may get fast food, the high cost of good foods, the limited amount of time available to make healthy meals, and the absence of healthy diets.[31] The significance of addressing both



environmental and personal barriers in order to encourage healthy eating practices is brought to light by these results. In addition, sociocultural and societal variables have been recognised as important obstacles to the adoption of good eating habits. To determine the perceived obstacles and opportunities that college students have when it comes to maintaining a healthy diet, a study was carried out in Hawaii. According to the findings of this research, cultural elements, such as food preferences and customs, had a pivotal impact in the decisions that college students made about their food consumption. Further, social variables, such as the pressure from peers to participate in unhealthy eating, were recognised as important obstacles to healthy eating because of their influence on individuals. For a similar purpose, a research was carried out in Belgium with the objective of determining the factors that influence eating behaviour among college students.[32] Based on the findings of the research, it was discovered that social elements, such as the impact of peers and social norms, had a major part in the formation of dietary patterns among college students. When it comes to devising interventions to encourage healthy eating behaviours, these results underscore how important it is to take into consideration cultural and social aspects.

Strategies for Improving Nutritional Awareness and Dietary Intake

To enhance nutritional consciousness and dietary consumption, a comprehensive strategy is necessary that tackles a range of obstacles and challenges. An essential element entails the precise evaluation of dietary consumption, especially in contexts with limited resources. The Food and Agriculture Organization's (FAO) resource guide on method selection and application in low-resource settings is intended to assist professionals in assessing populations' and individuals' diets. Practical advice on dietary assessment methods that are currently available, methodological considerations, and sources of measurement errors and bias are provided in this guide.[33] Its ultimate goal is to enhance the quality and precision of the nutrition information that is gathered.

Ensuring coherence in national policies and investment plans is imperative for the promotion of a healthy diet and the protection of public health, in addition to precise evaluation. Enhancing incentives for producers and retailers to cultivate, utilise, and trade fresh fruits and vegetables, while concurrently diminishing incentives for the food industry to manufacture processed foods replete with detrimental constituents, is a priority for the World Health Organisation (WHO). In



addition, it is critical to adopt WHO guidelines regarding the promotion of non-alcoholic beverages and foods to children, as well as to establish benchmarks that encourage the adoption of nutritious dietary habits, to enhance the overall dietary intake of the population. Additionally, increasing the quality of dietary methodologies and the reporting of dietary consumption requires the careful selection and implementation of suitable dietary assessment toolkits. An online decision tool has been developed by the ACAORN Food and Nutrition Stream to assist in the selection of dietary intake methods, with a specific focus on obesity among children and adolescents.[34] With respect to dietary assessment, this instrument seeks to improve the precision of reported consumption categorization and dietary evaluation, with a particular focus on infant and adolescent nutrition.

In addition, towards the promotion of healthy eating behaviours, it is critical to comprehend the cultural and social influences on dietary practices. An ecological model was utilized to examine healthy behaviour among college students.[35] The study identified several prevalent obstacles to healthy eating, including time constraints, unhealthy grazing, high-calorie convenience foods, tension, the high cost of healthy food options, and simple access to junk food. On the other hand, factors such as increased physical activity, enhanced food education and knowledge, meal planning, and participation in food preparation were recognised as facilitators of healthy behaviour. This underscores the importance of considering socio-ecological and individual-level influences when designing interventions aimed at enhancing dietary intake.

Programmes and Interventions Intended for Female College Students

There are distinct disparities between male and females in terms of their lifestyle habits, as well as their motives and obstacles in attaining a healthy lifestyle. In a 2010 systematic review conducted by Poobalan et al., it was observed that there was a tendency for males to participate more in exercise training interventions, while females showed a higher participation rate in diet and behaviour interventions. [36]The authors suggested that more investigation should be done to understand the preferences for different types of interventions. Several qualitative and quantitative research have investigated the factors that hinder or facilitate healthy lifestyle habits in this population. In general, females tend to prioritise and have a stronger drive towards maintaining a



healthy diet compared to men. This is influenced by factors such as their interest in healthy eating and the support they get from friends and family in adopting a healthy diet.[37] On the other hand, men often show a greater inclination towards engaging in physical activity compared to females. This is primarily driven by factors such as the aspiration for enhanced physical appearance and fitness. Therefore, it has been proposed that treatments specifically tailored to males or females may be more captivating and successful compared to interventions that use a gender-neutral approach. For instance, a comprehensive evaluation conducted in 2012 on weight reduction and/or maintenance therapies only targeting males revealed that out of 31 programmes, 23 were deemed successful.[38] In addition, a comprehensive analysis conducted in 2015 on treatments targeting smoking, nutrition, alcohol, physical activity, and obesity in young adult males revealed that 60% of the trials included indicated favourable outcomes in the short term for nutrition, alcohol consumption, or several risk factors.[39] However, there have been no thorough studies that look at whether treatments that focus on gender or those that don't have a gender focus are more effective.

In terms of their health and well-being, female college students encounter distinct obstacles, such as nutritional concerns, mental health challenges, and sexual violence. Numerous initiatives and programmes have been devised to promote positive health outcomes among female college students and address these obstacles. RISE, an initiative designed to prevent sexual violence among female college students in India, is one such programme. Assisting in the prevention of sexual violence against women in India through the dissemination of knowledge, encouragement of positive attitudes, and support for effective behaviours, the programme addresses bystander education, healthy relationships, sexual violence, and gender.[40] Awareness of gender stereotypes, the significance of communication in relationships, bystander efficacy, and intentions to intervene as a bystander in situations of violence were all found to increase as a result of the programme.

An additional approach that is designed to enhance the mental well-being of college students is the 4M-Model of individual-level interventions.[41] By emphasising the physical, psychological, emotional, and social dimensions of health and well-being, this model endeavours to encourage favourable health results among collegiate populations.



Conclusion

The review study examines the key elements of the health condition, level of nutritional knowledge, and food consumption of female college students in Chandigarh City. By synthesising many research, it becomes clear that there are many complex elements that influence the eating patterns of these students. One issue is their level of nutritional knowledge and how it affects their general well-being. The paper offers an in-depth review of nutritional education programmes, dietary habits, and the 4M-Model of interventions. It aims to provide a comprehensive understanding of the challenges and opportunities related to nutritional consciousness, dietary consumption, and health condition among female college students. To effectively tackle these problems, it is essential for educational institutions, health professionals, policymakers, and society to collaborate and actively encourage healthier lifestyles. This includes providing female college students with the necessary information and resources to make well-informed dietary decisions and improve their overall health and well-being.

References

- [1] S. Bansal and R. Singh, “Nutritional awareness and body mass index among the Undergraduate female students,” vol. 5, no. 2, pp. 273–276, 2020.
- [2] A. Singh and N. Prashar, “Determinants of the Status of Health, Nutrition Profile, and Leisure Activities of Students of Panjab University, Chandigarh,” *J. Postgrad. Med. Educ. Res.*, vol. 55, no. 3, pp. 109–113, 2021, doi: 10.5005/jp-journals-10028-1444.
- [3] E. Dandin, P. Karaboga, A. Uzun, K. P. Taylor, and A. S. Kristo, “Nutrition Knowledge and Diet in Female College Students in Turkey: Youth Education in Nutrition Initiative/Nutrition Education Works (YENI/NEW)—A Cross-Sectional Pilot Study,” *Dietetics*, vol. 2, no. 4, pp. 344–355, 2023, doi: 10.3390/dietetics2040025.
- [4] C. Aceijas, S. Waldhäusl, N. Lambert, S. Cassar, and R. Bello-Corassa, “Determinants of health-related lifestyles among university students,” *Perspect. Public Health*, vol. 137, no. 4, pp. 227–236, 2017, doi: 10.1177/1757913916666875.



-
- [5] D. Alkazemi, "Gender differences in weight status, dietary habits, and health attitudes among college students in Kuwait: A cross-sectional study," *Nutr. Health*, vol. 25, no. 2, pp. 75–84, 2019, doi: 10.1177/0260106018817410.
- [6] M. L. Scalvedi, L. Gennaro, A. Saba, and L. Rossi, "Relationship Between Nutrition Knowledge and Dietary Intake: An Assessment Among a Sample of Italian Adults," *Front. Nutr.*, vol. 8, no. September, pp. 1–13, 2021, doi: 10.3389/fnut.2021.714493.
- [7] A. Kabir, S. Miah, and A. Islam, "Factors influencing eating behavior and dietary intake among resident students in a public university in Bangladesh: A qualitative study," *PLoS One*, vol. 13, no. 6, pp. 1–17, 2018, doi: 10.1371/journal.pone.0198801.
- [8] M. Smith *et al.*, "Systematic literature review of built environment effects on physical activity and active transport - an update and new findings on health equity," *Int. J. Behav. Nutr. Phys. Act.*, vol. 14, no. 1, pp. 1–27, 2017, doi: 10.1186/s12966-017-0613-9.
- [9] J. Yu, C. Yang, S. Zhang, D. Zhai, A. Wang, and J. Li, "The effect of the built environment on older men's and women's leisure-time physical activity in the mid-scale city of Jinhua, China," *Int. J. Environ. Res. Public Health*, vol. 18, no. 3, pp. 1–12, 2021, doi: 10.3390/ijerph18031039.
- [10] K. R. Van Teijlingen, B. Devkota, F. Douglas, P. Simkhada, and E. R. Van Teijlingen, "Understanding health education, health promotion and public health," *J. Heal. Promot.*, vol. 9, no. 01, pp. 1–7, 2021, doi: 10.3126/jhp.v9i01.40957.
- [11] J. Crowley, L. Ball, and G. J. Hiddink, "Nutrition in medical education: a systematic review," *Lancet Planet. Heal.*, vol. 3, no. 9, pp. e379–e389, 2019, doi: 10.1016/S2542-5196(19)30171-8.
- [12] C. Byrd-Bredbenner, F. F. Wu, K. Spaccarotella, V. Quick, J. Martin-Biggers, and Y. Zhang, "Systematic review of control groups in nutrition education intervention research," *Int. J. Behav. Nutr. Phys. Act.*, vol. 14, no. 1, pp. 1–26, 2017, doi: 10.1186/s12966-017-0546-3.
- [13] V. Raghupathi and W. Raghupathi, "The influence of education on health: An empirical assessment of OECD countries for the period 1995-2015," *Arch. Public Heal.*, vol. 78, no. 1, pp. 1–18, 2020, doi: 10.1186/s13690-020-00402-5.
- [14] W. Do, H. Prices, and R. Faster, "The digest," *J. Sport Exerc. Psychol.*, vol. 31, no. 5, pp. 675–
-



-
- 683, 2009, doi: 10.1123/jsep.31.5.675.
- [15] A. Zajacova and E. M. Lawrence, “The Relationship between Education and Health: Reducing Disparities Through a Contextual Approach,” *Annu. Rev. Public Health*, vol. 39, pp. 273–289, 2018, doi: 10.1146/annurev-publhealth-031816-044628.
- [16] A. Donkin, P. Goldblatt, J. Allen, V. Nathanson, and M. Marmot, “Global action on the social determinants of health,” *BMJ Glob. Heal.*, vol. 3, pp. 1–7, 2018, doi: 10.1136/bmjgh-2017-000603.
- [17] F. Hill-Briggs *et al.*, “Social determinants of health and diabetes: A scientific review,” *Diabetes Care*, vol. 44, no. 1, pp. 258–279, 2021, doi: 10.2337/dci20-0053.
- [18] H. Alderwick and L. M. Gottlieb, “Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems,” *Milbank Q.*, vol. 97, no. 2, pp. 407–419, 2019, doi: 10.1111/1468-0009.12390.
- [19] Z. Foroozanfar *et al.*, “Socioeconomic determinants of nutritional behaviors of households in Fars Province, Iran, 2018,” *Front. Nutr.*, vol. 9, 2022, doi: 10.3389/fnut.2022.956293.
- [20] V. B. Facina, R. da R. Fonseca, M. E. P. da Conceição-Machado, R. de C. Ribeiro-Silva, S. M. C. dos Santos, and M. L. P. de Santana, “Association between Socioeconomic Factors, Food Insecurity, and Dietary Patterns of Adolescents: A Latent Class Analysis,” *Nutrients*, vol. 15, no. 20, pp. 1–12, 2023, doi: 10.3390/nu15204344.
- [21] N. Serasinghe *et al.*, “Associations between socioeconomic status, home food availability, parental role-modeling, and children’s fruit and vegetable consumption: a mediation analysis,” *BMC Public Health*, vol. 23, no. 1, pp. 1–13, 2023, doi: 10.1186/s12889-023-15879-2.
- [22] P. Salameh *et al.*, “Assessment of dietary intake patterns and their correlates among university students in Lebanon,” *Front. Public Heal.*, vol. 2, no. OCT, pp. 1–12, 2014, doi: 10.3389/fpubh.2014.00185.
- [23] L. P. Santos, M. C. F. Assunção, A. Matijasevich, I. S. Santos, and A. J. D. Barros, “Dietary intake patterns of children aged 6 years and their association with socioeconomic and demographic characteristics, early feeding practices and body mass index,” *BMC Public Health*, vol. 16, no. 1,
-



-
- pp. 1–12, 2016, doi: 10.1186/s12889-016-3725-2.
- [24] G. L. Bernardo, M. M. Jomori, A. C. Fernandes, and R. P. da C. Proença, “Consumo alimentar de estudantes universitários,” *Rev. Nutr. Rev. Nutr.*, vol. 30, no. 6, pp. 847–865, 2017, [Online]. Available: <https://doi.org/10.1590/1678-98652017000600016>
- [25] T. L. Burrows, M. C. Whatnall, A. J. Patterson, and M. J. Hutchesson, “Associations between dietary intake and academic achievement in college students: A systematic review,” *Healthc.*, vol. 5, no. 4, 2017, doi: 10.3390/healthcare5040060.
- [26] S. Bougma *et al.*, “Socio-cultural influences on children’s feeding habits and feeding frequencies in Ouagadougou, Burkina Faso: a retrospective survey,” *BMC Nutr.*, vol. 9, no. 1, pp. 1–10, 2023, doi: 10.1186/s40795-023-00698-w.
- [27] N. Nemeth, I. Rudnak, P. Ymeri, and C. Fogarassy, “The role of cultural factors in sustainable food consumption-An investigation of the consumption habits among international students in Hungary,” *Sustain.*, vol. 11, no. 11, 2019, doi: 10.3390/su11113052.
- [28] E. C. Monterrosa, E. A. Frongillo, A. Drewnowski, S. de Pee, and S. Vandevijvere, “Sociocultural Influences on Food Choices and Implications for Sustainable Healthy Diets,” *Food Nutr. Bull.*, vol. 41, no. 2_suppl, pp. 59S-73S, 2020, doi: 10.1177/0379572120975874.
- [29] K. Nemeč, “Cultural Awareness of Eating Patterns in the Health Care Setting,” *Clin. Liver Dis.*, vol. 16, no. 5, pp. 204–207, 2020, doi: 10.1002/cld.1019.
- [30] T. L. Bigand, J. Dietz, H. N. Gubitza, and M. Wilson, “Barriers and Facilitators to Healthy Eating among Adult Food Bank Users,” *West. J. Nurs. Res.*, vol. 43, no. 7, pp. 660–667, 2021, doi: 10.1177/0193945920969689.
- [31] A. I. Abdelhafez, F. Akhter, A. A. Alsultan, S. M. Jalal, and A. Ali, “Dietary practices and barriers to adherence to healthy eating among king faisal university students,” *Int. J. Environ. Res. Public Health*, vol. 17, no. 23, pp. 1–12, 2020, doi: 10.3390/ijerph17238945.
- [32] S. M. A. Basir, Z. A. Manaf, N. M. Noor, A. F. M. Ludin, S. Shahar, and M. R. A. Manaf, “The Challenges and Strategies towards Healthy Eating during COVID-19 Home Confinement Period among Working Adults with BMI \geq 25 kg/m² Enrolled in a Weight Loss Program: Qualitative
-



-
- Findings,” *Int. J. Environ. Res. Public Health*, vol. 19, no. 11, 2022, doi: 10.3390/ijerph19116656.
- [33] P. R. Trumbo, *Dietary Assessment*. 2021. doi: 10.1201/9781003210368-2.
- [34] M. C. Dao *et al.*, “Dietary assessment toolkits: An overview,” *Public Health Nutr.*, vol. 22, no. 3, pp. 404–418, 2019, doi: 10.1017/S1368980018002951.
- [35] G. Sogari, C. Velez-Argumedo, M. I. Gómez, and C. Mora, “College students and eating habits: A study using an ecological model for healthy behavior,” *Nutrients*, vol. 10, no. 12, pp. 1–16, 2018, doi: 10.3390/nu10121823.
- [36] A. E. Munt, S. R. Partridge, and M. Allman-Farinelli, “The barriers and enablers of healthy eating among young adults: a missing piece of the obesity puzzle: A scoping review,” *Obes. Rev.*, vol. 18, no. 1, pp. 1–17, 2017, doi: 10.1111/obr.12472.
- [37] L. M. Ashton, M. J. Hutchesson, M. E. Rollo, P. J. Morgan, and C. E. Collins, “Motivators and Barriers to Engaging in Healthy Eating and Physical Activity: A Cross-Sectional Survey in Young Adult Men,” *Am. J. Mens. Health*, vol. 11, no. 2, pp. 330–343, 2017, doi: 10.1177/1557988316680936.
- [38] M. D. Young, P. J. Morgan, R. C. Plotnikoff, R. Callister, and C. E. Collins, “Effectiveness of male-only weight loss and weight loss maintenance interventions: A systematic review with meta-analysis,” *Obes. Rev.*, vol. 13, no. 5, pp. 393–408, 2012, doi: 10.1111/j.1467-789X.2011.00967.x.
- [39] L. M. Ashton *et al.*, “Effectiveness of interventions and behaviour change techniques for improving dietary intake in young adults: A systematic review and meta-analysis of RCTs,” *Nutrients*, vol. 11, no. 4, 2019, doi: 10.3390/nu11040825.
- [40] C. Nieder, J. F. Bosch, A. P. Nockemann, and J. Kärtner, “Evaluation of RISE: A Sexual Violence Prevention Program for Female College Students in India,” *J. Interpers. Violence*, vol. 37, no. 7–8, pp. NP5538–NP5565, 2022, doi: 10.1177/0886260520959631.
- [41] B. Nair and F. Otaki, “Promoting University Students’ Mental Health: A Systematic Literature Review Introducing the 4M-Model of Individual-Level Interventions,” *Front. Public Heal.*, vol. 9, no. June, pp. 1–10, 2021, doi: 10.3389/fpubh.2021.699030.
-