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Health-Tech Overlay On Food Delivery: Does Nutrition Tracking Change Eating Behaviour In Urban Indian Households

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Abstract

Digital food delivery in cities has grown quickly in India, contributing to more access to restaurant food choices and opening up avenues for new nutrition interventions. Nutrition-tracking Apps and AI food analysis apps can give food info with calorie, nutrition, and health scores, as well as personalised data, but the impact on long-lasting shifts in food behaviour is unclear. The purpose of this research is a critical review of whether nutrition tracking in the electronic food delivery environment is a worthwhile behavioural intervention or marketing differentiation. Thematic analysis of the latest literature, coupled with descriptive extraction of quantitative findings based on published literature and an Indian dataset, marked the use of a secondary integrative research design. The five themes identified relate to: digital food environments; awareness of nutrition; digital nudging; competing influences on food choice; and the difference between short-term behavioural effect and sustained change. Overall, there is very little evidence that nutrition tracking has a long-term effect on dietary change, although there is evidence of this with the use of active choice architecture.

Keywords: Nutrition tracking; food delivery; digital food environment; health-tech; food choice; nudging; urban India

1. Introduction

1.1 Background: Digital Food Delivery and Nutrition in Urban India

In recent years, the digital food delivery landscape in India has transformed the food environment, with the urbanization rate increasing, the widespread use of smartphones, and people's desire for convenience. By FY31, the online food services market is projected to account for 18 per cent of the total market, while deliveries in metros have seen immense growth (IBEF, 2026). Energy-dense foods, easily consumed due to availability through delivery, have nutritional risks because of the number of different types of foods available and their flavouring (Chaudhary and Sharma, 2023). The NFHS-5 analysis revealed poor Body Mass Index (BMI) indicators among the urban adults compared with rural adults. Likewise, in the ICMR-NIN Dietary Guidelines 2024, it is advised to limit the intake of foods with high fat, sugar, and energy density (ICMR, 2024).

Table 1: Urban Nutrition and Overweight/Obesity Context in India (Chaudhary and Sharma, 2023)

Population/Indicator	Rural (%)	Urban (%)	Source
Women: abdominal obesity	35.0	49.5	NFHS-5 analysis
Men: abdominal obesity	10.0	15.7	NFHS-5 analysis
Women: BMI ≥25	19.0	31.7	NFHS-5 analysis
Men: BMI ≥25	18.8	28.6	NFHS-5 analysis

1.2 The Health-Tech Overlay on Digital Food Delivery

Health-tech overlays are defined as digital nutrition features being added to current food delivery spaces such as calorie and nutritional breakdowns, health scores, ingredient analysis, food logging, and personalised nutrition recommendations. The NutriScan is one of these new applications – this app is able to take photos of meals and compare them to a food database to calculate the calorie and macronutrient content, as well as generating a nutrition score and tracking meal patterns over time. But these technologies are still mostly emerging as consumer tools instead of solid clinical interventions. However, with their rapid integration, a major question is raised: does nutrition tech actually impact food decisions, or does it just make it seem like food-delivery platforms are healthier, new, and commercially distinct?

1.3 Problem Statement

The lack of nutritional information is not the core problem, but rather the problem of lack of information becoming behaviour change. Even if a meal is too high in calories, fat content, or sodium, consumers can realise this but choose to eat it anyway due to taste, price, convenience, incentives, habit, social pressure, portion size, and delivery time. This is because nutrition concerns are not the sole determinant of the food choice environment for digital food delivery platforms, but they compete with immediate consumer preferences (Gupta et al., 2025). Therefore, there is a potential disconnect between nutrition awareness and nutrition behaviour, and a need to ascertain whether nutrition tracking and awareness lead to behaviour change in the short and long-term.

1.4 Rationale of the Study

The study is justified as online food ordering is increasingly becoming a part of the modern food environment, especially in urban India. Concurrently, food delivery and digital food environments can create nutritional problems, and these platforms can offer direct intervention points at the food choice stage (IBEF, 2026). The element of nutrition tracking is becoming seamlessly commercialised with AI-driven applications and customised health functionalities. However, the available evidence is generally more reflective of awareness change or immediate decisions rather than longer-term dietary behaviour, and India-specific evidence on using nutrition technology in food delivery decisions is comparatively limited.

1.5 Research Aim

To critically analyse the role of nutrition tracking and nutrition information in digital food-delivery platforms on the ability to create a change in sustained food-choice behaviour among urban populations in India, or simply as a differentiator in the marketing of food products.

1.6 Research Objectives

1. To review the connection between digital food delivery contexts and food choice behaviour of urban consumers.
2. To evaluate the impact of nutrition information, tracking and digital nudges on healthier food choice.
3. To determine behavioural mechanisms potentially explaining willingness-to-change health-related nutrition knowledge to actual dietary change.
4. To critically assess if the effectiveness of nutrition tracking interventions is short- or long-term.
5. To evaluate the potential of nutrition-tracking features as genuine behavioural-health interventions versus commercial/marketing differentiation within food-delivery platforms.

2. Literature Review

2.1 Urban Food Delivery and the Digital Food Environment

The online food delivery experience has become an important part of the food environment that outsources customers from the physical restaurant/grocery to the screens of computers and smartphones, and has a relatively short history. Digital platforms improve convenience by providing quick order times, lots of restaurant options, and highly visible restaurant menus, and search ranking, photos, discounts, and promotional positioning affect decision-making. Features like these are a variant of the state of the digital choice architecture in which commercial considerations can get in the way of nutritional considerations. Abdulkader et al (2022) have found these for India based on 8,504 restaurants with relatively low prices among the fast food outlets associated with higher nutritional energy and more fat. Convenience and affordability might make more "nutritionally substandard" foods more accessible. Thus, adding nutrition information to delivery platforms might involve counteracting prevailing promotional and environmental factors, as well as food information.

2.2 Nutrition Information, Tracking and Consumer Awareness

Nutrition technology functions may offer calorie data, nutrient and micronutrient profiles, nutritional ingredient information, health scores and individual nutrition feedback. However, the difference between information provision and active self-monitoring is that the latter implies repeatedly tracking, revisiting and reacting to the consumers' own dietary behaviour. Mobile nutrition applications can contribute to dietary behaviour improvements (Paramastri et al., 2020). Likewise, Berry, Kassavou and Sutton (2021) demonstrated that digital diet and PA self-monitoring can augment weight management in adults with overweight and obesity. AI-powered image recognition takes this step further by minimising the effort needed to record meals. However, if convenience, taste and price are still key influencers for food choice, then merely being "technologically savvy" is no guarantee of long-term change in behaviour.

Table 2: Nutritional and Price Characteristics of Indian Online Food Delivery (Abdulkader et al., 2022)

Restaurant/food category	Median price	Median calories/item	Median fat/item
Fast-food restaurants	INR 100	194 kcal	9 g
Chinese cuisine	—	154 kcal	—
Indian cuisine	—	151 kcal	—
High-cost restaurants (>INR 400 for two)	>INR 400/2	155 kcal	—

2.3 Digital Nudging and Choice Architecture

Digital nudging helps drive food choice by making options more (or less) appealing in different ways, while not restricting a consumer's options. In food delivery systems, default settings, salience, health badges, food ratings, customisation, nudges, and healthier menu swaps can focus consumers on the healthiest options. Social-norm messages can also positively affect healthier decisions by conveying how many people may prefer a certain behaviour. Wyse et al. (2021) found compelling evidence on how interventions in digital food environments can impact purchasing behaviour. They also found interventions led to a decrease in energy intakes of food purchased, found in a pooled SMD across seven studies, of -0.34 . They also reported a decrease in fat, saturated fat and sodium. Likewise, Lindstrom, Tucker and McVay (2023), after examining 33 studies, found a positive sign of priming and personally salient cues. Therefore, it is important to consider the factors linking the availability of information with its effect on nutrition tracking, and how information is placed within digital choice architecture.

2.4 From Awareness to Sustained Behaviour Change

This relationship between nutrition information and sustained behaviour may be explained as exposure, awareness, intention, immediate choice, repeated choice, and habitual behaviour. As VanEpps et al. (2021) show, calorie aggregation in real-time significantly lowers meal calorie counts, showing that timely information can have an impact on real-time decisions. An immediate reduction, however, does not make long-term dietary change. Sustained effectiveness may require repeated use and re-motivation, and the continued presence or absence of healthier options. Similarly, Cerf et al. (2024) show that the nutritional labelling understanding and use of consumers may be heterogeneous, explaining that it is important not just what information consumers have access to but how they interpret it. Thus, nutrition tracking can raise short-term awareness or change choices in the short term but not establish new habits. The key question is whether consumer preference for the technology and healthier choices persists when novelty fades, and other consumer drivers like convenience, taste, and price take over.

2.5 Theoretical and Conceptual Framework

2.5.1 COM-B Behavioural Framework

The primary theoretical model to grasp behaviour is the COM-B Model, which focuses on capacities, opportunities, and motivations. Ran et al. (2022) provide evidence that information can be the basis of sustainable food consumption choices, provided that consumers are able and willing to absorb and act on that information. In this study, nutrition tracking can help to enable nutrition capability, nutrition opportunities, and health goals can help to motivate. These factors interact to influence healthier food selection behaviour and potential reinforcement of the designated behaviour through feedback.

Table 3: Application of the COM-B Framework

COM-B element	Application to nutrition tracking and food delivery
Psychological capability	Understanding calories, nutrients and health scores
Physical/social opportunity	Availability and visibility of healthier meals
Motivation	Health goals, weight management and perceived dietary risk
Behaviour	Selecting healthier meals
Reinforcement	Tracking progress, scores, feedback and personalised recommendations

2.5.2 Nudge and Choice Architecture

The digital environment complements COM-B as a theory of nudge behaviour; nudge theory is the explanation of how digital environments can shape choices without negating the options. Lindstrom, Tucker and McVay (2023) subsequently identify choice-architecture mechanisms which are important in promoting healthier purchases: visual prompts, defaults and personally salient cues. In food delivery apps, these tools can involve healthy choice labels, default food suggestions, calorie comparisons, personalised suggestions, visual health checks, prompts before ordering, which can make healthier foods stand out and more likely to be ordered.

2.5.3 Conceptual Framework

The conceptual framework suggests that first nutrition info and monitoring raise consumer attention and awareness, potentially enhancing perceptions of healthiness of food items and bolstering stronger intentions for healthier food choices. These intentions can have an impact on actual food choice and, with practice of self-monitoring and feedback, may become a permanent dietary behaviour. Some degree of moderation is present, however, because taste, cost, convenience, promotions, habit and meal availability can work against the translation of awareness of the nutrition into repeated healthier choices.

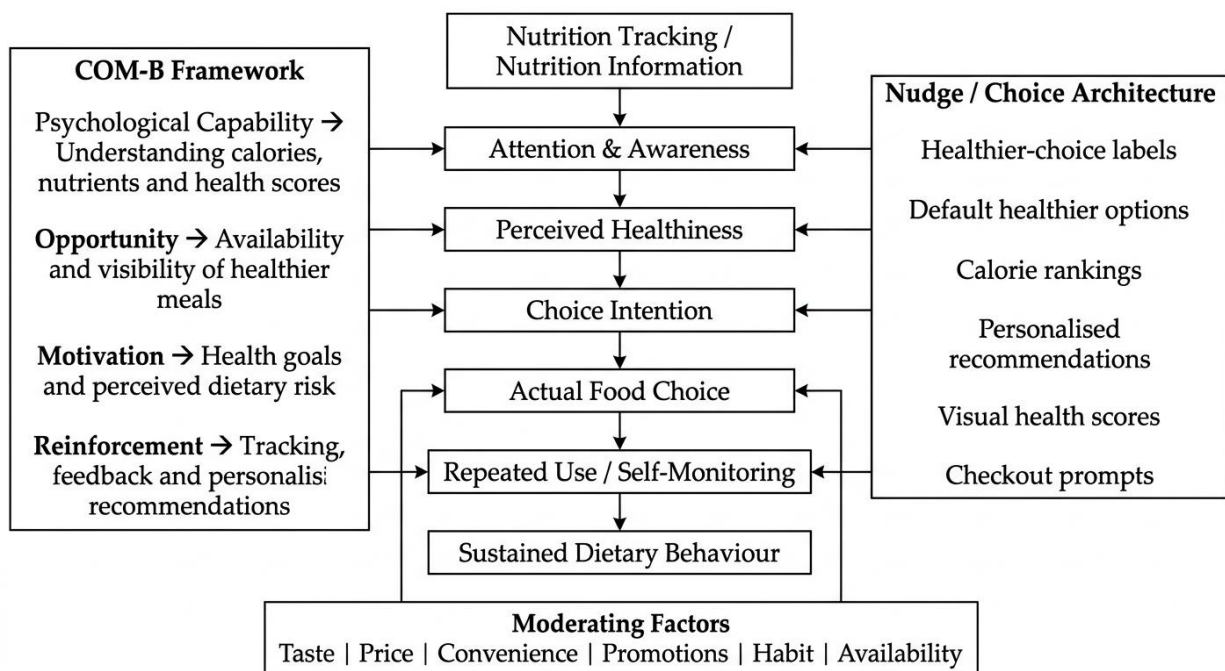


Figure 1: Conceptual Framework

2.6 Research Gap

Existing literature reveals four important gaps. First, research often focuses on people's acute responses to nutritional information at the time of food choice, whereas data on their chronic food choice behaviour is comparatively sparse. Second, nutrition app studies are conducted independently of digital food delivery services, due to the growing nature of overlap, particularly because they are now performing overlapping functions. Thirdly, food delivery studies support evidence regarding consumption usage and food quality, but there is a limited number of studies that directly explore the association between nutrition tracking and food ordering behaviour of urban Indian consumers. Lastly, not enough has been done to identify the commercialisation of health-tech and how nutrition features relate to a positive impact on health vs being a marketing differentiator that enhances consumers' sense of technological innovation.

3. Materials and Methods

3.1 Research Design

The study applied a secondary integrative research approach that employed the evidence extraction technique is descriptive quantitative-qualitative approach. There are no primary participants, surveys, or interviews. Rather, the evidence is compiled from peer-reviewed journal articles, systematic review/meta-analysis, published empirical evidence, Indian national datasets/reports, or relevant health-tech or digital food-platform evidence. The approach enables comparison of perspectives from nutrition tracking with the food experienced online and consumer behaviour across various research designs and contexts with a focus on urban Indian food-choice behaviour.

3.2 Research Paradigm

The study falls within the realm of the pragmatist paradigm, which is suitable for studies designed to solve a practical behavioural problem by utilising complementary evidence. Unlike the traditional methodological approach, which would need to be adhered to exclusively, pragmatism allows qualitative interpretation in addition to the extraction of evidence. Consequently, the results of the thematic analyses on consumer awareness and digital nudging and sustained behaviour are thus built together with the quantitative results on food choice, nutritional outcomes and intervention-related effects. This method is suitable for assessing how effective nutrition-tracking technologies are in encouraging real behavioural change in a digital context for food delivery.

3.3 Data Sources

Literature was found using PubMed, Google Scholar, Scopus, Web of Science, ScienceDirect, SpringerLink, BMJ and BMC. Additionally, relevant Indian data sourced from government and institutional sources such as ICMR-NIN, NFHS, and peer-reviewed Indian studies were obtained. Search concepts included combinations of *food delivery*, *digital food environment*, *nutrition tracking*, *nutrition information*, *food choice*, *digital nudging*, *self-monitoring*, *dietary behaviour*, *health technology*, and *India*. Systematic reviews' reference lists were also reviewed for identification of further eligible studies.

3.4 Inclusion and Exclusion Criteria

Studies were included if they were published between 2019 and 2026 and were pertinent to adults, households and/or consumers and in English. Eligibility encompassed digital food environments, online food delivery, food information/food tracking, food choice, digital nudging, dietary behaviour and self-monitoring, and health-tech interventions. Systematic reviews, meta-analyses and empirical studies were preferred. Only studies published after 2019 were included if they were not or did not focus on consumer dietary behaviour, or were only directly about technical AI development but had no behavioural relevance. Duplicate records and articles that did not contain enough methodological detail were also not included.

3.5 Data Analysis

Thematic analysis was used for analysing the qualitative evidence. The process included familiarising with the literature, identifying common trends or patterns in the findings, initial coding, seconding or clustering of similar codes, creation of themes, contrasting findings across the studies, and interpretation with the research question. The quantitative findings were not re-analysed with new statistical modelling. However, numerical results from the eligible secondary sources were extracted to get descriptive statistics in tables. This method maintains separation between published, quantitative facts and analysis of the facts, and permits comparing behaviours and nutrition within and between studies.

4. Results and Discussion

4.1 Theme 1: Digital Food Delivery Expands Exposure to Convenient but Nutritionally Uneven Choices

All the reviewed evidence suggests that food delivery and FAFH (food-away-from-home) use are now important aspects of the food environment in India. Murthy et al. (2025) found 73.7% of participants ate at least one meal of FAFH per week, based on data from 60,327 participants. Consumption was also higher in the urban (75.3%) than in the rural (67.5%) population and higher at 80.2% among those who were well educated, compared to 57.6% in the non-school-educated population. 20.0% of young adults consumed more than 2 FAFH meals per week; obesity among young adults who consumed 2 or more FAFH meals was 18.0% compared to 12.7% among the young adults who consumed no FAFH meals.

Table 4: Food-Away-From-Home Consumption in India (Murthy et al., 2025)

Variable	Category	Percentage
FAFH consumption	≥ 1 meal/week	73.7%
Gender	Men	75.3%
Gender	Women	70.9%
Residence	Urban	75.3%
Residence	Rural	67.5%
Education	College educated	80.2%
Education	No schooling	57.6%
FAFH frequency	>2 meals/week among young adults	20.0%
Obesity	>2 FAFH meals/week	18.0%
Obesity	Normal-weight comparison group	12.7%

These insights help to illustrate the need to track nutrition as part of a bigger digital food environment, and not just a technological fix alone. The higher urban consumption rate suggests there is a lot of exposure to commercially prepared meals, and there is a suggested nutritional issue with frequent consumption of FAFH since it is associated with obesity. The findings, however, do not prove that eating delivery food is what leads to obesity. Rather, they suggest a setting in which convenience and ease-of-access to restaurant foods may conflict with making better choices. Thus, the display of calorie or nutrient information may be only marginally effective if other unhealthy alternatives are well-visible, cheap, marketed and convenient.

4.2 Theme 2: Nutrition Information Can Influence Choice, but Information Alone Is Not Behaviour Change

Nutrition information can affect food choices by making it more apparent when a person makes a food choice, and how nutrition affects themselves. Nutrient panels, food logging, calorie information, nutrient profile, and transparency of ingredients can increase consumer awareness and can give insight into creating recurring patterns. However, awareness is no guarantee of behaviour change. Measures on the food environment have substantively achieved significant reductions in energy content of purchases ($SMD = -0.34$, $p = 0.01$), fat, saturated fat, and sodium, as detailed by Wyse et al. (2021). The results suggest that e-interventions can affect nutrient changes in people's online purchases.

However, most of the studies have focused on purchases rather than what the consumers actually do eat over time. Therefore, nutrition information should be viewed as a potential enabler to healthier meal choices now, rather than automatically as a catalyst for long-term dietary change. This difference will be significant to health-tech platforms, as evidence for higher awareness or more active watching or tracking could not mean any permanent shift in eating patterns.

4.3 Theme 3: Digital Nudges Are More Powerful When Information Is Embedded into the Decision

Digital nudging can augment nutrition information's influence by being integrated into the actual purchase. For passive information, "Calories: 850 kcal", consumer transparency is raised, but consumer action is needed in the sense that they must interpret and act on the information. In contrast, "Healthier alternative: 520 kcal — save 330 kcal" is active choice architecture that is used to focus attention on a specific alternative. Defaults, health badges, nutritional rankings, personalised recommendations, and checkout reminders also help to lower mental effort to find healthier choices. For the priming technique, findings were promising in 33 studies (Lindstrom, Tucker and McVay, 2023); for the personally salient cues, findings were promising in 28 studies. In addition to that, Wyse et al (2021) have shown that DFI has been able to achieve measurable effects on purchased food composition.

Table 5: Effectiveness of Digital Food-Environment Interventions (Wyse et al., 2021)

Outcome	Number of studies in meta-analysis	Effect size	p-value	Direction
Energy content of purchases	7	SMD = -0.34	0.01	Lower energy
Fat content	3	SMD = -0.83	0.04	Lower fat
Saturated fat	3	SMD = -0.70	0.008	Lower saturated fat
Sodium	3	SMD = -0.43	0.01	Lower sodium

A total of 140 full texts were assessed, and 11 studies were included in the review, from 9,441 records screened. The evidence also indicates that nutrition technology may provide better outcomes when information is presented in actionable choice architecture, as opposed to being presented for display (Wyse et al., 2021).

4.4 Theme 4: Convenience, Taste, Price and Habit Can Override Nutrition Tracking

Higher nutrition awareness is not always equated to healthy ordering, and there are conflicting behaviours and pressures in nutrition technology-related business. Singh et al. (2024) found that 74.3% of emerging adults in India reported that they considered fast food or junk food as their most ordered category of food and 81.5% reported convenience of home delivery as one of the reasons to use food delivery apps. In addition, 67.9% indicated that they ordered food weekly. The findings showed an interesting difference between the information about health and other motivating factors (convenience, taste, price, promotion) (Singh et al., 2024). Food-service apps are designed to make things easier and more accessible, rather than nutritional considerations. Even if the calorie information or health scores are present, consumers can still select speed instead of calories or choose their preferred food. Thus, measures of nutrition tracking need to be regarded within the wider framework of the commercial food system rather than as an independent factor affecting nutritional practices.

Table 6: Food-Delivery App Use and Health-Related Behaviour Among Indian Emerging Adults (Singh et al., 2024)

Variable	Finding
Sample	Noted study population of emerging adults
Zomato usage	68.1%
Swiggy usage	61.0%
Junk/fast food most ordered	74.3%
Once-weekly ordering	67.9%
Convenience of home delivery as major reason	81.5%
Living alone	64.7%
Financially dependent	79.5%
UPI preferred payment	64.5%

4.6 Theme 5: Behavioural Intervention or Marketing Differentiator?

There is evidence showing nutrition technology benefits behaviour in the short-term, but is not equivalent to nutrition behaviour change over time. Tracking increases behavioural awareness as evidenced by findings from a 30-day mobile self-monitoring intervention, which reported greater time between eating moments and fewer eating moments per day (Pentikäinen et al., 2019). Likewise, the CogniNU intervention resulted in 0.55 kg weight loss over 30 days; however, uncertain persistence affecting the fat percentage was observed following the end of the intervention (Fang et al., 2023). The scores were also higher in an online 30-day nutrition programme (257 parents), who improved in their diet quality, self-efficacy and meal preparation (Tripicchio and Anderson, 2023). The results show promise of real intervention, but health-tech features can also offer brand differentiation, engagement and perceived innovation. Thus, awareness alone or app usage, engagement alone, is not enough to conclude health impact; repeated healthier choices and behavioural persistence are needed.

Table 7: Evidence of Behavioural Change Following 30-Day Digital Nutrition Interventions (Pentikäinen et al., 2019; Fang et al., 2023; Ruf et al., 2026; Tripicchio and Anderson, 2023)

Behavioural indicator	Intervention	Sample	Start/early intervention	End of 30 days	Change
Interval between eating occasions	Mobile self-monitoring app	N=74	96 min	109.1 min	+13.1 min
Daily eating occasions	Mobile self-monitoring app	N=74	4.9	4.4	-0.5/day
Body weight	CogniNU app	Adults with overweight/obesity	Baseline	-0.55 kg	Decreased
Body-weight percentage	CogniNU app	Adults with overweight/obesity	Baseline	-0.6%	Decreased
Body-fat percentage	CogniNU app	Adults with overweight/obesity	Baseline	-0.4%	Decreased
Meal-preparation practices	Affordable Flavors	N=257	Pre-intervention	Significant improvement	Improved
Diet quality	Affordable Flavors	N=257	Pre-intervention	Significant improvement	Improved
Self-efficacy	Affordable Flavors	N=257	Pre-intervention	Significant improvement	Improved

Sources: 30-day mobile self-monitoring intervention; CogniNU digital dietary intervention; Affordable Flavors online nutrition programme.

4.7 Discussion

Overall, the results indicate that indeed there is a behavioural potential for nutrition tracking, and how it is incorporated into the broader digital food landscape depends on the outcome. The data suggests that digital interventions lower the energy, fat, saturated fat, and sodium intake for online purchases, and digital self-monitoring can help to reduce calorie intake and support weight loss (Wyse et al., 2021). Although these effects cannot be viewed as nutrition information being a panacea for dietary changes, they should still be taken into account. India's evidence shows that the competing influences of convenience and regular eating away from home are strong.

Thus, nutrition monitoring will be best implemented alongside active choice architecture such as tailored choices, healthy defaults, reminders and nutrition comparison visualisation. Importantly, greater engagement is associated with greater outcomes, as demonstrated by the evidence from digital self-monitoring research, but continuing use is not guaranteed (Patel et al., 2021). Hence, the overlay on the health-tech should be interpreted as an additional option of behaviour instead of an effective one. Whether platforms can be effective relies on their ability to turn sporadic health awareness into regular healthier buying habits and also on their ability to counteract the commercial motivations that drive convenience-oriented purchases.

5. Conclusion

This study aimed to evaluate whether nutrition data labelling through digital food delivery apps would yield significant behavioural shifts in consumption or just be a marketing tool. The findings indicate clear behavioural potential of digital nutrition interventions, particularly the structuring of the choice architecture, personalization of nutritional advice, and sequential prompting. Food purchasing interventions via the internet have reduced the energy, fat, saturated fat, and sodium content of food purchases. These impacts should not be taken as an indication of long-term dietary change, however. Other major competing influences do not leave convenience behind: taste and price are also important, as are promotions and the practice of habitually consuming or not.

There are some shortcomings in the study. It follows that its findings as a secondary study are dependent on the quality, measures, and populations of the existing studies. There is also greater heterogeneity across the interventions, and evidence in India linking nutrition tracking efforts to food-delivery behaviour is comparatively limited. Thus, the results of the study only show a potential association and not clear causal relationships.

Food delivery platforms should include and go beyond nutritional or health information to include evidence-based choice architecture, and should also not include health claims without behavioural evidence. Further studies should focus on longitudinal tracking of urban Indian consumers and their actual ordering history, as well as the continuation of tracking engagement, but also on behaviour in the long term, possibly measured over several months. Future randomised trials involving passive nutrition information vs personalised nudges would provide further evidence on whether health-tech adds health value or if the primary aim of such features is to differentiate a company's product in the marketplace.

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