

Eating Behavior among University Youth: A Descriptive Study of Health-Related Practices

"Exploratory field study on a sample of students from the Universities of Sétif"

سلوكيات الأكل لدى طلاب الجامعات: دراسة وصفية للممارسات المتعلقة بالصحة

"دراسة ميدانية إستكشافية على عينة من طلبة جامعتي سطيف"

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Abstract:

This study investigates the eating behaviours of university students as a key component of health-related practices and one of the most influential lifestyle factors affecting well-being. The study aims to describe the eating patterns of young university students and identify the main characteristics of their dietary behaviour. A descriptive approach was adopted, and data were collected from a random sample of 947 students (264 males and 683 females) aged between 18 and 21 years. A tool adapted from the Adolescent Health and Development Questionnaire (Jessor, Costa, & Turbin, 2002) was used to measure health-related behaviours, including dietary habits. The results showed that the majority of students frequently skip breakfast, consume fast food or snacks instead of balanced meals, and show limited interest in reducing their intake of salt, fat, and sugar. Furthermore, daily consumption of fresh vegetables and fruit remains low. The results highlight the need for university-based nutrition education programmes that promote healthy lifestyle choices.

Keywords: eating behavior; dietary habits; health behavior; university students.

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تبحث هذه الدراسة سلوكيات الأكل لدى الشباب الجامعي باعتبارها عنصراً أساسياً في الممارسات المتعلقة بالصحة، و من أكثر عوامل نمط الحياة تأثيراً على الرفاهية. تهدف الدراسة إلى وصف أنماط الأكل لدى الطلاب الجامعيين الشباب وتحديد الخصائص الرئيسية لسلوكهم الغذائي. تم اعتماد على المنهج الوصفي، وتم جمع البيانات من عينة عشوائية من 947 طالباً (264 ذكراً و683 أنثى) تتراوح أعمارهم بين 18 و21 عاماً. تم استخدام أداة مقتبسة من استبيان صحة المراهقين ونموهم (Jessor, Costa, & Turbin, 2002)، والتي قامت بقياس السلوكيات المتعلقة بالصحة بما في ذلك العادات الغذائية. أظهرت النتائج أن غالبية الطلاب يتخطون وجبة الإفطار بشكل متكرر، ويستهلكون وجبات سريعة أو وجبات خفيفة بدلاً من وجبات متوازنة، ويظهرون اهتماماً محدوداً بتقليل تناول الملح والدهون والسكر. علاوة على ذلك، لا يزال الاستهلاك اليومي للخضروات والفواكه الطازجة منخفضاً. تسلط النتائج الضوء على الحاجة إلى برامج تثقيف غذائي جامعية تعزز خيارات نمط الحياة الصحي.

الكلمات المفتاحية: السلوك الغذائي؛ العادات الغذائية؛ السلوك الصحي؛ طلاب الجامعات

Introduction

Human behavior plays a fundamental role in preventing, controlling, and treating most health-related issues. These behaviors may be intentional decisions or structured routines that evolve into lifestyle habits. Thus, a healthy lifestyle extends beyond avoiding harmful practices—it represents a sustainable way of living that significantly reduces the risk of illness and enhances quality of life (Huble, 1993).

Many researchers agree that health behaviors are highly individualized. Each specific health-related practice tends to be associated with distinct health outcomes, and individuals who adopt one healthy behavior do not necessarily engage in others. For instance, a person who wears a seat belt is not necessarily a non-smoker or a regular exerciser. Consequently, adopting a particular health behavior does not imply adherence to all healthy practices. Health behaviors often develop into habits through repetition and reinforcement, becoming automatic and deeply embedded in one's lifestyle (Verlhiac, n.d.; Mahmoud Jaber, 2003).

Furthermore, these behaviors are influenced by personal, relational, and environmental factors. They are shaped by early habits, social norms, and the immediate social context—such as family, peers, and institutions. For example, social or professional constraints might discourage regular exercise, while peer influence may promote unhealthy habits such as smoking.

In the field of health psychology and public health, numerous studies have shown a strong association between nutrient intake and health. However, the

complexity of human nutrition makes it difficult to isolate the specific effects of individual nutrients. The absorption and metabolism of nutrients are interdependent; for example, iron absorption improves when consumed with vitamin C. Moreover, socioeconomic and cultural factors heavily shape dietary choices (Etiévant, 2010).

Cross-cultural studies demonstrate that eating patterns vary widely and contribute to different rates of chronic diseases. For instance, regions with high consumption of saturated fats show elevated rates of cardiovascular disease and certain types of cancer. Conversely, populations consuming more fruits, vegetables, and unsaturated fats tend to experience lower morbidity and mortality rates.

According to the World Health Organization (WHO, 2014), unhealthy diets and physical inactivity are among the primary risk factors for chronic diseases. WHO recommends adopting population-level strategies that consider cultural and social contexts, emphasizing:

- Achieving energy balance and maintaining a healthy weight
- Reducing total fat intake and shifting from saturated to unsaturated fats
- Increasing consumption of fruits, vegetables, legumes, and whole grains
- Limiting free sugar and salt intake
- Ensuring the use of iodized salt

Healthy eating habits develop early in life and should be maintained through adulthood to ensure physical and psychological well-being. Families, schools, universities, and workplaces all contribute to shaping these habits. Research consistently shows that health education and awareness programs have a significant positive effect on students' dietary behavior.

However, studies reveal that university students often display poor eating habits due to lifestyle changes, time constraints, and social influences. For instance, Brevard and Ricketts (1996) found that 69% of college students did not consume fruit daily, and 48% ate vegetables less than once per day. Similarly, Wardle et al. (1997) reported significant associations between dietary habits and factors such as gender, weight, and health beliefs among European students.

Based on these findings, the present study aims to assess and describe the eating behaviors of Algerian university youth and to identify the most common dietary patterns among them

Human behavior plays a fundamental role in shaping individual and collective health outcomes, and eating behavior constitutes one of its most visible and influential components. In recent decades, changes in food production, marketing, and lifestyle patterns have profoundly transformed the dietary habits of young people worldwide. University youth, in particular, face a transitional life phase marked by new responsibilities, increased autonomy, academic stress, and social exposure, all of which can influence their eating behavior. Consequently, this period often determines whether individuals will adopt lifelong healthy habits or develop patterns that predispose them to chronic illnesses in adulthood.

Several studies have revealed a gradual shift from traditional, home-cooked meals toward fast and convenience foods among young adults (Nguyen et al., 2021). The rise of globalization and the availability of inexpensive processed foods have led to a nutritional transition characterized by high caloric intake, low fiber consumption, and an imbalance between energy-dense and nutrient-rich foods (Popkin & Ng, 2022). Additionally, digital lifestyles—prolonged screen time, reduced physical activity, and exposure to food marketing on social media—further exacerbate unhealthy food choices. Social media influencers and targeted advertisements often normalize high-sugar and high-fat snacks, shaping youth's perceptions of what is “trendy” or “acceptable” to eat (Sari et al., 2023).

Beyond physical health, eating habits are increasingly recognized as closely tied to mental well-being. Irregular eating, high sugar intake, and nutrient-poor diets have been associated with stress, anxiety, and depressive symptoms among university students (Firth et al., 2020). Inversely, balanced nutrition contributes to cognitive performance, emotional regulation, and academic success. Therefore, examining students' dietary patterns is not merely a matter of physical health but also a cornerstone of mental health promotion and quality of life.

In Algeria, as in many developing contexts, rapid urbanization and changing lifestyles have accelerated these trends. Traditional Mediterranean eating patterns—once rich in fruits, vegetables, and olive oil—are being replaced by Westernized diets high in fats, refined sugars, and processed foods. This shift underscores the urgency of understanding eating behavior among Algerian university youth within a broader global and cultural perspective. Studying these patterns not only provides insight into current health challenges but also helps

identify potential areas for public health intervention and university-based nutrition programs aimed at cultivating sustainable, healthy lifestyles.

1- Theoretical Framework

1-2- Health Behavior

Health behavior, often referred to as *health-related behavior*, is one of the main pillars of public health. Its importance lies in its impact on the causes of mortality and the prevalence of chronic diseases such as cardiovascular disorders, cancer, and stroke. Common behavioral risk factors include tobacco and alcohol use, poor dietary habits, unsafe sexual practices, physical inactivity, and reckless driving (Glanz & Maddock, 2002).

According to Gochman (as cited in Glanz & Maddock, 2002), health behavior refers to personal attributes—such as beliefs, motivations, values, perceptions, and emotional states—that are related to maintaining, restoring, or enhancing health. This definition highlights both the psychological and behavioral dimensions of human action and their interdependence with social and environmental contexts.

Similarly, the Public Health Data Bank (2013) defines health behavior as any activity or lifestyle pattern that affects one's health condition. Ferber conceptualized it as a comprehensive term encompassing all behaviors and attitudes toward health, illness, and the use of medical services.

In essence, health behavior is an individual practice, consciously or unconsciously adopted, that influences one's well-being. It is shaped by several determinants, including physical activity levels, tobacco and alcohol use, dietary patterns, and adherence to preventive health measures.

1-2-Health Behavior and Lifestyle

Health behavior can occur as a single action (e.g., getting vaccinated) or as a sustained, long-term pattern (e.g., following a balanced diet, exercising regularly, avoiding smoking). When a person consistently engages in multiple health-promoting actions, this collective pattern constitutes what is known as a *healthy lifestyle*.

However, individuals rarely practice all healthy behaviors simultaneously. For example, someone might exercise regularly but still smoke or maintain poor dietary habits. Consequently, a healthy lifestyle is best viewed as a continuum rather than a fixed state (Glanz & Maddock, 2002).

1-3- Health-Oriented Behavior

Health-oriented behavior refers to any voluntary action aimed at preventing illness, maintaining or improving health, or restoring it after illness. Such behavior can be deliberate (e.g., adopting a low-fat diet to prevent heart disease) or involuntary (e.g., following health regulations). While some behaviors are externally motivated, others arise from internalized values and beliefs about health and well-being.

1-4- Self-Care Behavior

Self-care behavior involves individual actions taken to enhance or preserve health without direct medical supervision. It may include preventive practices (e.g., eating nutritious foods, staying hydrated), self-treatment of minor conditions (e.g., taking over-the-counter medications), or complementary care such as physical rehabilitation or alternative therapies (Glanz & Maddock, 2002).

Self-care is therefore an essential component of proactive health management, promoting autonomy and responsibility toward one's well-being.

1-5- Eating Behavior

Eating behavior is defined as a set of coordinated actions and emotional-cognitive processes involved in food consumption. It encompasses biological, affective, and social functions. Biologically, eating provides the body with essential nutrients and energy. Emotionally, it generates pleasure and comfort. Symbolically, it reflects cultural identity, social relationships, and shared values (Aina, 2012, as cited in Chebani, 2023).

The determinants of eating behavior are multifaceted—biological, psychological, cultural, and environmental—and constantly interact. Social influences, peer dynamics, and socioeconomic factors play a major role in shaping food choices and consumption habits (Drias & Boukhnoufa, 2020).

2- Research Problem, Objectives, and Hypotheses

2-1- Research Problem

Despite the growing awareness of healthy lifestyles, unhealthy eating behaviors remain widespread among young people, particularly university students. This period of life is often characterized by increased autonomy, irregular schedules, limited budgets, and exposure to social influences that may promote poor dietary habits.

Field observations and previous studies suggest that many Algerian university students adopt eating behaviors that are inconsistent with recommended health guidelines. These include skipping breakfast, consuming fast food or snacks instead of balanced meals, and showing limited concern for reducing fat, salt, and sugar intake.

Accordingly, the central research question of this study is:

What are the main aspects of eating behavior among Algerian university youth?

➤ **Sub-questions.**

- 1- What are the eating habits of university students?
- 2- Are there gender differences in adopting healthy eating habits?
- 3- What are the consequences of university students' unhealthy eating habits?

2-2- Research Objectives

The study aims to:

1. Describe the general patterns of eating behavior among university youth.
2. Identify the frequency and nature of unhealthy eating habits such as skipping meals or excessive consumption of processed foods.
3. Assess the degree to which young people engage in healthy dietary practices (e.g., eating vegetables, reducing fat and salt intake).
4. Provide a descriptive foundation for future interventions aimed at improving students' nutritional habits and overall health.

2-3- Research Hypotheses

While the study primarily follows a descriptive design, the following assumptions guide the investigation:

1. The majority of university youth display irregular eating patterns and a preference for quick, low-nutrient meals.

2. Most students do not meet international dietary recommendations regarding vegetable and fruit intake.
3. There are gender differences in certain aspects of eating behavior, with female students generally showing slightly healthier habits.
4. The prevalence of unhealthy eating behavior indicates a lack of nutritional awareness and the need for institutional health education programs.

2-4- Importance of the study:

1. Shedding light on the eating behavior of Algerian university youth, which helps understand their adherence to healthy practices or the prevalence of unhealthy habits.
2. Identifying unhealthy eating habits by examining practices such as skipping main meals or excessive consumption of fast food and sugary foods.
3. Assessing adherence to healthy dietary practices, such as consuming vegetables and fruits and reducing fat and salt intake.
4. Providing a foundation for developing health programs aimed at improving dietary habits and promoting the overall health of university students.

2-5 Operational Definition

Eating behaviour: Behavioural patterns related to the frequency of good eating habits, as explained in the questionnaire on healthy behaviour among adolescents by Jessor.

3- Methodology

3-1- Research Design

The present research adopts a descriptive survey design, which is suitable for identifying and describing behavioral trends in a target population. This approach allows for the collection of quantitative and qualitative data regarding the dietary practices of university youth and facilitates an understanding of their underlying motivations and attitudes.

3-2- Population and Sample

The study sample consisted of 947 participants (264 males and 683 females) selected randomly from Ferhat Abbas University and Mohamed Lamine Debaghine University in Sétif. aged 18 to 21 years. The sample represents diverse academic disciplines and socio-economic backgrounds, providing a reliable overview of the eating behaviors prevalent among Algerian youth.

3-3- Instrument

Data were collected using a translated and adapted section of the Adolescent Health and Development Questionnaire developed by Jessor, Costa, and Turbin (2002). This standardized instrument has been widely used to assess various health-related behaviors among adolescents and young adults, including nutrition, physical activity, and risk behaviors.

For the current study, only the “Eating Behavior” section was retained, focusing on questions related to meal frequency, food preferences, and healthy eating practices.

The original questionnaire was translated from English into Arabic and reviewed by a panel of experts in health psychology and nutrition to ensure content validity. Modifications were made based on expert feedback to improve clarity and cultural relevance.

3-4- Reliability and Validity

In the original studies using the *Adolescent Health and Development Questionnaire*, reliability was typically assessed using Cronbach’s alpha. Following the same approach, internal consistency for the translated version was recalculated for the present study, yielding a Cronbach’s alpha of 0.68, indicating acceptable reliability for descriptive purposes. Content validity was verified through expert judgment and pilot testing.

3-5- Data Analysis

Data were analyzed quantitatively using frequency and percentage distributions, which allowed for descriptive interpretation of the main patterns in eating behavior. The analysis focused on:

- Breakfast consumption frequency
- Preference for snacks versus full meals
- Reduction of salt, fat, and sugar intake
- Daily intake of fruits and vegetables

- Oral hygiene practices (as part of general health behavior)

These variables were interpreted in relation to the broader context of healthy lifestyle practices among university students.

4- Quantitative Results.

4-1- Eating Breakfast

Table 1. Distribution of Participants According to Their Breakfast Consumption

<i>Do you usually skip breakfast?</i>	Always	Sometimes	Almost Never
<i>Frequency</i>	144	596	207
<i>Percentage</i>	15.20%	62.93%	21.85%

Table (1) shows the distribution of the participants regarding whether they consume or skip breakfast. The findings indicate that the majority of adolescents (63%) sometimes skip breakfast, while 22% almost never skip it, compared to 15% who always skip breakfast.

4-2- Consumption of Snacks

Table 2. Distribution of Participants According to the Type of Meals They Consume

<i>Do you usually eat snacks instead of full meals?</i>	Often	Someti mes	Almost Never
<i>Frequency</i>	531	314	102
<i>Percentage</i>	56.07%	33.15%	10.77%

Table (2) illustrates adolescents' habits regarding eating snacks or fast food instead of complete and nutritious meals. The results show that more than half (56%) often replace main meals with snacks, while 33% do so sometimes, and only 11% almost never consume fast food.

4-3- Eating Habits

Table 3. Distribution of Participants According to Their Eating Habits

<i>Eating Habit</i>	Yes (Freq)	Yes (%)	No (Freq)	No (%)
<i>Reducing the amount of salt in their food</i>	91	9.60 %	856	90.3 9%
<i>Reducing fat in their food</i>	59	6.23 %	888	93.7 6%
<i>Eating fresh vegetables daily</i>	206	21.7 5%	741	78.2 4%
<i>Eating healthy snacks (e.g., fruits) instead of sweets</i>	293	30.9 3%	654	69.0 6%
<i>Eating grilled food instead of fried food</i>	32	3.37 %	915	96.6 2%

Table (3) presents the eating habits of the adolescents in the statistical population. It is evident that most adolescents have poor eating habits: 90% do not reduce the amount of salt in their food, 94% do not reduce fat intake, 78% do not consume fresh vegetables daily, and 69% do not choose healthy snacks instead of sweets or similar foods. Moreover, 97% of adolescents do not prefer grilled food over fried food.

Therefore, we conclude that only a small portion of the sample shows interest in healthy eating. About 10% reduce salt intake, only 6% pay attention to reducing dietary fat, and merely 3% prefer grilled food over fried food. However, there is relatively greater interest in eating fresh vegetables and choosing healthy snacks instead of sugary foods, with percentages of 22% and 31%, respectively.

4-4- Tooth Brushing Habits

Table 4. Distribution of Participants According to Their Tooth Brushing Habits

<i>How often do you brush your teeth?</i>	Once Every Two Days	Once a Day	Twice a Day	After Every Meal
<i>Frequency</i>	38	793	89	27
<i>Percentage</i>	4.01%	83.73%	9.39%	2.85%

We also note from Table (4), which illustrates the tooth brushing habits of the study sample, that most adolescents in the statistical population brush their teeth once a day, with a percentage of approximately 84%. Meanwhile, 9% of the participants brush their teeth twice a day, and about 3% brush after every meal.

However, 4% of adolescents rarely brush their teeth, doing so once every two days or even less frequently.

5- Results and Discussion

5-1- General Overview

The analysis of the collected data revealed that university youth tend to exhibit unhealthy and irregular eating habits. The majority of participants reported skipping breakfast or consuming it inconsistently. About two-thirds stated that they *sometimes* or *often* neglect this essential meal, while only a small proportion consistently eat breakfast every day.

This finding aligns with numerous international studies highlighting breakfast skipping as a prevalent behavior among university students, often due to late waking hours, academic pressure, and limited time in the morning. Regular breakfast consumption, however, has been linked to improved concentration, metabolism, and overall well-being.

5-2- Preference for Snack and Fast Food Consumption

A substantial portion of participants reported frequent consumption of snack foods and fast meals instead of balanced and nutritious options. More than half of the sample admitted to relying on snack-type meals such as pastries, sandwiches, or packaged foods as their primary source of daily nourishment.

This tendency reflects a global pattern observed among young adults, particularly those living in university residences, where access to healthy food options is limited and convenience plays a major role in food choice. As Brevard and Ricketts (1996) found, students living on campus often consume excessive fats, sodium, and cholesterol while failing to meet recommended fruit and vegetable intake levels.

5-3- Attitudes toward Healthy Food Choices

When questioned about healthy dietary habits, only a minority of students reported actively reducing salt or fat in their meals. Approximately one in ten claimed to limit salt intake, and less than 7% indicated that they reduce fat consumption. Similarly, only about one-fifth stated that they eat fresh vegetables daily, and less than one-third replace sweets with fruits as snacks.

These results confirm that awareness of healthy nutrition does not necessarily translate into behavior change. Despite the growing dissemination of health information through media and education, practical application remains limited.

According to Wardle et al. (1997), such discrepancies between knowledge and behavior are often influenced by personal beliefs, emotional states, and social environments.

5-4- Oral Hygiene and General Health Behavior

When asked about general hygiene practices, the majority of respondents indicated that they brush their teeth once per day, while only a small percentage reported brushing twice daily or after each meal. Although oral hygiene was not the main focus of this study, it provides complementary insight into the broader pattern of health-related practices among youth—showing that even simple preventive behaviors are not consistently maintained.

5-5- Comparative Analysis and Interpretation

The findings of this study are consistent with previous international and regional research emphasizing poor dietary habits among young people. In Algeria, as in many other countries, university students often experience a transition phase marked by autonomy, changing routines, and exposure to new social and environmental factors that shape their eating patterns.

The high prevalence of unhealthy eating behaviors—such as skipping meals, preferring fried over grilled food, and low vegetable intake—indicates a clear gap between nutritional awareness and daily practice.

From a psychological standpoint, eating behavior is not merely a biological necessity but also an emotional and social phenomenon. The need for pleasure, stress management, and peer influence often overrides rational nutritional choices.

Therefore, the promotion of healthy dietary behavior among youth requires a multi-dimensional approach, combining nutritional education, psychosocial support, and institutional initiatives at the university level. Awareness campaigns, accessible healthy food options on campus, and behavioral change interventions could all contribute to improving students' long-term health outcomes.

The findings of this study confirm a consistent pattern of unhealthy eating habits among Algerian university youth, reflecting similar trends observed in other developing and developed countries. The high rates of breakfast skipping, fast-food reliance, and limited fruit and vegetable consumption indicate both behavioral and structural challenges. Students' irregular schedules, limited financial resources, and lack of accessible healthy food options on campus

create an environment that reinforces poor eating habits. These results align with those reported by Alshahrani and Alzahrani (2021), who found that more than 60% of Saudi university students skip breakfast and prefer energy-dense snacks due to time constraints and convenience.

Psychologically, the transition to university life represents a critical developmental stage marked by autonomy and experimentation, which can lead to neglect of self-care behaviors such as proper nutrition. Emotional stress, academic pressure, and peer influence can promote emotional eating, irregular meal timing, and comfort food consumption (Hassan et al., 2023). The current study's findings suggest that nutritional awareness alone is insufficient; behavioral intentions must be supported by environmental cues and institutional reinforcement. This observation echoes Ajzen's Theory of Planned Behavior, which posits that attitudes, subjective norms, and perceived behavioral control collectively shape health-related decisions.

From a sociocultural perspective, food remains deeply tied to identity and social belonging. Algerian youth—like their global peers—are navigating between traditional food values and modern consumer culture. The symbolic function of eating (e.g., socializing at cafés or sharing fast food with friends) may outweigh health considerations. Recent cross-national data indicate that social contexts, peer modeling, and media exposure significantly predict youth eating choices more than knowledge of dietary guidelines (WHO, 2023).

In addition, the association between poor eating habits and mental well-being cannot be overlooked. Recent studies emphasize a bidirectional link between diet quality and psychological health, where nutrient deficiencies contribute to fatigue and low mood, while stress fosters unhealthy eating cycles (Jacka et al., 2022). These insights support the integration of nutrition education within university mental health programs, rather than treating diet as a purely physical health issue.

To address these challenges, universities must adopt multi-level interventions. Environmental changes—such as providing affordable healthy options in cafeterias, regulating food vending machines, and limiting high-sugar drinks—should complement individual-focused interventions like workshops on meal planning and emotional eating management. Collaborations with public health authorities could also foster long-term strategies aligned with the WHO (2024) recommendations on youth health promotion. Ultimately, improving dietary

behavior requires a comprehensive approach that considers not only knowledge but also motivation, accessibility, and the social meaning of food.

Conclusion

This study examined eating behavior among Algerian university youth and revealed that most students do not adhere to recommended dietary practices. The majority reported irregular eating patterns, frequent consumption of fast or snack foods, and a general lack of concern for healthy nutrition.

These findings highlight a significant public health concern: unhealthy dietary habits adopted during youth can persist into adulthood, contributing to the development of chronic conditions such as obesity, cardiovascular diseases, diabetes, and certain types of cancer.

In summary, the study confirms that:

- Most university students neglect breakfast and prefer quick meals.
- Only a small percentage actively reduce salt, fat, or sugar in their diet.
- Daily intake of vegetables and fruits remains insufficient.
- Awareness of healthy eating does not automatically translate into behavioral change.

Healthy dietary behavior plays a crucial role not only in physical health but also in psychological and social well-being. It is both a personal responsibility and a societal challenge that requires collective action.

Recommendations

Based on the findings, the following recommendations are proposed:

✓ **Nutritional Education Programs:**

Universities should implement structured health education programs focusing on balanced nutrition, meal planning, and the long-term benefits of healthy eating.

✓ **Campus Environment Improvement:**

Educational institutions should ensure the availability of affordable, healthy food options on campus, and limit access to fast food and high-sugar snacks.

✓ **Behavioral Change Interventions:**

Awareness campaigns should incorporate psychological and behavioral

strategies to help students develop self-regulation and healthy food preferences.

✓ **Integration into Health Policy:**

Public health authorities should integrate youth dietary behavior into broader preventive health policies to promote sustainable lifestyle changes.

✓ **Further Research:**

Future studies should explore the psychosocial and cultural determinants of eating behavior among Algerian youth, with attention to gender differences and the influence of media and social networks.

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