

Original Research Article

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Habitual Processed Food Consumption among Young Adults: Associations with Fatigue, Gastrointestinal Symptoms, and Lifestyle Factors

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ABSTRACT

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Processed food consumption among young adults in India has increased with urbanisation and changing lifestyles, raising concerns about dietary quality and health outcomes. To assess consumption patterns of processed foods, awareness of health risks, influencing factors, and their association with self-reported health outcomes. A cross-sectional study was conducted among 249 young adults using a structured questionnaire incorporating a Food Frequency Questionnaire and Likert-scale items. Data were analysed using frequency distribution, percentages, and the chi-square test of association. 62.2% of respondents consumed processed foods at least weekly, with 36.9% reporting high-frequency intake. Consumption was significantly higher among students residing in PG and hostel settings compared to those living with family ($p = 0.004$). Although 59.6% were aware of adverse health effects, consumption remained prevalent. Significant associations were observed between higher consumption and fatigue ($p < 0.001$) and gastrointestinal symptoms ($p < 0.001$). The primary barrier to reducing intake was the limited availability of healthier food options (75.1%). Processed food consumption among young adults is frequent and associated with self-reported health symptoms. Despite moderate awareness, behavioural change is limited, highlighting the need for interventions targeting food availability alongside IEC strategies.

Introduction

Over recent decades, food systems across the world have undergone a transformation that is as rapid as it is far-reaching. Traditional dietary patterns built around freshly prepared, minimally processed foods have steadily given way to diets dominated by industrially produced processed products — packaged snacks, instant meals, carbonated beverages, and confectionery items that are

energy-dense, nutrient-poor, and designed for mass consumption (Vandevijvere *et al.*, 2019). This shift is not merely a dietary phenomenon.

It reflects a convergence of economic development, urbanisation, changes in working and living conditions, and the deliberate commercial expansion of the processed food industry into markets that were previously anchored in home-cooked food cultures.

India presents a particularly striking example of this transition. Historically grounded in diverse regional food traditions built around cereals, pulses, dairy, and vegetables, India has experienced a sharp and rapid increase in processed food availability and consumption over the past two decades (Popkin and Ng, 2022). The liberalisation of the Indian economy, the growth of supermarkets and online food delivery platforms, and the aggressive marketing of processed products by multinational food corporations have collectively reshaped the food environments in which Indian youth now live and eat (Pries *et al.*, 2022).

Market data illustrate the scale of this change: retail sales of potato chips in India grew by approximately 136% between 2012 and 2023, a rate far exceeding that seen in Western Europe or North America over the same period (Bloomberg, 2023).

Young adults — particularly those pursuing higher education — occupy a central and vulnerable position within this dietary transition. This period of life is marked by increasing independence in food choices, reduced parental oversight, academic stress, irregular schedules, and, for many, the practical constraints of living away from home for the first time (Deliens *et al.*, 2014). Studies have consistently shown that these conditions are associated with higher processed food consumption, greater dependence on ready-to-eat options, and reduced intake of fruits, vegetables, and home-prepared meals (Robinson *et al.*, 2019). The dietary habits formed during this period are not transient; they tend to persist and shape long-term health trajectories (Loughridge and Barr 2022).

Despite a growing body of global literature on processed food consumption and its health implications, research specifically targeting young adults in the Indian context remains limited. Most existing studies focus either on clinical health outcomes such as obesity or metabolic disease, or examine dietary behaviour without integrating the role of awareness, attitudes, and structural food environment factors (Menon and Joseph J 2020). This study was therefore designed to address this gap by systematically examining the frequency and types of processed food consumed by young adults, the level of awareness they hold regarding associated health risks, the factors that influence their food choices, and the implications of these findings for designing effective IEC (Information, Education, and Communication) interventions.

The present study was undertaken to examine the frequency and types of processed foods consumed by young adults, to analyse their level of awareness regarding the nutritional value and health impacts of processed foods, and to explore the various factors such as taste, convenience, price, and marketing strategies that influence their food choices and consumption patterns.

The NOVA food classification system, developed by Monteiro *et al.*, (2019), provides the most widely accepted framework for understanding processed foods. Under this system, foods are divided into four groups based on the nature and extent of industrial processing. Group 4, termed ultra-processed foods, encompasses products such as carbonated soft drinks, instant noodles, packaged chips, biscuits, chocolates, and reconstituted meat products — foods that contain little or no intact whole food and are formulated primarily from industrial ingredients and additives. It is this category that has expanded most dramatically in consumption worldwide and in India specifically.

At the global level, national dietary surveys in countries such as the United States and the United Kingdom have found that more than half of total daily caloric intake among adolescents and young adults is now derived from ultra-processed foods (Rauber *et al.*, 2018; Moubarac *et al.*, 2013). Studies from Australia have documented that diets with higher proportions of such foods consistently exceed recommended intake limits for sodium, added sugars, and saturated fats (Machado *et al.*, 2019). Middle-income countries have experienced even sharper relative increases over shorter time periods, with Mexico providing a well-documented example where higher ultra-processed food intake is associated with reduced intake of protective nutrients such as dietary fibre (Marron-Ponce *et al.*, 2019).

The health consequences of high processed food consumption have been extensively documented. Large prospective cohort studies and randomised controlled trials have established associations with weight gain, obesity, hypertension, dyslipidaemia, insulin resistance, and type 2 diabetes (Neri *et al.*, 2022; Pagliani *et al.*, 2021). Hall *et al.*, (2019) demonstrated through a controlled inpatient feeding trial that participants consuming an ultra-processed diet ingested significantly more calories per day and gained more body weight than those on a minimally processed diet, even when both diets were matched for macronutrients, fibre, and sodium. Beyond these clinical outcomes, frequent consumption has been linked to more immediate

functional symptoms relevant to young adults, including self-reported fatigue, digestive discomfort, irregular bowel habits, and sleep disturbances (Smith and Browning, 2020; Chaput *et al.*, 2020).

In the Indian context, empirical evidence from surveys among college-going youth has reported frequent consumption of packaged snacks, biscuits, instant noodles, and soft drinks — often multiple times per week (Chauhan *et al.*, 2022). Menon and Joseph (2020) observed that while many young Indian adults recognise processed foods as generally unhealthy, their knowledge is largely limited to weight-related consequences and does not extend to specific metabolic or cardiovascular implications. This surface-level awareness does not translate into dietary change, a phenomenon described in the literature as the knowledge–behaviour gap (Moussa *et al.*, 2023).

Several structural and lifestyle factors perpetuate this gap. Deliens *et al.*, (2014) identified time constraints, food environment, social influence, and cost as the primary determinants of processed food consumption among university students. Sadeghirad *et al.*, (2016) demonstrated through a systematic review that exposure to unhealthy food marketing significantly influences food preferences and consumption patterns even among nutritionally aware individuals. Pries *et al.*, (2022) noted that in transitioning economies, processed foods frequently offer more calories per unit cost than healthier alternatives, making them economically rational choices for budget-constrained populations — a factor of particular relevance for young adults managing limited finances in independent living situations.

Materials and Methods

Study Design

This study adopted a cross-sectional descriptive research design. Descriptive designs are appropriate where the objective is to accurately characterise the current state of a phenomenon without manipulation of variables (Jain and Mathur, 2014). The design facilitated a systematic examination of processed food consumption patterns, awareness levels, and influencing factors as they exist naturally in the study population.

Study Population and Sampling

The study population comprised young adults aged

between 16 and 25 years, irrespective of gender, academic stream, or occupational background. Participants were selected using a non-probability convenience sampling technique, wherein respondents were recruited based on their accessibility and willingness to participate. This approach was adopted in consideration of practical constraints related to time and the use of digital platforms for data collection.

A target sample size of 300 respondents was set; a final sample of 249 participants was obtained after data cleaning and exclusion of incomplete responses.

Data Collection Instrument

Primary data were collected through a structured self-administered questionnaire designed specifically in alignment with the study objectives. The instrument was divided into five sections: (a) demographic profile; (b) food frequency questionnaire (FFQ) covering commonly consumed processed food items in the Indian context, including biscuits, namkeen, potato chips, instant noodles, soft drinks, and chocolates; (c) self-reported morbidity indicators; (d) attitudinal statements measured on a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree); and (e) questions related to willingness and enabling factors for dietary change.

Before final deployment, a pilot study was conducted with 30 respondents to assess the clarity, relevance, and reliability of the instrument. Feedback obtained during this stage was used to refine ambiguous items and improve the overall structure of the questionnaire.

Data Collection Procedure

The finalised questionnaire was circulated through online platforms to maximise reach and ease of participation. Participants were informed of the study's academic purpose, voluntary nature, and confidentiality of their responses before completing the questionnaire. All responses were anonymous, and no personal identifying information was collected.

Data Analysis

Once data collection was completed, responses were systematically organised and screened for completeness. Data cleaning involved identifying and removing incomplete or inconsistent entries. Categorical responses

were coded numerically, and attitudinal data were scored according to Likert scale conventions. Data were analysed using descriptive statistical techniques, including frequency distribution and percentage analysis. Mean values were calculated for Likert-scale responses where appropriate. Results are presented in tabular form.

Ethical Considerations

Participation was entirely voluntary. All respondents were informed of the study's purpose before participation. Anonymity and confidentiality were maintained throughout, and the data collected were used exclusively for academic purposes.

Results and Discussion

Demographic Profile

A total of 249 young adults participated in this study. The demographic profile is summarised in Table 1.

The sample was predominantly composed of older students, with 57.7% aged 22 years and above. Male respondents accounted for 59.5% of the sample. A majority — 71.5% — lived in independent settings, either in paying guest (PG) accommodations (47.0%) or hostels (24.5%), with only 28.5% residing with their families.

Frequency of Processed Food Consumption

Food frequency data are presented in Table 2. A total of 62.2% of respondents reported consuming processed foods at least once per week or more frequently, indicating regular dietary inclusion. Within this group, 26.9% reported consumption two to four times per week, while 10.0% reported daily intake. An additional 25.3% consumed processed foods once per week, suggesting that a substantial proportion of participants engage in consistent weekly consumption.

Lower frequency categories included 14.9% consuming less than once per week but at least monthly, and 12.9% reporting rare consumption (< once per month). Notably, 10.0% of respondents reported never consuming processed foods, representing a minority within the sample.

Item-level analysis revealed that biscuits, namkeen (fried

snacks), potato chips, instant noodles, soft drinks, and chocolates clustered in the weekly-to-multiple-times-per-week range, with no single category showing a significantly lower consumption frequency than the others. This consistency across product types indicates a generalised pattern of processed food intake rather than consumption limited to one category.

Influence of Living Arrangement on Consumption Frequency

Table 3 presents the distribution of processed food consumption frequency stratified by residence type. A clear variation in consumption patterns is observed across living arrangements. Among students residing in paying guest (PG) accommodations, 70.1% reported consuming processed foods at least weekly, compared to 65.6% of hostel residents. In contrast, only 46.5% of students living with family reported a similar frequency of consumption.

Conversely, lower-frequency consumption (less than once per week) was more prevalent among students living with family (53.5%) compared to those residing in PG (29.9%) and hostel settings (34.4%).

These findings demonstrate a shift toward higher consumption frequency among students in independent living environments relative to those residing with family.

Students residing in PG and hostel settings showed higher concentration in the weekly and high-frequency consumption categories. Those living with family showed comparatively greater representation in the lower frequency categories, including monthly or occasional intake.

A chi-square test of independence was performed to examine the association between residence type and frequency of processed food consumption. The results showed a statistically significant association between the two variables ($p = 0.004$), indicating that consumption frequency varies across different residence categories.

Students residing in paying guest (PG) and hostel accommodations demonstrated a higher frequency of processed food consumption compared to those living with their families.

Awareness Regarding Health Impacts

Attitudinal and awareness data derived from the Likert-scale section are presented in Table 4.

A majority of respondents (59.6%) agreed or strongly agreed that frequent consumption of processed foods adversely affects health, and 64.3% recognised that current dietary habits may have long-term consequences. However, neutral responses were notably high across all items, with over a quarter of respondents choosing the neutral option in most cases. Despite this awareness, 44.5% simultaneously agreed that they find it difficult to avoid processed foods, reflecting a clear knowledge-behaviour gap.

Self-Reported Health Symptoms

Over half of the respondents (52.4%) reported frequent stomach upset requiring medication. Recurrent fatigue affecting daily activities was reported by 47.6%, rising to approximately 59–65% when those who experienced fatigue 'sometimes' were included. Body weight changes showed no clear directional trend, with approximately equal proportions reporting weight gain (34.3%), weight loss (31.9%), and no change (33.9%). Half of all respondents had consulted a doctor for digestive or lifestyle-related concerns.

A chi-square test of independence was conducted to examine the association between processed food consumption frequency and self-reported fatigue. The results showed a statistically significant association between the two variables ($\chi^2 = 13.2$, $df = 1$, $p < 0.001$), indicating that participants with a higher frequency of processed food consumption were more likely to report fatigue.

A chi-square test of independence was also conducted to examine the association between processed food consumption frequency and gastrointestinal symptoms. The results indicated a statistically significant association between the two variables ($\chi^2 = 11.8$, $df = 1$, $p < 0.001$), with a higher proportion of gastrointestinal complaints observed among participants with frequent processed food consumption.

These findings demonstrate that processed food

consumption frequency is not only behaviourally patterned but also associated with measurable self-reported health outcomes.

Factors Influencing Food Choice

Convenience (39.2%) and cost (43.6%) were the two most commonly endorsed drivers of consumption.

Notably, 63.8% of respondents expressed willingness to reduce consumption if healthier food options were readily available, suggesting that environmental access rather than motivation is the primary constraint on dietary change.

Willingness to Change and Enabling Factors

When asked directly whether they were willing to reduce their processed food intake, only 12.4% responded affirmatively, while 76.3% said 'not sure' and 11.2% said 'no'. Table 7 presents the enabling factors identified by respondents.

The most frequently identified enabling factor was the availability of healthier food options (75.1%), followed by more time for cooking (56.6%). Better awareness was cited by 44.2% — a lower proportion than environmental factors — suggesting that information-based interventions alone will have limited impact on dietary change in this population.

The present study demonstrates that processed food consumption among young adults is frequent and habitual, with 62.2% of participants consuming such foods at least weekly and 36.9% reporting high-frequency intake.

This pattern is consistent with findings among Indian college populations reported by [Chauhan *et al.*, \(2022\)](#) and aligns with global evidence indicating a substantial contribution of ultra-processed foods to young adult diets ([Rauber *et al.*, 2018](#); [Vandevijvere *et al.*, 2019](#)).

The uniformity of consumption across product categories in this study suggests a generalized dietary shift rather than preference for specific items, consistent with the NOVA classification framework proposed by [Monteiro *et al.*, \(2019\)](#).

Table.1 Demographic Profile of Study Participants (N = 249)

Variable	Category	n	Percentage (%)
Age	16–18 years	42	16.9
	19–21 years	63	25.4
	22 years and above	144	57.7
Gender	Male	148	59.5
	Female	88	35.2
	Prefer not to disclose	13	5.3
Year of Study	First Year	41	16.3
	Second Year	107	42.9
	Third / Final Year	101	40.8
Academic Stream	Professional Courses	94	37.9
	Commerce	69	27.8
	Arts / Humanities	44	17.7
	Science	41	16.5
Residence	Paying Guest (PG)	117	47.0
	Living with Family	71	28.5
	Hostel	61	24.5

Table.2 Distribution of Processed Food Consumption Frequency (N = 249)

Frequency Category	Number of Respondents (n)	Percentage (%)
Daily (once or more per day)	25	10.0%
2–4 times per week	67	26.9%
Once per week	63	25.3%
Less than once per week (but \geq monthly)	37	14.9%
Rarely (< once per month)	32	12.9%
Never	25	10.0%

Table.3 Residence vs Consumption Frequency

Residence Type	Total (n)	Weekly or More (n, %)	Less than Weekly (n, %)
Paying Guest (PG)	117	82 (70.1%)	35 (29.9%)
Hostel	61	40 (65.6%)	21 (34.4%)
With Family	71	33 (46.5%)	38 (53.5%)
Total	249	155 (62.2%)	94 (37.8%)

Table.4 Awareness and Perception of Health Risks (N = 249)

Statement	Agree / Strongly Agree (%)	Neutral (%)	Disagree (%)
Frequent consumption of processed foods adversely affects health	59.6	28.7	11.7
Current dietary habits can affect long-term health outcomes	64.3	25.6	10.2
I feel tired after consuming processed foods	42.9	34.4	22.7
I find it difficult to avoid processed foods despite knowing the risks	44.5	28.6	26.9

Table.5 Presents self-reported morbidity data among study participants.

Health Symptom / Outcome	Reported Incidence
Frequent stomach upset requiring medication	52.4% (Yes)
Recurrent fatigue affecting daily activities	47.6% (Yes); 59–65% incl. 'sometimes.'
Weight gain	34.3%
Weight loss	31.9%
No change in body weight	33.9%
Consulted a doctor for digestive or lifestyle-related concerns	50.0%

Table.6 Presents data on factors influencing processed food consumption.

Factor	Agree / Strongly Agree (%)	Neutral (%)	Disagree (%)
I consume processed foods primarily because they save time	39.2	28.6	32.2
Processed foods are cheaper than healthier alternatives	43.6	25.4	31.0
Processed foods form a regular part of my diet	31.8	37.9	30.2
I would reduce consumption if healthier options were available	63.8	23.5	12.8
I find it difficult to avoid processed foods	44.5	28.6	26.9

Table.7 Enabling Factors for Reducing Processed Food Consumption (N = 249)

Enabling Factor	% Selecting
Availability of healthier food options	75.1%
More time for cooking	56.6%
Better awareness/information	44.2%
Support from friends or family	30.9%
Not interested in reducing consumption	9.2%

Residence emerged as a significant determinant of consumption behavior. Students residing in PG and hostel settings demonstrated significantly higher frequency of intake compared to those living with family ($p = 0.004$), indicating that living environment influences dietary patterns. This finding is supported by [Deliens et al., \(2014\)](#), who identified environmental factors such as food availability, autonomy, and access to cooking facilities as key drivers of dietary behavior among university students.

Despite relatively high awareness levels—59.6% acknowledging adverse health effects and 64.3% recognizing long-term consequences—consumption patterns remained unchanged. This reflects a clear

knowledge–behaviour gap, consistent with observations by [Moussa et al., \(2023\)](#) and [Menon and Joseph \(2020\)](#), who reported that awareness among young adults often remains superficial and insufficient to drive behavioural change. The high proportion of neutral responses in attitudinal measures further indicates partial or uncertain awareness rather than firmly held knowledge.

Importantly, the study identifies statistically significant associations between consumption frequency and self-reported health outcomes. Fatigue was significantly associated with higher consumption ($\chi^2 = 13.2, p < 0.001$), as were gastrointestinal symptoms ($\chi^2 = 11.8, p < 0.001$). These findings align with evidence linking processed food intake to functional symptoms such as

fatigue, sleep disturbance, and digestive discomfort among young adults (Smith and Browning, 2020; Chaput *et al.*, 2020). While much of the existing literature focuses on long-term outcomes such as obesity and metabolic disorders (Hall *et al.*, 2019), the present study highlights that short-term, self-perceived symptoms are already evident and associated with consumption patterns.

The primary drivers of consumption identified in this study—convenience (39.2%) and cost (43.6%)—are consistent with economic and behavioural explanations proposed in previous research (Pries *et al.*, 2022). In addition, 75.1% of respondents identified the availability of healthier options as the key enabling factor for reducing intake, indicating that environmental constraints outweigh informational deficits. This finding supports the argument that dietary behaviour in this population is shaped more by structural conditions than by individual awareness alone.

Taken together, the findings indicate that processed food consumption among young adults is not merely a matter of personal choice but reflects the interaction of environmental exposure, behavioural patterns, and emerging health effects. The persistence of consumption despite awareness, combined with statistically significant associations with fatigue and gastrointestinal symptoms, underscores the need for interventions that move beyond awareness generation toward modification of the food environment.

In conclusion, this study demonstrates that processed food consumption among young adults is frequent, habitual, and influenced by living environment, with significantly higher intake observed among students residing in PG and hostel settings. Despite moderate awareness of health risks, consumption remains unchanged, indicating a clear knowledge–behaviour gap. Importantly, higher consumption frequency was significantly associated with self-reported fatigue and gastrointestinal symptoms, suggesting that the impact of processed food intake is not only long-term but also reflected in immediate health experiences. The findings further highlight that environmental factors—particularly availability of healthier options and time constraints—are the primary determinants of dietary behavior, underscoring the need for interventions that focus on modifying the food environment rather than relying solely on awareness-based approaches.

Author Contributions

Shiva Tripathi: Investigation, formal analysis, writing—original draft. Shumaila Naaz: Validation, methodology, writing—reviewing. Raushan Khan:—Formal analysis, writing—review and editing.

Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethical Approval Not applicable.

Consent to Participate Not applicable.

Consent to Publish Not applicable.

Conflict of Interest The authors declare no competing interests.

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