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Association of Dietary Skipping and Screen Time with Academic Stress among College-Going Girls: A Cross-Sectional Study at MGM University, Chhatrapati Sambhajinagar

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Abstract

College-going girls often face lifestyle changes and academic burden, which can have a profound impact on their diet and overall health. The present study was undertaken to explore the association of dietary skipping, screen time and academic stress among college girls of MGM University, Chhatrapati Sambhajinagar. A descriptive cross-sectional research design was conducted among 153 college going girls of 17–23 years and above. A structured self-administered questionnaire was used to collect data on dietary habits (skipping meals), lifestyle (screen time, stress) and anthropometric measurements to calculate Body Mass Index (BMI). The data were analyzed using frequency and percentage distribution. It was found an association between high basic nutrition awareness and high prevalence of unhealthy behaviors (85.6 %). The most important issue was skipping meals (59.2%) and the majority of the participants (74%) were skipping breakfast regularly. Lifestyle analysis showed high sedentary behavior with 31.4% spending 4-6 hours daily on mobile/TV screens. Distracted eating while watching screens was 55.6%. Academic and personal stress was highly common, with 29.4% reporting it often and 52.3% sometimes. Anthropometric data indicated a double burden of malnutrition with 54.9% had normal BMI, 24.2% were underweight, 17.0% overweight and 3.9% obese. A clear gap between knowledge and practice was identified, with 57.9% of participants admitting to eating junk food despite knowing the negative health consequences. Findings showed significant co-occurrence of frequent dietary skipping, increased screen time usage and extensive academic stress in college going girls. Good theory and good behavior are clearly disassociated. The study emphasizes the importance of implementing campus-specific interventions, including practical nutrition education, mindful screen habits, and institutional stress management programs, to safeguard the long-term health of young women.

Keywords: Dietary Skipping, Screen Time, Academic Stress, College-Going Girls, Knowledge-Practice Gap, Nutritional Status

Introduction

Nutrition is a key component of health and well-being, and is essential for growth, development, disease prevention and quality of life. Adequate nutrition in adolescence and early adulthood is particularly important, as this stage is marked by rapid physical, psychological, and social changes that influence health behaviors for the rest of life (World Health Organization (WHO), 2023). College going girls are a vulnerable population group as they experience increased independence in food choices, academic responsibilities and lifestyle modifications. Nutritional knowledge is an individual's knowledge about the relationship between food, nutrients and health. It influences food choices and promotes the development of healthy eating habits. Studies have shown that people with higher nutrition knowledge are more likely to make healthier food choices and maintain better dietary practices (Spronk *et al.*, 2014) ^[10]. However, knowledge alone does not always lead to healthy behavior, as food choices are also influenced by personal preferences, convenience, cost, peer influence, and environmental factors (Contento, 2008) ^[2]. In recent years, due to rapid urbanization, globalization and changing life styles, the dietary patterns of young adults have undergone significant changes.

The traditional diet, which is rich in fruits, vegetables, whole grains, and home-cooked foods, is being swapped for processed foods, fast foods, and sugar sweetened drinks. Such changes in diet have led to increasing cases of obesity, nutritional deficiencies and lifestyle diseases in younger age groups. Meal skipping, erratic eating patterns, low intake of fruits and vegetables, and regular consumption of junk foods are commonly observed in the dietary habits of college students (Nelson *et al.*, 2008) [6]. Breakfast skipping is especially common among students, and has been linked to decreased concentration, lower academic achievement and poor nutritional status. Many students have basic nutrition awareness but don't follow healthy eating habits consistently. Things like physical activity, sleep patterns, screen time, stress these lifestyle factors play a big role in health outcomes as well. With the increased use of smartphones, computers, and social media, college students have become more sedentary and less physically active (Pearson & Biddle, 2011) [7]. Moreover, academic pressure, examinations, and personal challenges create stress, which can negatively influence dietary habits and health (Deb *et al.*, 2015) [3]. Anthropometric measurements (height, weight, Body Mass Index (BMI)) are widely used to evaluate the nutritional status. Recent evidence points to adolescents and young adults suffering from undernutrition and overnutrition concurrently, leading to a dual burden of malnutrition (Black *et al.*, 2013) [1]. Nutritional problems like anaemia, poor dietary intake, overweight and obesity are still prevalent among young women in India and are a significant public health problem (Ministry of Health and Family Welfare, 2021) [5]. Therefore, assessment of nutrition

knowledge, dietary practices, lifestyle patterns and nutritional status among college going girls is imperative to identify the existing gaps and to devise effective interventions. Awareness of nutrition and its actual practices can help educational institutions and health professionals develop targeted programs that promote healthier lifestyles and improve the general well-being of young women.

Materials and Methods

The study was a descriptive cross-sectional research design to assess the existing dietary habits, screen time behavior and academic stress among college-going girls at a particular point of time. This design enabled the exploration of relations between these variables without intervention or manipulation. The study was conducted at MGM University, Chhatrapati Sambhajnagar, Maharashtra and the target population was college going female students of different undergraduate and post graduate courses. There were 153 participants in all in the study. Participants were selected by using convenience sampling technique as it was practical and appropriate in university setting. This approach allowed for efficient data collection from readily available respondents and provided valuable insight into the nutritional and lifestyle patterns of the study population.

Data Collection Tool: Data was collected using a structured self-administered questionnaire which was specially adapted to the objectives of the study. The tool was pre-tested in a pilot study to validate clarity, reliability and content validity. The questionnaire consisted of the following core sections:

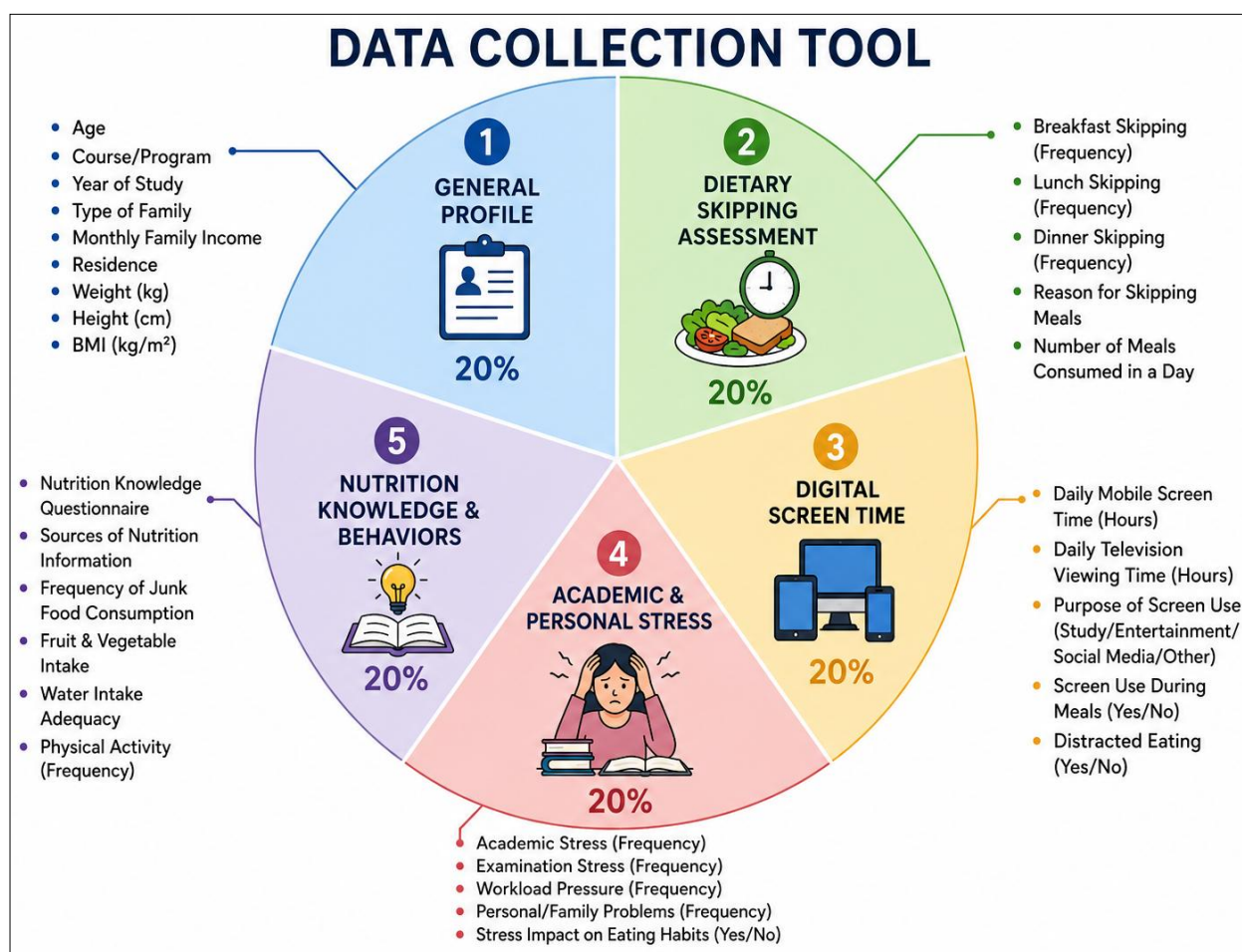


Fig 1: Pictorial Representation of data collection tool

Anthropometric Measurements (Nutritional Status)

Physical indicators were measured directly to calculate the Body Mass Index (BMI) of each participant to objectively evaluate their nutritional status:

- **Height:** Measured in centimetres (cm) using a standard measuring tape with the participants standing fully upright, barefoot, against a flat vertical surface.
- **Weight:** Measured in kilograms (kg) using a calibrated weighing scale with participants wearing light clothing and no footwear.
- **Body Mass Index (BMI):** BMI was calculated using the internationally accepted formula:

$$\text{BMI} = \text{Weight (kg)} / [\text{Height (m)}]^2$$

Participants were categorized according to the World Health Organization (WHO) BMI Classification standards:

- **Underweight:** < 18.5
- **Normal Range:** 18.5 - 24.9
- **Overweight:** 25.0 - 29.9
- **Obese:** ≥ 30.0

Data Collection Procedure

Before the study, Formal permission taken by University authorities and guide for data collection. Participants were

informed about the study's objectives and academic purpose. All respondents gave informed consent, in the sense that participation was voluntary. The structured questionnaires were completed individually by the students and their physical weight and height were immediately measured and recorded. Responses were anonymous and confidential.

Data Analysis

The collected raw data were systematically organized, coded, and analyzed using basic statistical methods. Frequency distributions and percentage analyses were implemented to evaluate the prevalence rates of dietary skipping, screen dependency levels, and academic stress patterns. The finalized metrics were tabulated and graphically illustrated using charts to visually establish clear associations between the target variables.

Results

Distribution of Demographic Variables

The baseline characteristics of the study population (N = 153) provide contextual insight into the socio-economic and environmental background of the students.

Table 1: Demographic Profile of the Participants (N = 153)

Parameter	Category	Frequency (f)	Percentage (%)
Age Distribution	17–18 years	30	19.9%
	19–20 years	50	32.5%
	21–22 years	36	23.2%
	23 years and above	37	24.5%
Family Structure	Nuclear Family	97	63.4%
	Joint Family	56	36.6%
Geographic Residence	Urban Areas	98	64.1%
	Rural Areas	55	35.9%
Monthly Family Income	Below ₹20,000	25	16.6%
	₹20,000 – ₹50,000	48	31.8%
	₹50,000 – ₹1,00,000	43	28.5%
	Above ₹1,00,000	35	23.2%

Note: N = Total sample size.

Table 1 presents the demographic characteristics of the 153 participants in the study. The age distribution shows that the age group with the highest number of respondents was 19–20 years, with 50 (32.5%) participants. This was followed by the participants aged 23 years and above 37 respondents (24.5%). The age group of 21–22 years contained 36 participants (23.2%) and the least age group was 17–18 years with 30 participants (19.9%). These findings suggest that the study sample was predominantly young adults of 19 and 20 years of age. Regarding family structure, most of the respondents belonged to nuclear families. Out of the total participants, 97 (63.4%) were from nuclear families, whereas 56 (36.6%) were from joint families. This implies that nuclear family arrangements were more common within the study population. Geographically, the majority of the respondents were residents of urban areas. 98 participants (64.1%) were reported to live in urban areas and 55 participants (35.9%) were from rural areas. This is due to the higher proportion of urban dwellers in the study sample.

The analysis of monthly family income revealed that the highest proportion of participants belonged to families earning between ₹20,000 and ₹50,000 per month, accounting for 48 respondents (31.8%). This was followed by families with an income range of ₹50,000–₹1,00,000, represented by 43 participants (28.5%). Participants from families earning above ₹1,00,000 per month constituted 35 respondents (23.2%), while those with a monthly family income below ₹20,000 accounted for 25 participants (16.6%). These findings indicate that a considerable proportion of the study population belonged to middle-income households. Overall, the study participants were young adults aged 19–20 years, belonging to urban areas, from nuclear families and mostly from middle-income households.

Nutrition Knowledge Assessment: This section measures the theoretical awareness and conceptual understanding of nutrition principles among the participants (N = 153).

Table 2: Performance on Nutrition Knowledge Items (N = 153)

Survey Question Item	Response Options	Frequency (f)	Percentage (%)
1. A balanced diet contains:	Only carbohydrates	21	13.7%
	All nutrients in proper amounts (*)	116	75.8%
	Only protein foods	14	9.2%
	Only fruits and vegetables	17	11.1%
2. Which nutrient is the main source of energy?	Protein	77	50.3%
	Carbohydrate (*)	79	51.6%
	Vitamin	23	15.0%
	Mineral	12	7.8%
3. Which food is rich in protein?	Rice	30	19.7%
	Pulses (*)	111	73.0%
	Sugar	10	6.6%
	Butter	11	7.2%
4. Iron deficiency can lead to:	Diabetes	20	13.2%
	Anemia (*)	99	65.6%
	Hypertension	31	20.5%
	Obesity	9	6.0%
5. Which nutrient is important for strong bones?	Calcium (*)	126	82.4%
	Iron	18	11.8%
	Sodium	13	8.5%
	Potassium	6	3.9%
6. Green leafy vegetables are rich in:	Iron (*)	124	81.0%
	Fat	12	7.8%
	Sugar	9	5.9%
	Cholesterol	16	10.5%
7. Breakfast is considered:	Least important meal	34	22.2%
	Most important meal (*)	96	62.7%
	Optional meal	18	11.8%
	Heavy meal only	16	10.5%
8. Drinking adequate water helps in:	Digestion	21	13.7%
	Hydration	49	32.0%
	Removing toxins	20	13.1%
	All of the above (*)	96	62.7%
9. Junk food consumption may cause:	Obesity	22	14.4%
	Poor nutrition	20	13.1%
	Health problems	24	15.7%
	All of the above (*)	113	73.9%
10. Fruits and vegetables should be consumed:	Once a week	26	17.0%
	Daily (*)	123	80.4%
	Monthly	7	4.6%
	Rarely	3	2.0%

(*) Denotes the scientifically correct text response option.

Table 2 shows participants' responses to the nutrition knowledge questionnaire. The results showed that the majority of respondents had a good understanding of basic nutrition concepts. For the idea of balanced diet, 116 participants (75.8%) correctly identified balanced diet as having all nutrients in the right amounts while smaller proportions chose only carbohydrates (13.7%), only protein foods (9.2%) or only fruits and vegetables (11.1%). that a balanced diet contains all nutrients in proper amounts, while smaller proportions selected only carbohydrates (13.7%), only protein foods (9.2%), or only fruits and vegetables (11.1%). 79 participants (51.6%) correctly identified carbohydrates as the main energy giving nutrient when asked what the main source of energy was. However a significant percentage of respondents (50.3%) incorrectly selected protein, indicating some confusion as to the role of macronutrients. Knowledge of protein rich foods was relatively good with 111 (73.0%) correctly identifying pulses as a rich source of protein. Conversely, rice (19.7%), sugar (6.6%) and butter (7.2%) were selected by fewer respondents. With regard to micronutrient deficiencies, 99 (65.6%) participants correctly indicated that iron deficiency

can cause anemia, although fewer people indicated that it can be caused by hypertension (20.5%), diabetes (13.2%), or obesity (6.0%). High awareness was noticed about the nutrients that are important for the bone health. Most participants (82.4%) correctly identified calcium as important for strong bones, whereas a minority chose iron (11.8%), sodium (8.5%) or potassium (3.9%). Likewise, 124 respondents (81.0%) correctly identified green leafy vegetables as a good source of iron, showing good awareness of dietary sources of this important mineral. Regarding meal patterns, 96 (62.7%) participants viewed breakfast as the most important meal of the day. However, 22.2 % considered it the least important meal. This highlights the need for improved nutrition education in relation to healthy eating. Knowledge of hydration was moderate and 96 participants (62.7%) correctly identified that adequate water intake helps digestion, hydration and removal of toxins. The other respondents chose only one of these benefits. The awareness level about the health consequences of junk food consumption was relatively high, with 113 participants (73.9%) correctly identifying that excessive junk food consumption may cause obesity, poor

nutrition, and other health problems. Finally, 123 participants (80.4%) correctly stated fruits and vegetables should be consumed daily, indicating good knowledge of the recommended dietary practices. The results in general indicate that the majority of the participants had good nutrition knowledge, especially in the domains of balanced diet, protein sources, bone health, iron-rich foods, healthy eating habits, and importance of fruits and vegetables. However, some misconceptions persisted, particularly

regarding the primary source of dietary energy and the significance of breakfast, suggesting that more nutrition education may be beneficial.

Dietary Habits and Skipping Practices

This section highlights the daily behavioral eating habits, dietary choices, and skipping patterns reported by the students.

Table 3: Dietary Patterns and Meal Skipping Frequencies of the Participants (N = 153)

Behavioral Parameter	Categorical Response	Frequency (f)	Percentage (%)
Do you eat breakfast daily?	Yes	87	57.2%
	No	24	15.8%
	Sometimes	41	27.0%
How many meals do you eat in a day?	2 meals	60	39.5%
	3 meals	77	50.7%
	4 meals	11	7.0%
	More than 4	6	4.0%
How often do you consume vegetables?	Daily	81	53.6%
	3–4 times per week	57	37.7%
	Once per week	6	4.0%
	Rarely	9	6.0%
How often do you consume dairy products?	Daily	67	44.1%
	3–4 times per week	36	23.7%
	Once per week	21	13.8%
	Rarely	28	18.4%
How often do you consume junk food?	Daily	18	11.8%
	2–3 times per week	36	23.7%
	Once per week	48	31.6%
	Rarely	51	33.9%
Do you drink soft drinks or sugary beverages?	Frequently	26	17.2%
	Sometimes	51	33.8%
	Rarely	45	29.8%
	Never	29	19.2%
Do you skip meals regularly?	Yes	90	59.2%
	No	62	40.8%

Dietary behavior and eating habits of participants are described in Table 3. The results revealed a combination of healthy and unhealthy dietary practices among the respondents. More than half of the participants (57.2%) reported eating breakfast on a daily basis, 27.0% ate breakfast only sometimes and 15.8% did not eat breakfast on a regular basis. In terms of number of meal taken, most of the respondents (50.7%) took three meals per day, followed by 39.5% who reported two meals per day. Only a small proportion ate four (7.0%) or more than four (4.0%) meals per day; The vegetable consumption was relatively satisfactory as 53.6% of participants consumed vegetables daily and 37.7% consumed three to four times per week. However, a small percentage of them said that they eat vegetables once a week (4.0%) or hardly (6.0%). Similarly, dairy product consumption was moderate, 44.1% of participants consumed dairy products on a daily basis and 23.7% of dairy products consumed three to four times per week. Lower frequencies were found in participants consuming dairy products once per week (13.8%) or rarely (18.4%). Junk food was a common consumption among the participants. While 33.9% said they rarely ate junk food, 31.6% ate it once per week, 23.7% ate it two to three times

per week and 11.8% ate it daily. The consumption of soft drinks and sugar sweetened beverages was still frequent; 17.2% often and 33.8% sometimes consumed them. Only 19.2% reported that they never consumed such drinks.

One interesting finding was that 59.2% of the participants reported that they regularly skipped meals and only 40.8% reported that they did not skip meals. This indicates that a significant percentage of the study population has irregular eating patterns.

Overall, many participants had good dietary habits, including frequent breakfast consumption, sufficient vegetable intake, and three-meal consumption patterns. However, unhealthy practices, including frequent junk food consumption, consumption of sugary beverages and skipping meals, were also common. Findings show the necessity of targeted nutrition education and behavioral interventions for promoting healthier eating habits among the participants.

Screen Time and Lifestyle Factors

This section documents sleep schedules, physical fitness behavior, screen use habits, and distracted eating trends.

Table 4: Lifestyle, Screen Exposure, and Distracted Eating Metrics of the Participants. (N = 153)

Lifestyle Parameter	Measured Category Range	Frequency (f)	Percentage (%)
How many hours do you sleep daily?	Less than 5 hours	26	17.0%
	6–7 hours	80	52.3%
	8 hours	34	22.2%
	More than 8 hours	13	8.5%
Do you perform physical exercise?	Daily	38	24.8%
	Sometimes	79	51.6%
	Rarely	27	17.6%
	Never	12	8.0%
Daily time spent on mobile/TV screens:	Less than 2 hours	39	25.5%
	2–4 hours	46	30.1%
	4–6 hours	48	31.4%
	More than 6 hours	9	6.0%
Do you feel stressed due to studies / personal reasons?	Often	45	29.4%
	Sometimes	80	52.3%
	Rarely	24	15.7%
	Never	6	4.0%
Do you eat food while watching TV or using mobile?	Yes	84	55.6%
	Sometimes	29	19.2%
	No	38	25.2%

Table 4 describes the lifestyle, screen exposure and distracted eating behaviors of the participants. The majority of respondents (52.3%) reported sleeping 6 to 7 hours a day, while 22.2% reported 8 hours of sleep, and 17.0% reported less than 5 hours of sleep. Physical activity was moderate with 51.6% exercising sometimes and 24.8% exercising daily. The screen exposure was relatively high, with 31.4% of participants spending 4–6 h per day on mobile phones or television and 30.1% spending 2–4 h daily. Stress was common, with 52.3% reporting stress sometimes and 29.4% often due to academic or personal reasons.

More than half (55.6%) of the participants reported eating food while watching television or using mobile devices, compared to only 25.2% who did not engage in this behavior. Overall the results show moderate sleep duration, irregular physical activity, high screen time, frequent stress and high prevalence of distracted eating among the participants.

Objective Nutritional Status (Anthropometric Data)

This section details the objective physical health profiles derived directly from physical height and weight measurements.

Table 5: Anthropometric Profile and Body Mass Index (BMI) Distribution (N = 153)

Anthropometric Metric	BMI Range (kg/m ²)	Frequency (f)	Percentage (%)
Underweight	< 18.5	37	24.2%
Normal Weight	18.5 – 24.9	84	54.9%
Overweight	25.0 – 29.9	26	17.0%
Obese	≥ 30.0	6	3.9%

Note: BMI = Body Mass Index.

The anthropometric distribution reveals a distinct dual burden of malnutrition inside the university. While 54.9% register a healthy normal BMI, nearly a quarter of the young women (24.2%) are clinically underweight often exacerbated by routine meal skipping while 20.9% are

concurrently overweight or obese, driven by sedentary screen hours and highly accessible convenience foods.

The Knowledge Practice Gap: This section highlights the statistical conflict where academic nutrition literacy completely fails to convert into safe behavioral practices.

Table 6: Inconsistencies between Awareness and Practice (N = 153)

Investigated Behavioral Metric	Category Option	Frequency (f)	Percentage (%)
Do you think nutrition knowledge affects choices?	Yes	131	85.6%
	No	22	14.4%
Do you still eat junk foods despite knowing it is unhealthy?	Yes	88	57.9%
	No	64	42.1%
Would you like to attend nutrition education programs?	Yes	120	78.4%
	No	33	21.6%

A profound behavioral gap is evident: 85.6% of students state that they understand nutrition knowledge is supposed to guide healthy food choices. However, 57.9% explicitly admit to regularly consuming junk foods anyway. This demonstrates that theoretical awareness is frequently overridden by factors like academic workloads, time

constraints, high screen time distraction, and structural university stress.

Discussion

The findings of the present study revealed that although a majority of participants possessed adequate nutrition

knowledge (85.6%), unhealthy dietary practices remained prevalent. This observation supports the findings of Spronk, Kullen, Burdon, and O'Connor (2014)^[10], who reported that nutrition knowledge does not always translate into healthy dietary behavior. Similarly, Contento (2008)^[2] emphasized that food choices are influenced by multiple factors beyond knowledge, including convenience, social influences, and environmental conditions. The substantial proportion of participants (57.9%) who consumed junk food despite being aware of its harmful effects highlights this knowledge–practice gap.

Meal skipping was highly prevalent among the participants, with 59.2% reporting regular meal omission and breakfast being the most frequently skipped meal (74.0%). These findings are consistent with studies by Nelson, Story, Larson, Neumark-Sztainer, and Lytle (2008) and Pengpid and Peltzer (2021)^[6, 8], who reported breakfast skipping as a common behavior among university students. Furthermore, Deshmukh-Taskar, Nicklas, O'Neil, Keast, Radcliffe, and Cho (2010) found that breakfast skipping is associated with poor nutrient intake and adverse health outcomes.

A large proportion of students (81.7%) reported experiencing academic or personal stress. Similar findings were reported by Deb, Strodl, and Sun (2015)^[3], who identified academic stress as a significant concern among Indian students. Yau and Potenza (2013)^[12] further explained that stress can negatively influence eating behaviors, leading to irregular meal patterns and unhealthy food choices. The coexistence of high stress levels and meal skipping in the present study supports these observations.

The study also demonstrated substantial screen exposure, with over one-third of participants spending more than four hours daily on screens and 55.6% engaging in distracted eating while using digital devices. These findings are in agreement with Pearson and Biddle (2011)^[7], who reported that prolonged sedentary behavior and screen time are associated with poorer dietary quality and unhealthy eating habits. Rosen, Carrier, and Cheever (2013)^[9] similarly noted that excessive digital media use may adversely affect behavioral regulation and daily lifestyle practices.

Anthropometric assessment revealed a dual burden of malnutrition, with 24.2% of participants being underweight and 20.9% classified as overweight or obese. These findings support the observations of Black *et al.* (2013)^[1], who highlighted the coexistence of undernutrition and overnutrition among adolescents and young adults in developing countries. Similar concerns have been reported in the National Family Health Survey (Ministry of Health and Family Welfare, 2021)^[5], which documented persistent nutritional challenges among young Indian women.

Overall, the present findings indicate that nutrition knowledge alone is insufficient to ensure healthy dietary behavior. Consistent with the observations of Story, Neumark-Sztainer, and French (2002)^[11], dietary practices are shaped by a complex interaction of individual, social, environmental, and lifestyle factors. Therefore, comprehensive interventions focusing on nutrition education, stress management, physical activity promotion, and digital wellness are necessary to improve the health and well-being of college-going girls.

Conclusion

The present study showed a significant association between dietary habits, screen exposure and academic stress among

college going girls at MGM University. Although most of the participants had adequate nutrition knowledge, a substantial knowledge–practice gap was observed. Although they knew the negative health effects, many students still consumed junk foods and unhealthy eating behaviors.

Skipping meals was a prominent concern, with over 50% of participants regularly skipping meals, particularly breakfast. High levels of academic and personal stress were also common and seemed to be related to irregular eating patterns. Additionally, the respondents reported a lot of prolonged screen exposure and distracted eating while using mobile devices or watching television, indicating the increasing influence of digital lifestyles on health behaviors.

Anthropometric assessment revealed evidence of a double burden of malnutrition with large proportions of the participants being underweight as well as overweight or obese. These findings show that both undernutrition and overnutrition are important nutritional problems among the college-going girls.

Overall, the study highlights that nutrition knowledge alone is insufficient to ensure healthy lifestyle practices. Effective interventions should focus on translating knowledge into behavior through practical nutrition education, stress management programs, promotion of regular physical activity, reduction of excessive screen time, and the creation of supportive campus environments that encourage healthy food choices. Such measures are essential for improving the nutritional status, physical health, and psychological well-being of college-going girls.

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