Section: Community Medicine

Original Research Article

ASSESSMENT OF EATING PATTERNS AND ASSOCIATED LIFESTYLE FACTORS AMONG UNDERGRADUATE MEDICAL STUDENTS IN SRIKAKULAM, ANDHRA PRADESH: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: The transition to university life is associated with significant changes in dietary habits and lifestyle behaviours among medical students. Academic stress, irregular schedules, and increased independence often contribute to unhealthy eating patterns, inadequate physical activity, poor sleep, and increased consumption of fast foods and sugar-sweetened beverages. These behaviours are linked to adverse physical and mental health outcomes, including obesity, metabolic disorders, and reduced academic performance. As future healthcare professionals, medical students' personal health practices may also influence their ability to promote healthy lifestyles among patients. Therefore, assessing eating patterns and associated lifestyle factors in this population is essential for planning appropriate health promotion interventions.

Materials and Methods: An observational cross-sectional study was conducted among undergraduate medical students using a pretested, structured questionnaire. Information on socio-demographic characteristics, eating patterns, physical activity, sleep, and other lifestyle factors was collected. Data were entered and analysed using appropriate statistical methods, and associations between eating patterns and lifestyle factors were assessed.

Results: A high proportion of students reported unhealthy eating practices; including frequent breakfast skipping (12.3%), frequent consumption of fast foods (24.6%). Poor sleep quality and inadequate physical activity were also commonly observed. Significant associations were found between unhealthy eating patterns and selected lifestyle factors.

Conclusion: Unhealthy eating patterns and adverse lifestyle behaviours are common among medical students. Regular health education, nutrition awareness, and lifestyle modification programmes should be implemented to encourage healthy behaviours and improve the overall well-being of future healthcare professionals.

Keywords: Eating patterns, Lifestyle factors, Medical students, Physical activity.

INTRODUCTION

The transition to university life marks a significant shift in the lifestyle of young adults, especially medical students. The rigorous academic exposure to clinical responsibilities often lead to unhealthy eating behaviours and poor lifestyle choices.[3,5,6,9] Meal skipping, increased fast food consumption, low intake of fruits and vegetables, irregular meal timing, inadequate sleep, physical inactivity, high

caffeine or sugar-sweetened beverages intake are increasingly reported among medical undergraduates.[7,8,19,20] These behaviours are associated with a range of health consequences including poor concentration, fatigue, gastrointestinal disorders, cardiovascular disorders and increased risk of metabolic syndrome, obesity and mental health issues. Importantly, medical students represent the future of the healthcare workforce and their personal health practices may not only affect their own well-being but also influence their credibility in promoting healthy behaviours to the patients and the public.[6,4]

The early establishment of dietary and lifestyle behaviours during young adulthood plays a pivotal role in shaping long-term health outcomes.[10] A growing body of evidence highlights the increasing prevalence of modifiable risk factors—such as inadequate dietary intake, physical inactivity, poor sleep quality, and elevated psychological stress among university students.[17,7,8] These factors have been associated with early indicators of metabolic dysregulation, mental health disturbances, and reduced overall well-being. Considering their projected role as healthcare providers, the identification and modification of adverse health behaviours in this population are essential for strengthening preventive health frameworks. Moreover early intervention within this cohort has the potential to enhance long-term health outcomes reinforce health-promoting practices within the healthcare delivery system.[1,11,14]

This study was undertaken due to the limited research specifically exploring eating habits and related lifestyle factors among undergraduate medical students. While several studies have assessed dietary behaviours in young adults, few have focused on how academic pressure, institutional schedules, and residential status influence food choices and daily routines in medical students.[2] These influences may contribute to distinct behavioural patterns not seen in the general student population. Collecting data on these specific variables is essential for developing targeted health interventions and integrating preventive strategies into medical training to support long-term well-being and reduce future risk of chronic diseases.[17,15,18,16]

Academic institutions, particularly medical colleges, offer a controlled and homogeneous environment that facilitates the systematic investigation of health-related behaviours among students. A well-defined study population, standardized schedules, and access to institutional support enhance the reliability and practicality of conducting cross sectional assessments. Using a pretested questionnaire, the study will collect data on variables including meal frequency, food preferences, physical activity levels, and stress-related behaviours.[13,14] The infrastructure in comprising administrative cooperation, ethical approval, and access to students—ensures feasibility for both data acquisition and follow-up where needed. The study is expected to yield actionable findings that can guide the implementation of early interventions, awareness sessions, and policy inputs aimed at promoting healthy behavioural models during formative medical education.

Objectives

1) To assess the eating patterns among undergraduate medical students.
2) To identify the lifestyle factors associated with these eating patterns.

MATERIALS AND METHODS

It is an institution-based cross sectional study conducted among Undergraduate medical students in Government medical College, Srikakulam among a convenient sample of 300 undergraduate medical students.

Inclusion criteria

1) Undergraduate medical students from 1st year to final year students who provided informed consent and willing to participate voluntarily.
2) Students who complete all mandatory fields in an online questionnaire.

Exclusion criteria

1) Interns, postgraduates, faculty members.
2) Students with known eating disorders
3) Students unwilling to participate
4) Incomplete responses.

Data was collected through structured online google form questionnaire distributed among undergraduate medical students. The questionnaire contains information on sociodemographic profile of medical students, their eating patterns which includes fruits and vegetable consumption, food supplements , their lifestyle habits and physical exercise. Questionnaire was pre-tested and administered by trained personnel. Data Accuracy was ensured through regular supervision and random cross checks. Participants' identities was anonymized. All the data was stored securely and used exclusively for research purposes only. Confidentiality was issued at every stage and participants were informed of their right to withdraw at any point. A well structured Google form questionnaire was shared Online among undergraduate medical students . Valid responses were organised and coded for clear interpretation and analysed using appropriate statistical methods.

Data analysis was performed using MS Excel and Epi info version 7 software. Descriptive statistics like frequency and proportion were used. Chi-square test was used to test the associations between eating habits and lifestyle Permission from the Principal and approval was obtained from the institutional ethics committee. Informed consent was obtained from the participants prior to the data collection. Participation in the study, was entirely voluntary and subjects had the right to withdraw at any stage

without any consequences. Questionnaire was easy to fill without disrupting their academic schedule.

RESULTS

Section A: Sociodemographic details
a) AGE.

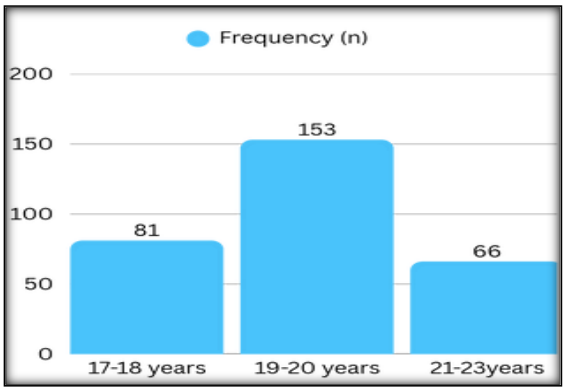

Figure 1: Age distribution of the study participants (n=300)

The age group of 19-20 years has the highest percentage of participants (51%) followed by 17-18 years (27%) followed by 21-23 years (22%).

B) Gender

Females had a higher percentage of participation (67%) while male's participation was 33% in this study.

C) Year of Study

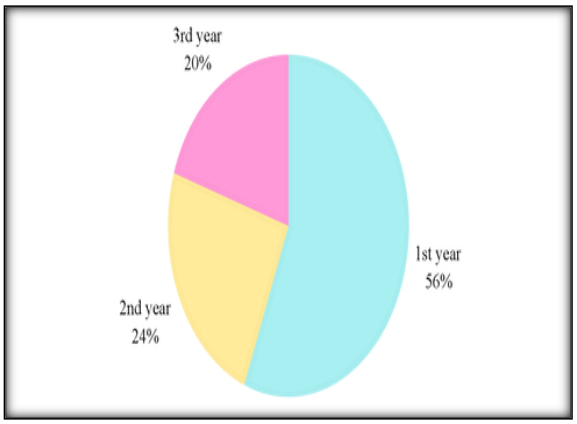

Figure 2: Distribution of year of study of the study participants (n=300)

Fifty six percent (56%) of 1st year students participated in the study and 24% of 2nd year students while in the 3rd year, 20% of the students participated.

D) Residence

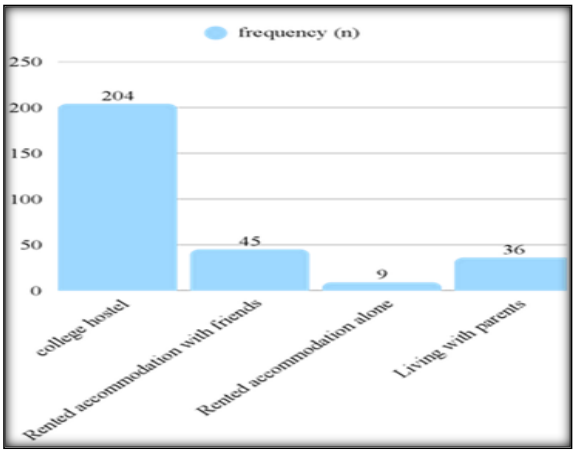

Figure 3: Residence distribution of study participants (n=300)

Majority of the participants (204) were from college hostel that is 68% while second largest study population were from rented accommodation with friends that is 15% which means 45 students. Only a few people participated in the study from rented accommodation alone that is 3%which contributes to 9 persons.

SECTION B

A) Breakfast skipping

Twenty-three (7.6%) students skip their breakfast almost every day, whereas sixty (20%) students skip breakfast occasionally in a week.

B) Number of meals skipped intentionally or unintentionally

Ninety (30%) students skip meals frequently in a week and twenty-six (8.7%) students skip meals frequently in a month.

C) Type of diet

Mixed diet consumers were 198 (66%), whereas vegetarians were 36(12%).

SECTION C

A) Soft drinks

Fifty-two (17.3%) students consume frequently, while 18(6%) students never consume soft drinks and 98(32.6%) consume rarely.

B) Fast foods

Seventy-seven (25.7%) students consume Fast foods frequently; four (1.3%) students never consume fast foods.

SECTION D

A) Alcohol consumption

Majority of the students 286(95.3%) never consume alcohol. Only 7(2.3%) students consume rarely.

B) Smoking

Majority of the study participants 291(97%) never smoke. Only 1(0.3%) smoke 1-2 times per week and only Few 4(1.3%) smoke occasionally.

Table 1: Gender distribution of the study participants (n=300)

Gender	Frequency (n)	Percentage (n%)
Male	99	33%
Female	201	67%
Total	300	100%

Table 2: Association Of Eating Patterns And Lifestyle Habits With Sociodemographic Factors (Age) (n=300)

	17-18 years of age	19-20 years of age	21-23 years of age	Chi square value	P value
Number of main meals per day					
1-2 main meals per day	14(4.6%)	33(11%)	22(7.3%)	6.485	0. 0390
3-4 main meals per day	67(22.3%)	139(46.3%)	45(15%)		
How much does your eating vary from day to day					
Same daily	10(3.33%)	17(5.6%)	17(5.6%)	11. 41	0.0222
Slight changes	69(23%)	122(40.6%)	45(15%)		
Major changes	2(0.6%)	13(4.3%)	5(1.6%)		
Smoking					
No	87(29%)	148(49.3%)	60(20%)	51.00	<0.00001
1-2 times per week	1(0.3%)	1(0.3%)	1(0.3%)		
Occasionally	1(0.3%)	1(0.3%)	4(1.3%)		
Almost daily	1(0.3%)	1(0.3%)	1(0.3%)		
Rare	1(0.3%)	1(0.3%)	1(0.3%)		

Majority of the students 87(29%) do not smoke .only 14 (4.6%) members of 17-18 years of age consume 1-2 main meals per day.

Table 3: Association of Socio Demographic Factor (Year of Study) With Eating Patterns and Lifestyle Habits (n=300)

	First year of MBBS	Second year of MBBS	Third year of MBBS	Chi square value	P value
How do you rate overall healthiness of your meals?					
Very unhealthy	1(0.3%)	3(1%)	5(1.6%)	30.14	0.0001
Unhealthy	10((3.3%)	7(2.3%)	14(4.6%)		
Neutral	110(36.6%)	43(14.3%)	22(7.3%)		
Healthy	45(15%)	17(5.6%)	17(5.6%)		
Super healthy	2(0.6%)	2(0.6%)	2(0.6%)		
How do you rate overall healthiness of your snacks?					
Very unhealthy	6(2%)	5(1.6%)	9(3%)	16.77	0.0325
Unhealthy	36(12%)	22 (7.3%)	19(6.3%)		
Neutral	108(36%)	42(14%)	27(9%)		
Healthy	16(5.3%)	3(1%)	4(1.3%)		
Super healthy	1(0.3%)	1(0.3%)	1(0.3%)		

Only one student (0.3%) from first year MBBS consume very unhealthy diet whereas the number gradually increases to final year of MBBS and it is 3 (1%) from second year MBBS and 5(1.6%) from third year MBBS.

Table 4: Association of Eating Patterns and Lifestyle Habits with Socio-Demographic Factors (Gender) (n=300)

	Females	Males	Chi square value	P value
Number of Main meals per day				
1-2per day	30(10%)	39(13%)	18.72	0.00001
3-4per day	170(56.6%)	61(20.3%)		
Breakfast skipping				
Frequently	37(12.3%)	36 (12%)	13.25	0.0041
Occasionally	68(22.6%)	26(8.6%)		
Rare	65(21.6%)	31(10.3%)		
Never	30(10%)	7(2.3%)		
Frequency of egg consumption				
1-2 per week	86 (28.6%)	39(13%)	11.27	0.02360
3-4 per week	59(19.6%)	21(7%)		
4-6 per week	14(4.6%)	19(6.3%)		
Rare	11(3.6%)	5(1.6%)		
Never	4 (1.3%)	1(0.3%)		
Consumption of chips and biscuits				
Frequently	74(24.6%)	34 (11.3%)		
Occasionally	88 (29.3%)	38(12.6%)	12.75	0.0052
Rare	31(10.3%)	36(12%)		
Never	7(2.3%)	2(0.6%)		
Fruit juices consumption				
Frequently	38(12.6%)	33 (11%)		

Occasionally	100(33.3%)	38(12.6%)	7.882	0.0485
Rare	56(18.6%)	27(9%)		
Never	6(2%)	2(0.6%)		
daily water intake				
1-2L/day	85(28.3%)	26(8.6%)		
2-3L/day	79(26.3%)	40(13.3%)		
3-4L/day	29(9.6%)	25 (8.3%)	13.64	0.00085
4-5L/day	5(1.6%)	8(2.6%)		
>5L/day	2(0.6%)	1(0.3%)		
Number of sleep hours per day				
5-6hr per day	53(17.6%)	36(12%)		
6-7 hr per day	84(28%)	33(11%)	9.884	0.0424
7-8hr per day	47(15.6%)	15(5%)		
>8per day	7(2.3%)	8(2.6%)		

Only 6(2%) girls and 2(0.6%) boys never consume fruit juices.5(1.6%) girls 8(2.6%)boys consume 4-5litres of water per day.7(2.3%) girls 2(0.6%) boys never consume chips and biscuits Adequate sleep that is 7-8 hr per day is reported from 47(15.6%) girls and 15(5%) boys and Less than 5 hr sleep per day is reported from 9(3%) girls 8(2.6%) boys. Only 61(20.3%) of boys and 170(56.6%) girls consume 3-4 main meals per day. 30(10%) girls and 7(2.3%) boys never skip breakfast.4(1.3%) girls and 1(0.3%) boys never consume egg.

Regarding green leafy vegetables, 92 (30.6%) of the college hostel students reported occasional consumption, 18(6%) of those who are living with parents reported occasional consumption,1(0.3%) of participants in PG hostel reported frequent, occasional, no consumption each,3(1%) living alone in rented accommodation reported occasional consumption, 26(8.6%) of those in rented accommodation with friends reported occasional consumption showing statistically significant association of consumption of green leafy vegetables with residence(chi square=25.96, p value=0.0108).

Regarding fruits consumption,100 (33.3%) participants residing in college hostel reported occasional consumption, 19(6.3%) of those living with parents reported frequent consumption, 1(0.3%) reported frequent, occasional and no consumption each, 2(0.6%) of those residing alone in rented accommodation, 24(8%) of those living in rented accommodation with friends reported occasional consumption showing statistically significant association of fruits consumption with residence (chi square=33.43, pvalue=0.0008).

Table 5: Association of Eating Patterns and Lifestyle Habits with Demographic Factor. (Residence) (n=300)

How do you rate overall healthiness of your meals?							
Very unhealthy	6(2%)	1(0.3%)	1(0.3%)	1(0.3%)	3(1%)	61.61	<0.00001
Unhealthy	20(6.6%)	1(0.3%)	1(0.3%)	1(0.3%)	8(2.6%)		
Neutral	135(45%)	12(4%)	1(0.3%)	1(0.3%)	23(7.6%)		
Healthy	43(14.3%)	22(7.3%)	1(0.3%)	2(0.6%)	9(3%)		
Super healthy	1(0.3%)	4(1.3%)	1(0.3%)	1(0.3%)	1(0.3%)		
How do you rate overall healthiness of your snacks?							
Very unheal th y	15(5%)	1(0.3%)	1(0.3%)	1(0.3%)	5(1.6%)	32.23	0.0093
Unhealthy	56(18.6%)	7(2.3%)	1(0.3%)	1(0.3%)	12(4%)		
Neutral	117(39%)	29(9.6%)	1 (0.3%)	2 (0.6%)	24(8%)		
Healthy	16(5.3%)	1(0.3%)	1(0.3%)	1(0.3%)	3(1%)		
Super healthy	1(0.3%)	1(0.3%)	1(0.3%)	1(0.3%)	1(0.3%)		

Fifty four (18%)girls 14(4.6%) boys consume green leafy vegetables frequently .53(17.6%) girls 19(6.3%) boys consume fruits frequently .9(3%) girls 1(0.3%) boys never consume fruits.

Table 6: Association Of Eating Patterns And Lifestyle Habits With Demographic Factor (Residence) (n=300)

	College hostel	**Living with parents**	**Pg hostel**	**Rented accommodation alone**	**Rented accommodation with friends**	**Chi Square**	**P value**
Number of meals skipped, intentionally or unintentionally							
Frequently	82(27.3%)	9(3 %)	2(0.6%)	2(0.6%)	21(7%)		
Occasionally	76(25.3%)	14(4.6%)	6(2%)	2(0.6%)	9(3%)		
Never	11(3.6%)	12(4%	1(0.3%)	1(0.3%)	2(0.6%)	34.89	0.0004
Rare	36(12%)	6 (2%)	1(0.3%)	1(0.3%)	3(1%)		
Type of diet							
Vegetarian	29(9.6%)	5(1.6%)	1(0.3%)	1(0.3%)	1(0.3%)		
Vegan	3(1%)	1(0.3%)	1(0.3%)	1(0.3%)	1(0.3%)		

Non-vegetarian	49(16.3%)	5(1.6%)	1(0.3%)	1(0.3%)	1(0.3%)	34.03	0.0006
Mixed	124(41.3%)	29(9.6%)	1(0.3%)	5(1.6%)	36(12%)		
Water intake per day							
1-2L per day	80(26.6%)	15(5%)	1(0.3%)	1(0.3%)	13(4.3%)	30.49	0.015
2-3L Per day	79(26.3%)	15(5%)	1(0.3%)	1(0.3%)	19(6.3%)		
3-4 L per day	37(12.3%)	8(2.6%)	1(0.3%)	1(0.3%)	8(2.6%)		
4-5L per day	9(3%)	1(0.3%)	1(0.3%)	1(0.3%)	3(1%)		
>5Lper day	1(0.3%)	1(0.3%)	1(0.3%)	1(0.3%)	1(0.3%)		
Number of sleep hours per day							
<5hr per day	13(4.3%)	1(0.3%)	1(0.3%)	1(0.3%)	3(1%)		
5-6hr per day	64(21.3%)	5(1.6%)	1(0.3%)	1(0.3%)	16(5.3%)		
6-7hrper day	83(27.6%)	12(4%)	1(0.3%)	1(0.3%)	20(6.6%)	34.30	0.0049
7-8hrper day	37(12.3%)	16(5.3%)	1(0.3%)	1(0.3%)	4(1.3%)		
>8hr per day	8(2.6%)	6(2%)	1(0.3%)	1(0.3%)	1(0.3%)		
Alcohol consumption							
Once a week	1(0.3%)	1(0.3%)	1(0.3%)	1(0.3%)	1(0.3%)		
Once a month	1(0.3%)	1(0.3%)	1(0.3%)	1(0.3%)	1(0.3%)		
No	195(65%)	39(13%)	3(1%)	3(1%)	42(14%)	48.00	<0.00001
Rare	4(1.3%)	1(0.3%)	1(0.3%)	1(0.3%)	1(0.3%)		

Thirteen students (4.3%) were living in college hostel, 1(0.3%) were students living with parents, 1(0.3%) students from rented accommodation alone, 1(0.3%) students from rented accommodation with friends sleep less than 5 hr per day .8(2%) students from College hostel, 6 (2%) students living with parents, 1(0.3%) living alone sleep more than 8 hr per day .Adequate sleep of 7-8 hr per day is reported from 47(15.6%) girls and 15(5%) boys. Less than 5 hr sleep per day is reported from 9(3%) girls and 8 (2.6%) boys.

DISCUSSION

Sociodemographic Profile of Medical Students

Majority of the undergraduates were in between 17 to 20 years of age, which is about 51% that is half of the study population followed by 17-18 years of age that is 81 participants, which contribute to 27% of the study population. According to Sabbour SM et al, it was found that mean age of the participants was 20.47 ± 1.35 According to Subamalani S et al, it was found that 46% participants are of 19 years of age and 25.8% participants are 18 years of age.[20] These results demonstrate that average age vary significantly depending on the sample Characteristics, 17 to 20 years of age were the most common age group. In this study, female contribution is in large amounts which is 67% whereas male was 33% .In a study conducted by Besufekad urgie et al it was found that 50.6% males and 49.4% females which is equal contribution by both genders, whereas in the study by Cheema S et al which found that 39.1% males and 61.9% females.[9] These results demonstrate that gender of the participants may vary but in majority of the reports female contribution is higher in the study.

Eating Patterns of Medical Students

Majority of the participants 35%consume fruits occasionally in a week while 11.3% consume almost every day and 14% consume occasionally in a month and 17.7% consume fruits frequently. This study having similarity with the study conducted by Sabbour SM et al in which 40.5% consume fresh fruits only twice a week. Majority of the participants consume vegetables almost every day that contributes to 46% of the study population. Whereas 13% consume vegetables only 1-3 times a week. This has little similarity with the study conducted by Sabbour SM et al.which stated that 48% consume vegetables only once a week.[20]

69.7% do not take any supplements, 7.7% take omega 3, 13% take calcium, 17.7 iron, 11% take vitamin D, 4.3% take protein powder, 8.3% take multivitamins, 0.7% take Creatinine, 1% take a college, 4% take probiotics, 3% take zinc as supplements. According to Cheema S et al. in, 28.4%, take vitamins, minerals and other supplements.[14]

Lifestyle Habits in Medical Students

Majority that is 95.3% of the students do not consume alcohol, 2.3% consume alcohol very rarely, 0.7% consume alcohol only once a month. 97% do not smoke, 1.3% smoke occasionally, only 0.7% smoke daily and 0.3% smoke very rarely. 5.7% sleep less than five hours per day, 29.7% sleep 5 to 6 hours per day, 39% sleep 6 to 7 hours per day, 20.7% hours per day, 5% sleep greater than eight hours per day According to Haq IU et al, 94.1%were non-smokers, 79%were non-alcoholic, 18.8% sleep less than six hours per day.

Physical Exercise

Some students 36.7% do not perform any kind of physical exercise, 37% of the study participants do walking, running or jogging and 8.7% play sports, 7.3% prefer home workout as their physical exercise, 3% of the study population do their physical exercise in the gym, 6.3% do yoga only 0.3% prefer squats as their physical exercise. Majority of the people reported lack of time as their main reason for a no physical exercise. 25.7% do not perform physical exercise due to lack of interest. 19.5% study populations main reason for no

physical exercise is lack of motivation. 4.4% have lack of knowledge on physical exercise. Majority of the medical students were physically inactive according to Yahia N et al, in that study, it was reported only seven percentage having active lifestyle.[16] According to Haq IU et al, 17.3% do not perform any physical exercise.[15] According to Cheema S et al,12.7% do not perform any type of physical exercise due to lack of interest and 10.5% consider it unimportant to do it regularly.[14]

Limitations

The study was limited to undergraduate medical students from a single geographic area, which may restrict the generalizability of the findings. The cross-sectional study design captures data at a single point in time and does not allow establishment of casual relationships. The study did not include detailed dietary analysis, biochemical parameters, or clinical assessments to correlate lifestyle factors with health outcomes. Dietary intake, physical activity, sleep patterns and water consumption were based on self-reported information and were not objectively verified.

Recommendations

Regular nutrition, education lifestyle modification programs should be incorporated into medical curriculum. Medical colleges should promote physical activity by ensuring access to sports, gym and recreational facilities. Healthy, affordable and balanced food options should be made available in college canteens and hostels. Periodic health screening and individualized dietary counselling should be provided for undergraduate medical students. Future research should involve a larger sample sizes, multiple institutions and longitudinal study designs to better assess lifestyle patterns over time.

CONCLUSION

Based on the findings of the present study, high consumption of fast foods, soft drinks, chips and biscuits, were observed among undergraduate medical students. Majority of them had inadequate daily water intake & sleep. Majority of them were physically inactive. The study further revealed that most of the students did not follow a balanced diet and not tracking the amount of calories they consumed. Despite possessing adequate knowledge about nutrition, many medical students failed to translate this knowledge into healthy practices indicating gap between awareness and behaviour. These findings underscore the need for targeted health education programmes, regular nutritional counselling and lifestyle modification interventions within medical colleges. Promoting balanced diet, regular physical activity, stress management and healthy sleep practices are essential to improve the overall health and well-being of future healthcare professionals. Early interventions during undergraduate training can contribute to long-term healthy behaviour and better professional performance.

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Conflicts of Interest

Nil

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