

ASSOCIATION OF DIETARY HABITS WITH OVERWEIGHT AMONG POSTGRADUATE STUDENTS AT A PRIVATE UNIVERSITY: A CROSS-SECTIONAL STUDY

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Keywords

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Abstract

Background: Overweight and obesity have become major global public health concerns, with their prevalence increasing rapidly among adults and young populations worldwide. Unhealthy dietary habits, physical inactivity, and behavioral factors are considered significant contributors to excessive weight gain, particularly among university students.

Methodology: A cross-sectional study was conducted and 194 samples collected from post students. Non-Random Purposive Sampling Technique was used to select the study population. All Male and female students were included who give consent to take part in study and was willing to provide their weight and height measurements. A self-administered questionnaire, along with anthropometric measurements, was used for data collection.

Result: The prevalence of overweight and obesity was 37.7%, while 53.1% had normal BMI. The mean age of the participant was $29.86 \pm SD 4.99$ with a range of 23 to 43 years. Most of the married participants were overweight, that was 22.5%. By comparing gender male were more obese 19% as compared to female participants 18%. Significant associations were found between overweight and dietary habits such as fast-food intake, breakfast skipping, meal frequency, home-cooked food consumption, and energy drink intake.

Conclusion: The study concluded that unhealthy dietary habits were significantly associated with being overweight among postgraduate students. Frequent fast-food consumption, skipping breakfast, and unhealthy eating patterns increased the risk of being overweight and obesity. Promoting healthy dietary practices and nutrition awareness programs may help reduce overweight among students.

INTRODUCTION

Background

Obesity is not only related with some areas of world now, but it is now worldwide pandemic. And the frequency of obesity is increasing day by day. Immensely 1.9 billion of the age 18 years

and more were overweight and 650 million were obese in 2016 [1].

In this tendency persistently increases than by 2030 38% will be pre obese and 20% will be obese respectively [2]. Factors responsible for obesity other than genetic susceptibility are

exercise, dietary habits and behavioral factors and plays vital role [3].

Each year about 2.8 million adults died from obesity and issues related to it [4]. According to recent cohort study 23.9% of Asians was obese with BMI greater than 25 and men are more obese than females that is 67% and 33% respectively [5].

Study conducted in Nigeria showed that around 60% of the undergraduate's students eat suggested diet and utilization of milk, vegetables and fruits was least [6].

Study showed that long term diet to lose weight had led to anticipate weight gain in future [7].

One of the major factors of increasing weight is improper eating behavior. Skip of any meal like breakfast or lunch. However, food addiction and weight gain were also common among adult of age group 18 to 29 years [8,9].

Obesity is main noninfectious disease in Pakistan. According to recent study conducted in Karachi showed that the study population were obese and overweight 46% and 18% respectively [10].

A Qualitative study conducted in Saudi Arabia in 2019. They included all undergraduate students of age between 18 to 26 years. According to their findings 20.4% of study population were overweight and 14.9% were obese [11].

In a study Prevalence of abdominal obesity, dyslipidemias, pre-diabetes, and prehypertension was 5%,57.3%,2.8%,1% and 8.2% respectively. Positive association found between obesity and alcohol consumption. Obesity was high in female as compared to male participants [12].

Another sectional study conducted in Kuwait. Their study findings showed that stress is positively associated with unhealthy dietary behavior. Stress level was high among girls that was 44%. [13].

In a study conducted in Lahore, Pakistan, Abdominal obesity was found in student 46% and 31.4% respectively. Most of the male students had central obesity and it was associated with high caloric intake. Only 28.7% students regularly walked and jogging. Central obesity was 56% significantly high among Private Medical college students as compared to government medical college students was 22%. High BMI ≥ 25 was also more common in

students at private medical colleges [14]. In Karachi, Pakistan in 2019. There study findings showed that overweight and obese students were 33.2%. [15].

PROBLEM STATEMENT

Overweight is becoming common among university students due to unhealthy eating habits and busy academic routines. Postgraduate students often skip meals, eat fast food, and have irregular diets, which may increase the risk of overweight. However, there is limited information about the relationship between dietary habits and overweight among postgraduate students in private universities. Therefore, this study will assess the association between dietary habits and overweight among postgraduate students at a private university.

RATIONALE OF STUDY:

This study is important to understand how dietary habits affect overweight among postgraduate students. The findings may help in promoting healthy eating habits and planning awareness programs for students.

OBJECTIVE:

To determine the prevalence and association between dietary habits and overweight among postgraduate students at a private university SZABIST Karachi.

METHODOLOGY

This study was Cross sectional in nature, as data were collected through a self-administered questionnaire. The study was conducted among postgraduate students of SZABIST Karachi Pakistan, including both male and female students.

The sample size was calculated using Rao Soft at a 95% confidence level, resulting in a total sample of 194 participants. A non-random purposive sampling technique was used to select the study participants. Data were collected using a self-administered questionnaire along with anthropometric measurements. The dependent variable of the study was overweight, while independent variables included age, gender, marital status, dietary behaviors, and awareness regarding obesity-related risks.

Body Mass Index (BMI) was used to determine the prevalence of overweight and obesity among

postgraduate students. Weight was measured in kilograms and height in centimeters, and participants were categorized as underweight, normal weight, overweight, or obese according to BMI criteria. Descriptive statistics were used to analyze socio-demographic characteristics and awareness regarding obesity risks. Pea Chi-Square test was applied to assess the association between BMI and variables such as age, gender, marital status, and dietary behaviors. A p-value of less than 0.05 was considered statistically

significant. Data analysis was performed using SPSS version 24.

Results

A total of 194 postgraduate public health students participated in this study. Data were collected to assess socio-demographic characteristics, dietary habits, awareness regarding obesity-related risks, and factors associated with overweight and obesity among participants.

Table 1: Table 1: Socio-Demographic Characteristics, Dietary Habits, and Health-Related Factors Among Participants (N = 194)

| Variables | Categories | Frequency (n) | Percentage (%) |
|---|----------------------|---------------|----------------|
| Gender | Male | 96 | 49.5 |
| | Female | 98 | 50.5 |
| Marital Status | Single | 91 | 46.9 |
| | Married | 103 | 53.1 |
| Level of Education | 1st Year | 77 | 39.7 |
| | 2nd Year | 117 | 60.3 |
| BMI Category | Underweight (<18.5) | 18 | 9.3 |
| | Normal (18.5-24.9) | 103 | 53.1 |
| | Overweight (25-29.9) | 50 | 25.8 |
| | Obese (>30) | 23 | 11.9 |
| Meals Taken Daily | One time | 17 | 8.8 |
| | Two times | 83 | 42.8 |
| | Three times | 94 | 48.5 |
| Breakfast Intake | Everyday | 111 | 57.2 |
| | Occasionally | 59 | 30.4 |
| | Always skipped | 24 | 12.4 |
| Eating More During Stress | Yes | 68 | 35.1 |
| | No | 126 | 64.9 |
| Food/Snack with Energy Drinks During Normal Day | Everyday | 20 | 10.3 |
| | 3-4 times/week | 41 | 21.1 |
| | 1-2 times/week | 70 | 36.1 |
| | Seldom/Rarely | 63 | 32.5 |
| Snacks with Energy Drinks While Playing Video Games | Everyday | 26 | 13.4 |
| | 3-4 times/week | 12 | 6.2 |
| | 1-2 times/week | 26 | 13.4 |
| | Seldom/Rarely | 130 | 67.0 |
| Energy Drink Consumption | Everyday | 14 | 7.2 |
| | 3-4 times/week | 18 | 9.3 |
| | 1-2 times/week | 55 | 28.4 |
| | Seldom/Rarely | 107 | 55.2 |
| Carbohydrate/Flavored Drink Consumption | Everyday | 17 | 8.8 |
| | 3-4 times/week | 22 | 11.3 |
| | 1-2 times/week | 68 | 35.1 |
| | Seldom/Rarely | 87 | 44.8 |

| | | | |
|------------------------------|----------------|-----|------|
| Presence of Disease | Yes | 31 | 16.0 |
| | No | 158 | 81.4 |
| | Missing/Other | 5 | 2.6 |
| Home-Cooked Food with Family | Everyday | 123 | 63.4 |
| | 3-4 times/week | 39 | 20.1 |
| | 1-2 times/week | 18 | 9.3 |
| | Seldom/Rarely | 14 | 7.2 |
| Fast Food Consumption | Everyday | 6 | 3.1 |
| | 3-4 times/week | 30 | 15.5 |
| | 1-2 times/week | 104 | 53.6 |
| | Seldom/Rarely | 54 | 27.8 |
| Family History of Obesity | Yes | 55 | 28.4 |
| | No | 139 | 71.6 |

Table 1 presents the socio-demographic, dietary, and health-related characteristics of postgraduate students. Female participants (50.5%) were slightly higher than males (49.5%), and most participants were married (53.1%) and enrolled in the 2nd year (60.3%). According to BMI categories, 53.1% had normal weight, 25.8% were overweight, 11.9% were obese, and 9.3% were underweight, with a combined

overweight and obesity prevalence of 37.7%. Most participants consumed meals three times daily (48.5%) and regularly ate breakfast (57.2%). Fast food and energy drink consumption were common among students. Most participants consumed home-cooked food daily (63.4%), while 28.4% reported a family history of obesity and 16% had a disease.

Table 2: Awareness Regarding Risks Associated with Obesity

| Awareness of Risks Associated with Obesity | | | |
|--|------------|------------|------------|
| Risks | Yes | No | Don't Know |
| • Type 2 Diabetes | 138(71.1%) | 46(23.7%) | 10(5.2%) |
| • Hypertension | 132(68%) | 47(24.2) | 15(7.7%) |
| • Coronary Artery Disease | 117(60.3%) | 52(26.8%) | 25(12.9%) |
| • Respiratory Disorder | 90(46.4%) | 82(42.3%) | 23(12%) |
| • Reproductive Disorder | 130(67%) | 45(23.2%) | 19(9.7%) |
| • Osteoarthritis | 130(67%) | 49(25.3%) | 15(7.7%) |
| • Liver and Gall bladder disease | 126(64.9%) | 54(27.8%) | 14(7.2%) |
| • All the Above | 79(40.7%) | 115(59.3%) | ---- |
| • None of the above | 43(22.2%) | 151(77.8%) | ---- |

Table 2 demonstrates participants' awareness regarding the risks associated with obesity. The majority of participants were aware that obesity is associated with Type 2 Diabetes (71.1%), hypertension (68%), reproductive disorders (67%), and osteoarthritis (67%). Furthermore, 64.9% recognized liver and gallbladder diseases

as obesity-related complications, while 60.3% identified coronary artery disease as a risk factor. Awareness regarding respiratory disorders was comparatively lower, as only 46.4% recognized the relationship between obesity and respiratory diseases. In addition, only 40.7% correctly identified "all of the above" as obesity-related

risks, indicating that many participants lacked comprehensive knowledge regarding obesity complications

Table 3: Association Between BMI Categories and Characteristics of Participants

| Variables | BMI Category | | | | P-Value |
|--|----------------------|---------------------------|------------------------------|--------------|--------------|
| | Underweight <18.5 | Normal (18.5- 24.9) | Over- weight (25-29.9) | Obese >30 | |
| Gender | | | | | 0.05 |
| Male | 6 (3%) | 53(27.3%) | 30(15.4%) | 7(3.6%) | |
| Female | 12(6%) | 50(25.7%) | 20(10.3%) | 16(8.2%) | |
| Age | | | | | 0.064 |
| 20 – 30 years | 16(8.2%) | 71(36.5%) | 30(15.4%) | 11(5.6%) | |
| 31 – 40 years | 0 | 26(13.4%) | 17(8.7%) | 10(5.1%) | |
| 41- 50 years | 2(1%) | 6(3%) | 3(1.5%) | 2(1%) | |
| Marital Status | | | | | 0.002 |
| Single | 14(7.2%) | 48(24.7%) | 25(12.8%) | 4(2%) | |
| Married | 4(2%) | 55(28.3%) | 25(12.8%) | 19(9.7%) | |
| Education Level | | | | | 0.003 |
| 1 st Year | 4(2%) | 34(17.5%) | 23(11.8%) | 16(8.2%) | |
| 2 nd Year | 14(7.2%) | 69(35.5%) | 27(13.9%) | 7(3.6%) | |
| Food with energy drinks | | | | | 0.001 |
| • Everyday | 2(1%) | 10(5.1%) | 8(4.1%) | 0 | |
| • 3-4 times/week | 2(1%) | 26(13.4%) | 2(1%) | 11(5.6%) | |
| • 1-2 times/week | 8(4.1%) | 28(14.4%) | 26(13.4%) | 8(4.1%) | |
| • Seldom/Rarely | 6(3%) | 39(20.1%) | 14(7.2%) | 4(2%) | |
| Food with drinks playing video game | | | | | 0.020 |
| • Everyday | 2(1%) | 8(4.1%) | 12(6.1%) | 4(8.2%) | |
| • 3-4 times/week | 4(2%) | 6(3%) | 2(1%) | 0 | |
| • 1-2 times/week | 2(1%) | 18(9.2%) | 4(2%) | 2(1%) | |
| • Seldom/Rarely | 10(5.1%) | 71(36.5%) | 32(16.4%) | 17(8.7%) | |
| Take snacks separately from meals | | | | | 0.044 |
| • Everyday | 4(2%) | 8(4.1%) | 7(3.6%) | 5(2.5%) | |
| • 3-4 times/week | 0 | 14(7.2%) | 2(1%) | 5(2.5%) | |

| • 1-2 times/week | 4(2%) | 34(17.5%) | 21(10.8%) | 8(4.1%) | |
|------------------------------|-----------------|--------------------|-----------------------|-----------|--------------|
| • Seldom/Rarely | 10(5.1%) | 47(24.2%) | 20(10.3%) | 5(2.5%) | |
| Take energy drinks | | | | | 0.099 |
| • Everyday | 4(2%) | 8(4.1%) | 2(1%) | 0 | |
| • 3-4 times/week | 0 | 12(6.1%) | 3(1.5%) | 3(1.5%) | |
| • 1-2 times/week | 4(2%) | 24(12.3%) | 18(9.2%) | 9(4.6%) | |
| • Seldom/Rarely | 10(5.1%) | 59(30.4%) | 27(13.9%) | 11(5.6%) | |
| Variables | BMI Category | | | | |
| | Underweight <18 | Normal (18.5-24.9) | Over-weight (25-29.9) | Obese >30 | P-value |
| Take flavor drinks | | | | | 0.057 |
| • Everyday | 4(2%) | 8(4.1%) | 3(1.5%) | 2(1%) | |
| • 3-4 times/week | 0 | 14(7.2%) | 5(2.5%) | 3(1.5%) | |
| • 1-2 times/week | 2(1%) | 38(19.5%) | 16(8.2%) | 12(6.1%) | |
| • Seldom/Rarely | 12(6.1%) | 43(22.1%) | 26(13.4%) | 6(3%) | |
| Eat fruits vegetables | | | | | 0.054 |
| • Everyday | 2(1%) | 26(13.4%) | 2(1%) | 4(2%) | |
| • 3-4 times/week | 8(4.1%) | 43(22.1%) | 27(13.9%) | 14(7.2%) | |
| • 1-2 times/week | 6(3%) | 26(13.4%) | 13(6.7%) | 5(2.5%) | |
| • Seldom/Rarely | 2(1%) | 8(4.1%) | 8(4.1%) | 0 | |
| Eat home cooked food | | | | | 0.004 |
| • Everyday | 14(7.2%) | 63(32.4%) | 31(15.9%) | 15(7.7%) | |
| • 3-4 times/week | 0 | 20(10.3%) | 15(7.7%) | 4(2%) | |
| • 1-2 times/week | 0 | 14(7.2%) | 0 | 4(2%) | |
| • Seldom/Rarely | 4(2%) | 6(3%) | 4(2%) | 0 | |
| Eat fast food | | | | | 0.003 |
| • Everyday | 2(1%) | 0 | 2(1%) | 3(1.5%) | |
| • 3-4 times/week | 4(2%) | 16(8.2%) | 3(1.5%) | 7(3.6%) | |
| • 1-2 times/week | 4(2%) | 58(29.8%) | 30(15.4%) | 12(6.1%) | |
| • Seldom/Rarely | 8(4.1%) | 29(14.9%) | 15(7.7%) | 2(1%) | |
| No of times meals | | | | | 0.022 |
| • One time | 0 | 10(5.1%) | 7(3.6%) | 0 | |

| | | | | | |
|----------------------------------|----------|------------|------------|----------|--------------|
| • Two times | 12(6.1%) | 36(18.5%) | 20(19.48%) | 15(7.7%) | |
| • Three times | 6(3%) | 57(29.38%) | 23(11.85%) | 8(4.1%) | |
| Breakfast daily | | | | | 0.001 |
| • Everyday | 8(4.1%) | 60(30.9%) | 37(19%) | 6(3%) | |
| • Occasionally | 6(3%) | 33(17%) | 11(5.6%) | 9(4.6%) | |
| • Always Skipped | 4(2%) | 10(5.1%) | 2(1%) | 8(4.1%) | |
| Family history of obesity | | | | | 0.000 |
| • Yes | 2(1%) | 20(21.2%) | 19(9.7%) | 14(7.2%) | |
| • No | 16(8.2%) | 83(88.2%) | 31(15.9%) | 9(4.6%) | |
| Eat more during Stress | | | | | 0.073 |
| • Yes | 8(4.1%) | 30(15.4%) | 17(8.7%) | 13(6.7%) | |
| • No | 10(5.1%) | 73(37.6%) | 33(17%) | 10(5.1%) | |
| Any disease | | | | | 0.000 |
| • Yes | 2(1%) | 10(5.1%) | 17(18%) | 2(1%) | |
| • No | 16(8.2%) | 91(46.9%) | 33(17%) | 18(9.2%) | |
| Type_of_disease | | | | | |
| • Diabetes | 2(1%) | 2(1%) | 7(3.6%) | 5(2.5%) | 0.012 |
| • Hypertension | 0(0%) | 6(3%) | 5(2.5%) | 2(1%) | |
| • Other | 16(8.2%) | 95(48.9%) | 38(19.5%) | 16(8.2%) | |

Table 3 shows the association between BMI categories and socio-demographic and lifestyle factors. Significant associations were observed between BMI and marital status ($p = 0.002$), educational level ($p = 0.003$), gender ($p = 0.05$), food with energy drinks ($p = 0.001$), snacks while playing video games ($p = 0.020$), taking snacks separately from meals ($p = 0.044$), home-cooked food ($p = 0.004$), fast food consumption ($p = 0.003$), meal frequency ($p = 0.022$), breakfast

intake ($p = 0.001$), family history of obesity ($p < 0.001$), and presence of disease ($p < 0.001$). Married participants, females, breakfast skippers, and those with frequent fast food intake showed higher rates of overweight and obesity. However, age, flavored drinks, fruit and vegetable intake, stress eating, and energy drink intake alone did not show statistically significant associations with BMI.

Table 4: Descriptive Statistics of Age, Height, and Weight

| | | Age | Height | weight |
|--------------------|-------|--------|---------|---------|
| N | Valid | 194 | 194 | 194 |
| Mean | | 29.86 | 161.538 | 63.814 |
| Std. Error of Mean | | .359 | .8886 | .9466 |
| Median | | 28.00 | 162.500 | 63.000 |
| Mode | | 26 | 170.0 | 60.0 |
| Std. Deviation | | 4.999 | 12.3770 | 13.1844 |
| Variance | | 24.995 | 153.190 | 173.828 |
| Range | | 20 | 87.0 | 58.0 |

| | | | |
|---------|----|-------|-------|
| Minimum | 23 | 113.0 | 42.0 |
| Maximum | 43 | 200.0 | 100.0 |

Table 4 presents the descriptive statistics of age, height, and weight of the participants. The mean age of respondents was 29.86 ± 4.99 years, with ages ranging from 23 to 43 years.

The mean height of participants was 161.53 ± 12.37 cm, while the mean weight was 63.81 ± 13.18 kg. The maximum recorded weight was 100 kg, whereas the minimum weight was 42 kg.

DISCUSSION

The prevalence of obesity was 11.86% and overweight was high 25.77% in 194 sample sizes of postgraduates as compared to study conducted in Saudi Arabia with sample size of 416, they found prevalence of obesity 14.9% and overweight 20.4% and by gender male were obese as compared to female and as same as their study my study also showed high prevalence of underweight among female students. Our findings also showed that prevalence of overweight was high among those who eating snacks while playing video game and watching Tv and showed positive association among them. Skipping of breakfast is also common among university students. The mean age of the participant was $29.86 \pm SD 4.99$ with a range of 23 to 43 years and in their study mean age was 21 ± 2.34 and mean BMI of males are greater than female same as their study [16].

In my study 48.5% of participants eats meal three times a day which is relatively high as compared to their study which was only 31%. Breakfast consumption was 57.2 which is also high as compared to their study was 23% and consumption of fruits was less in students of my study which is same as their study and less fruits consumptions lead to my non communicable diseases in students. In my study 7.2% take energy drinks daily and 28.4% take drink 1-2 times a day. Which is less than their study which was 30% participant drink energy drinks daily. Fast food eating was high in my study same as their study. Family history of obesity was showed positive association with obesity among participants [17].

BMI more than 25 was 19 % of male and 18.5% females which is relatively less than their study which was 30% of male and 16% of females and

prevalence of obesity is more among male 37% which was same in their study male are more obese as compared to females [18].

CONCLUSION

The prevalence of overweight is high in postgraduate's student and study finding showed age, gender, marital status, food with energy drinks, taking snacks separately from meal, skipping breakfast, fast food, family history showed positive association with obesity.

LIMITATION OF STUDY

Limitation of this study was that data was collected from only postgraduates' students of SZABIST only, so the results of my study are not generalizable and only chi square test was used, and sample size was short.

RECOMMENDATION

We recommend more studies should be conducted on large population of students to find the exact prevalence rate of obesity among students so that we can control the obesity by finding out varied factors associated with it.

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