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Research Article

Impact of stress on eating behaviours in young adults

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Highlights/Key Messages

- High stress linked to Western dietary pattern adherence
- Stressed students consumed fewer fruits and vegetables
- Study supports SDG-3 on health and well-being

Background
Stress is the body's non-specific response to psychological and physical stimuli, which can disrupt eating habits. Stressors such as educational, social or psychological pressure significantly alter eating patterns, including Western and snack-heavy dietary patterns. Understanding the intricate relationship between stress and eating behaviours in young adults is crucial.

Objective
This study aimed to investigate the impact of stress on eating behaviour. The study focused on Sustainable Development Goal 3 (SDG-3), which emphasises health and well-being.

Methods
A cross-sectional study was conducted at Ibadat International University, Islamabad, Pakistan. The study investigated the association between perceived stress and eating behaviours among university students (N=350) using the PSS-10 and a validated food frequency questionnaire (FFQ).

Results
Principal Component Analysis identified three dietary patterns: 'Traditional,' 'Western,' and 'Snack-heavy.' Students with high stress showed significantly higher adherence to the 'Western' pattern (high in processed foods, sugary beverages, and fast food) and lower fruit/vegetable intake ($p<0.001$).

Conclusion
These findings underscore the need for nutrition education and stress-coping interventions in universities to support healthier dietary choices aligned with the WHO dietary guidelines. Digital platforms and AI-based personalised feedback systems could be developed to support stress management and promote healthy eating among students.

Keywords: **eating habits, stress, food frequency, dietary behaviour, PSS-10.**

Introduction
Stress is a state of mental tension and worry caused by a problem or difficult situation (WHO, 2023). It is a natural part of life that triggers a person's response to threats and challenges. It brings a mixture of emotions, including irritability, depression and anxiety. Stress also affects concentration and can lead to symptoms such as body aches, headaches, sleep disturbances or stomach issues. It can change appetite: some people eat more than usual, while others eat less when stressed. Mental health issues, especially depression and anxiety, can also be aggravated by this strain, which then requires proper professional care. If it becomes prolonged, it starts interfering with the person's daily life and may develop into a mental health issue that needs proper attention (Selye, 1991).

Mental health issues are increasingly prevalent among adults. According to recent literature, around half of university students in China experience serious stress-related mental health difficulties, such as anxiety or depression (Gao et al., 2020). Stress affects people of all age groups, but young people are particularly vulnerable to stress

due to academic workload, societal pressure, and career-related tension (Mucci et al., 2016). Excessive perceived stress was linked to higher academic success, poorer physical health, and an increased risk of mental and impulsive disorders (Leppink et al., 2016).

Eating behaviour is an intricate blend of social, psychological, genetic and physiological factors that shape food preferences, dietary choices, and the quantity of food consumed (Hill et al., 2022). A subset of individuals experiences a positive effect of stress, while the majority experiences a negative impact, which tends to promote less healthy choices. Stress and eating behaviours are positively related, with some people using stress as an incentive to change their eating habits, such as eating nutritious treats to stay focused and have energy. However, many people overeat due to stress, often involving consumption of unhealthy, calorie-dense food. This condition is known as emotional eating. Emotional eating may increase the risk of diabetes, obesity, hypertension, and other health problems (Schultchen et al., 2019).

Stress-induced eating is the increased intake of unhealthy, high-energy foods in response to stressful circumstances. Unmanageable stress alters eating patterns, including a heightened attraction to and consumption of hyperpalatable foods over extended periods. This may result in changes in weight distribution and physiological adaptations that lead to progressively addictive behaviours (Lee, 2021). The longer and more severe the stressful event, the lower the sense of control and flexibility, and hence the greater the stress response and the greater the risk of permanent physiological abnormalities (McEwen, 2004).

Cortisol is a hormone that regulates appetite and desires, and it can be affected by stress. When a person is under stress, cortisol is released, which increases stomach acid production, disrupts gastric motility, and can lead to conditions such as acid reflux, anxiety, gas, and stomach ulcers. (Kaur et al., 2025). The coexistence of stress and unconscious eating leads to major health problems on a larger scale (Hong, (2023).

Investigating the impact of stress on eating behaviours in young adults is a critical area of research, given the high prevalence of disturbed dietary patterns and psychological issues in this population. However, this has not been studied in Pakistan. Thus, the present study sought to examine how stress (from academic strain, peer pressure, or personal expectations) affects eating habits and common stress-induced eating patterns, such as emotional eating and food restrictions, among students at a Pakistani university.

Methods

This cross-sectional study was conducted among university students at Ibadat International University, Islamabad to analyse the impact of stress on eating behaviours in young adults aged 18-24 years. A sample of 350 individuals (male and female) was selected using the Krejcie and Morgan table to obtain a convenience sample. Students with diagnosed diseases, anxiety or depression were excluded from the study, because they were taking psychotropic medications that directly influence cortisol levels. Cortisol alters the ghrelin-leptin pathway, which, in turn, affects hunger regulation (Raspopow et al., 2014).

Data collection was conducted using questionnaires with three sections. The first section gathered personal and demographic information. The second section utilised a semi-quantitative Food Frequency Questionnaire (FFQ) tailored to Pakistani dietary patterns. The FFQ data were first processed by grouping individual food items into predefined dietary categories, which were then used to construct composite scores reflecting overall eating behaviour patterns. These composite scores were calculated according to a standardised scoring procedure, and the resulting continuous variables were used to compute means and standard deviations. The third section comprised the Perceived Stress Scale (PSS) (Cohen et al., 1994), designed to measure stress experienced by young adults. These data collection tools were adapted from a recent study by Jinkyung Choi (2020) in Korea, which examined the relationship between stress and eating behaviour. The Perceived Stress Scale scores were calculated using the instrument's validated scoring protocol before deriving descriptive statistics.

Statistical Analysis

Using SPSS, the Kaiser-Meyer-Olkin (KMO) and Bartlett's Test were conducted to assess data validity and support factor analysis. Principal component analysis (PCA) was used to identify the underlying factors of eating behaviour and clarify the elements of healthy and unhealthy eating. One-way ANOVA was used to assess group differences, while relationships between variables were tested using Spearman's rho correlation. Finally, regression analysis was performed to determine the predictive power of perceived stress for eating behaviour. The cut-off point of $p<0.05$ was chosen for statistical significance.

Results

Descriptive Statistics

As shown in Table 1, the study sample comprised 350 young adults, of whom 61.7% were female, and 38.3% male and most (57.5%) were aged 21–24 years.

Table1. Gender and age distribution of participants

Age	Male n (%)	Female n (%)	Total n (%)
18-20	52(34.9)	97(65.1)	149(42.5)
21-24	82(40.8)	119(59.2)	201(57.5)
Total	134(38.3)	216(61.7)	350(100)

Descriptive statistics for the two key variables, the PSS and eating behaviour, are presented in Table 2.

Table 2. Likert Score means for eating behavior and perceived stress (maximum = 5)

	M ± SD
Eating Behaviour	3.35 ± 0.48
Perceived Stress Scale	3.33 ± 0.29

Eating behaviour was assessed using a structured questionnaire comprising multiple items categorised into three domains: healthy eating behaviour (Q6, 7, 8, 9, 10, 13), unhealthy eating behaviour (Q3, 11, 12, 14, 15), and restrained eating behaviour (Q16–19). Responses were recorded on a Likert scale and summed within each domain to generate composite scores.

Perceived stress was measured separately using a Likert-scale instrument, in which participants rated their stress levels across multiple items. A total stress score was calculated by summing the responses, with higher scores indicating greater perceived stress.

Eating Behaviors

Table 3 presents the results of KMO and Bartlett's Test. The KMO value of 0.71 indicates that the sample is suitable for factor analysis. Bartlett's Test is significant ($\chi^2 = 437.06$, df = 36, $p < 0.001$), indicating correlations among the variables and therefore supporting the suitability of the data for factor analysis.

Table 3: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.71
Bartlett's Test of Sphericity	Approx. Chi-Square	437.06
	Df	36
	Sig.	.000

Principal Component Analysis

The aim of the principal component analysis was to identify interrelationships among eating behaviours and their cumulative effects. The components obtained through PCA explained variation in eating patterns and indicated which behaviours were more strongly associated with stress levels. Table 4 presents the initial eigenvalues and the variance explained by the PCA components.

Table 4. Initial Eigenvalues and variance explained by principal component analysis components

Initial Eigenvalues		
Components	**Total**	**% of Variance**
1	2.58	28.7
2	1.34	14.8
3	1.03	11.4

Based on the initial eigenvalues, three components account for over half of the overall variation.

Factor Loading Matrix

Factor loadings indicate how strongly each observed variable relates to the components derived from PCA. The higher the loading, the greater the variable's contribution to the formation of that component. Thus, the factor loading matrix not only clarifies the structure of each component but also identifies which variables define each component, enabling a comprehensive interpretation of the data's internal structure. Factor loadings for eating behaviours are shown in Table 5.

Table 5: Factor Loadings for Eating Behaviours

	Component 1	Component 2	Component 3
Eat more than two pieces of fresh fruits	.600	-.505	-.326
Eat meat	.576	.299	-.424
Eat fish and seafood	.464	.610	-.343
Have bread/ noodles made with wheat as a meal	.566	-.018	.058
Have dairy products such as milk, yogurt, cheese	.634	-.058	-.267
eat fast food	.478	.314	.602
Have snacks such as cakes, candies, and soft drinks	.520	.075	.670
Have snacks such as fruit, nuts	.626	-.449	.196
Have ready-prepared meals	-.244	.056	.091

Extraction Method: Principal Component Analysis.

The factor loading matrix shows that component 1 includes fresh fruits, milk and dairy products, meat, whole-wheat bread or noodles, and fruits and vegetables, which together represent healthy foods, and it is therefore labelled "Traditional dietary pattern". Component 2 has high loadings for fish and seafood, supporting its classification as "Western dietary pattern". Although fish and seafood are loaded under this category, the overall pattern shows a shift towards non-traditional dietary choices. Component 3 has high loadings for fast food, sweets, and junk snacks, while healthy foods have low loadings, indicating that this component represents energy-dense snack foods and is therefore labelled "Snack-heavy".

Table 6 indicates commonalities that illustrate how well each food item is represented by the extracted PCA components. Most food items, such as fresh fruit, fish, fast food, and sweet snacks, are well described by the PCA-derived components, whereas items such as bread or noodles and prepared foods show lower commonalities. Thus, while major eating behaviours are effectively explained by the extracted components, the impact of some food items is limited.

Table 6. Commonalities of eating behaviours within PCA components

Commonalities	Initial	Extraction
eat more than two pieces of fresh fruits	1.000	.721
eat meat	1.000	.601
eat fish and seafood	1.000	.705
have bread/ noodles made with wheat as a meal	1.000	.324
have dairy products such as milk, yogurt, cheese	1.000	.477
eat fast food	1.000	.689
have snacks such as cakes, candies, soft drinks	1.000	.725
have snacks such as fruit, nuts	1.000	.631
have ready prepared meals	1.000	.071

Stress

One-Way Anova

Stress levels were categorised into three groups based on stress scores: low (0–13), moderate (14–26) and high (27–

40). A one-way analysis of variance (ANOVA) was conducted to examine whether stress levels (low, moderate, high) were associated with eating behaviours. This method compared between-group variance (differences in eating behaviours across stress levels) with within-group variance (differences within each stress level) to determine whether the between-group variance was significant. Separate analyses were conducted to assess how stress was linked to different eating patterns (Traditional, Western, and Snack-heavy). Table 7 shows the results for the traditional dietary pattern, and Table 8 shows the results for the Western dietary pattern.

Table 7. One-way ANOVA for traditional dietary pattern

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups[a]	14.93	14	1.06	1.71	0.05
Within Groups[b]	208.22	335	0.62		
Total	223.16	349			

[a]Between groups: differences in healthy eating across stress levels (low, moderate, high); [b]Within groups: differences in eating behaviour among individuals within each stress level.

There was no significant difference in traditional dietary pattern across stress levels (p = 0.05), indicating that stress did not affect adherence to the traditional eating pattern.

Table 8. One-way ANOVA for Western dietary pattern

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups[a]	36.17	14	2.58	18.97	0.000
Within Groups[b]	45.61	335	0.13		
Total	81.79	349			

[a]Between groups: differences in healthy eating across stress levels (low, moderate, high); [b]Within groups: differences in eating behaviour among individuals within each stress level.

There was a significant difference in Western and snack-heavy dietary patterns across stress levels (p < 0.001), indicating that higher stress is associated with a greater inclination towards Western and snack-heavy dietary patterns, referred to has unhealthy eating below.

Correlation Analysis

Stress level showed a positive and significant relationship with the Western dietary pattern (r = .349, p < .001) and snack heavy dietary pattern (r = .687, p < .001). However, no significant relationship was found between stress level and traditional dietary pattern (r = −.003, p = .955), referred to below as healthy eating. Table 9 shows Spearman's correlation between stress and eating behaviours.

Table 9. Spearman's correlation for stress and eating behaviours

			Stress Level	Western dietary pattern	Traditional dietary pattern	Snack-heavy dietary pattern
Spearman's rho	Stress level	Correlation Coefficient	1	.349**	-0.003	.687**
		Sig.(2-tailed)	.	<.001	0.955	<.001
	Western dietary pattern	Correlation Coefficient	.349**	1	.198**	.237**
		Sig.(2-tailed)	<.001	.	<.001	<.001
	Traditional dietary pattern	Correlation Coefficient	-0.003	.198**	1	0.056
		Sig.(2-tailed)	0.955	<.001	.	0.298
	Snack- heavy dietary pattern	Correlation Coefficient	.687**	.237**	0.056	1
		Sig.(2-tailed)	<.001	<.001	0.298	.

**. Correlation is significant at the 0.01 level (2-tailed).

Regression Analysis

A regression analysis found a highly significant model (F = 247.71, p < 0.001), suggesting that perceived stress is a robust determinant of eating behaviours. The small residual error (MSE = 0.137) indicates a stable, dependable relationship between the variables.

Results are presented in Table 10.

Table 10. Regression of perceived stress score on eating behaviour

ANOVA					
Model		df	Mean square	F	Sig.
1	Regression	1	34.01	247.71	.000[b]
	Residual	348	0.137		
	Total	349			

Dependent Variable: Mean eating behaviour Predictors: (Constant), Mean perceived stress score

Coefficients

Perceived stress emerged as a significant positive predictor of eating behaviour (β = 0.645, p < 0.001), with each one-unit increase in stress associated with a 1.06-unit increase in the eating behaviour score, as shown in Table 11. Thus, increasing stress was associated with even a slight increase in adherence to Western and snack-heavy dietary patterns.

Table 11. Coefficients of Regression Analysis predicting eating behaviour from perceived stress

		Unstandardized coefficients		Standardized coefficient		
Model		B	Std. error	Beta	T	Sig.
1	Constant	-0.19	0.23		-0.87	0.39
	PSS _mean	1.06	0.07	0.65	15.74	.000

Dependent Variable: Eating Behaviour _Likert Scale mean

Discussion

The Food Frequency Questionnaire (FFQ) used in this study identified three main dietary patterns among young adults: traditional, Western, and snack-based dietary pattern. The majority adopted a snack-based diet, followed by Western and then traditional. Furthermore, regression analysis ($\beta = 0.645$, $p < 0.001$) indicated that increased stress significantly predicted a shift towards Western and snack-heavy dietary patterns.

A traditional diet commonly practised in Pakistan, characterised by frequent consumption of fruits, dairy products, and whole grains, and by balanced meals, was identified as a balanced dietary pattern. Previous studies showed a strong negative impact of stress on healthy eating behaviour (Choi, 2020), (Seo & Lee, 2018). In contrast, the current study found no difference in this dietary behaviour across different degrees of stress, demonstrating that healthy food choices can be maintained to a large extent even under stress.

The Western dietary pattern, characterised by calorie-dense convenience foods, was associated with higher stress levels. Participants reporting greater stress were more likely to consume these foods (Wilson et al., 2015). Western foods are often inexpensive, readily available, and require little preparation, making them tempting during periods of academic or psychological stress (Sogari et al., 2018).

The snack-heavy dietary pattern, which includes sweets, soft drinks, coffee, and junk food, showed the strongest positive association with stress ($r = 0.687$, $p < 0.001$). This pattern reflects high-calorie, emotional eating and higher levels of stress were associated with greater restricted/binge eating behaviours. Similar findings have been reported in college populations, where stress predicts unhealthy and emotional eating behaviours (Choi, 2020), (Wilson et al., 2015).

People under stress may snack more in response to emotional cues rather than to psychological hunger (Joseph et al., 2018). There has been a common observation that students eat more (unhealthy or binge-eating) during periods of high stress, which can be triggered by academic workload, peer pressure, and personal reasons. Physiologically, stress activates the HPA axis, which increases cortisol levels. This hormone increases cravings for sweet and fatty foods, enhances the tendency to eat for pleasure, and disrupts the natural appetite system (Phillips et al., 2016).

Our study had some limitations. Firstly, the study used a randomised sampling technique, and the questionnaire was distributed to people without targeting any specific groups (e.g., boys, girls, gender, or a history of stress). But the inclusion of only young individuals, and the emphasis on a specific age and locality may limit the generalizability of the findings to a larger population. Secondly, all information, including dietary patterns and mental stress, was self-reported by participants, making it susceptible to recall or response bias. Future studies may use a random sample and objective measurement methods to get a clearer understanding of the stress and its influence on eating behaviours.

Conclusions

This study clearly shows that perceived stress significantly affects eating habits among 18-24-year-olds. High stress levels were associated with Western and snack-heavy dietary patterns, including fast food consumption, excessive sweets intake, and under- or overeating. In contrast, adherence to a traditional dietary pattern did not differ significantly across stress levels, indicating that stress mainly increases unhealthy food choices rather than improving diet quality. The results of various statistical analyses, including group comparisons, correlations and regression, confirm that perceived stress is a strong and positive predictor of Western and snack-heavy dietary patterns. These findings highlight that psychological stress is an important cause of negative eating habits in this population. Overall, these findings emphasise that stress should be included as a core element in dietary intervention programmes. Stress-reduction strategies combined with nutritional awareness can help young people reduce unhealthy stress-induced eating habits and achieve better long-term health.

Author Contributions

SS, AS, EM, and AK conceived the study and wrote the manuscript. SS and AS performed the data analysis and assisted with drafting the manuscript. MI suggested adding principal component analysis to the study to gain deeper insights into how stress levels affect specific eating behaviours. MW supervised the study at every stage, from data collection to the review of the final manuscript. All authors approved the final version for publication.

Declaration of Generative AI and AI-Assisted Technologies in Scientific Writing

Nothing to disclose.

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Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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Conflict of Interest

The authors declare that they have no conflicts of interest.

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