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Healthy diet practices among young adults: An analytical study

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Abstract
Dietary patterns in young adulthood have profound implications for long-term health, influencing the risk of chronic diseases such as obesity, cardiovascular disorders, and type 2 diabetes. The present study examines the dietary practices, food choices, and barriers to healthy eating among young adults in Kashmir, a region experiencing both cultural dietary traditions and the pressures of global nutrition transition. Using a descriptive cross-sectional design, data were collected from 100 respondents aged 18-30 years through a structured questionnaire. The instrument incorporated components from the Healthy Lifestyle Scale (HLS) developed by which has been validated for regions with icy winters and dry summers.

The results revealed that while most participants (72%) reported consuming at least three meals per day and 78% ate breakfast regularly, only 42% met the recommended daily intake of five servings of fruits and vegetables. High consumption of fast food and sugar-sweetened beverages was observed in 60% of respondents. The most frequently cited barrier to healthy eating was lack of time (40%), followed by taste preferences for fast food (25%), limited nutrition awareness (20%), and the perceived high cost of healthy foods (15%).

These findings align with global trends but also highlight region-specific influences such as seasonal food availability. The study underscores the need for targeted nutrition education, affordable healthy food access, and institutional support for dietary improvements among young adults. The implications extend to public health policymakers, universities, and community-based wellness initiatives.

Keywords: Healthy diet, young adults, dietary practices, nutrition transition, Kashmir, Healthy Lifestyle Scale (HLS)

1. Introduction

Nutrition is a cornerstone of human health, with dietary habits established in early adulthood often persisting throughout life. Young adults typically aged 18 to 30 are at a pivotal stage marked by independence, lifestyle experimentation, and shifting responsibilities (Story *et al*., 2002) [12]. These changes can lead to irregular eating patterns, increased consumption of convenience foods, and reduced intake of nutrient-dense options.

Globally, dietary inadequacies in this age group are well documented. Studies have shown that fruit and vegetable consumption remains below recommended levels in most countries, while the intake of energy-dense processed foods is increasing (Hall *et al*., 2009; Lee-Kwan *et al*., 2017) [2, 5]. This nutrition transition is particularly evident in developing regions experiencing rapid urbanization and economic change (Misra *et al*., 2011) [7].

In the Indian context, urban youth increasingly adopt Western-style diets, with higher intakes of refined carbohydrates, added sugars, and saturated fats (Rathi *et al*., 2017) [9]. In Kashmir, agrarian traditions, seasonal produce, and cold climate needs have historically shaped dietary habits. However, modern supply chains, fast-food outlets, and shifting lifestyles are altering these patterns.

Study objectives
1. To assess the dietary practices of young adults in Kashmir.
2. To determine the prevalence of healthy and unhealthy eating habits.
3. To identify perceived barriers to healthy eating.
4. To recommend strategies for improving dietary behaviors.

2. Review of Literature
Previous research indicates that young adults often struggle to maintain optimal dietary habits. Larson *et al*. (2009) [4] found that college students' meal structures were inconsistent, often linked to academic schedules and social activities. Yahia *et al*. (2016) [17] reported that while nutrition knowledge was moderately high among university students, it did not necessarily translate into healthier eating patterns.

In India, Misra *et al*. (2011) [7] documented a nutrition transition toward calorie-rich, nutrient-poor diets, with parallel rises in obesity and metabolic syndrome prevalence. Rathi *et al*. (2017) [9] highlighted that adolescents and young adults in metropolitan areas consumed significantly higher quantities of fast food compared to traditional home-cooked meals.

Regionally, Ahmad *et al*. (2019) noted that while Kashmiri cuisine includes nutrient-rich foods such as pulses, vegetables, and seasonal fruits, there has been a growing tendency to replace these with packaged snacks and sugary drinks. This change is partly attributed to lifestyle pace, marketing influences, and peer norms.

The literature consistently identifies common barriers to healthy eating: time constraints, perceived cost, convenience of fast food, and taste preferences (Sogari *et al*., 2018; Wardle *et al*., 2004) [11, 14]. Addressing these requires both behavioral and environmental interventions.

3. Methodology
3.1 Research design
The study employed a descriptive cross-sectional survey design to capture a snapshot of dietary behaviors among young adults.

3.2 Participants
A total of 100 participants (46 males, 54 females) aged between 18 and 30 years were recruited using convenience sampling from universities, workplaces, and community centers in Kashmir.

3.3 Instrument
Data were collected using a structured questionnaire incorporating dietary behavior items from the Healthy Lifestyle Scale (HLS) developed and validated by Wani *et al*. (2025) [16]. This scale is specifically designed for populations living in climates with icy winters and dry summers and has demonstrated strong reliability and validity.

3.4 Data collection
Participants completed the questionnaire in either face-to-face sessions or via an online form. Items covered demographics, meal frequency, fruit and vegetable intake, fast food and beverage consumption, and barriers to healthy eating.

3.5 Data analysis
Data were analyzed using descriptive statistics (frequencies, percentages, means, and standard deviations). Results are presented in tables with detailed interpretations.

3.6 Ethical considerations
Informed consent was obtained from all participants, and anonymity was maintained throughout the study.

4. Results

Table 1: Demographic characteristics of participants (N = 100)

Variable	Category	n	%
Gender	Male	46	46.0
	Female	54	54.0
Age	18-22 years	48	48.0
	23-26 years	32	32.0
	27-30 years	20	20.0
Occupation	Student	65	65.0
	Employed	25	25.0
	Other	10	10.0

The sample (Table) was slightly female-dominated. Nearly half were aged 18-22 years, indicating a concentration in early adulthood, and two-thirds were students. This demographic profile suggests that findings may largely reflect university-age lifestyles.

Table 2: Meal frequency and breakfast consumption

Practice	Yes n (%)	No n (%)
≥3 meals/day	72 (72.0)	28 (28.0)
Eats breakfast daily	78 (78.0)	22 (22.0)

Most participants (Table 2) maintained a regular meal pattern and breakfast habit, both of which are associated with better nutrient intake and metabolic regulation. However, 22% of those who skip breakfast may be at risk for energy deficits and compensatory overeating.

Table 3: Fruit and vegetable intake

Intake level	Meets recommendation n (%)	Below recommendation n (%)
≥5 Servings/day	42 (42.0)	58 (58.0)

Only 42% (Table 3) met the WHO guideline of five daily servings, reflecting a substantial gap in micronutrient intake that can contribute to long-term health risks.

Table 4: Consumption of unhealthy foods

Food type	High (>3×/week) n (%)	Low (≤3×/week) n (%)
Fast food	60 (60.0)	40 (40.0)
Sugar-sweetened drinks	60 (60.0)	40 (40.0)

High intake of fast food and sugary beverages (Table 4) was reported by 60% of respondents, aligning with trends toward convenience eating and raising concerns about obesity and metabolic health.

Table 5: Barriers to healthy eating

Barrier	n	%
Lack of time	40	40.0
Taste preference (fast food)	25	25.0
Limited nutrition awareness	20	20.0
Perceived high cost	15	15.0

Time constraints (Table 5) emerged as the most common barrier, followed by taste preferences and limited knowledge, which are consistent with barriers identified in global literature.

5. Discussion
This study provides an in-depth assessment of dietary practices among young adults in Kashmir, revealing both encouraging behaviors and concerning gaps. The findings largely align with global literature on nutrition behaviors in early adulthood, but also reflect region-specific factors such as climatic conditions, food availability, and cultural preferences.

5.1 Meal frequency and breakfast habits
The majority of respondents reported consuming three or more meals daily (72%) and eating breakfast regularly (78%). This is encouraging, as consistent meal patterns and breakfast consumption are linked to improved nutrient adequacy, stable energy levels, and better cognitive performance (Timlin & Pereira, 2007) [13]. The prevalence of breakfast skipping (22%) is lower than rates reported in Western countries, where it can exceed 40% among young adults (Keski-Rahkonen et al., 2003) [3]. Nevertheless, this minority group remains at risk of adverse effects such as reduced academic performance, lower energy levels, and increased likelihood of overeating later in the day (Schusdziarra et al., 2011) [10].

5.2 Fruit and vegetable consumption
Only 42% of participants met the WHO recommendation of five daily servings of fruits and vegetables. This mirrors global trends showing low compliance with dietary guidelines in young adult populations (Hall et al., 2009; Lee-Kwan et al., 2017) [2, 5]. The shortfall in intake may be attributed to several factors: seasonal availability, price fluctuations, lack of awareness of recommended daily allowances, and an increasing reliance on convenience foods. In Kashmir, while traditional diets incorporate fresh produce, changing lifestyles and exposure to processed foods are diminishing this habit.

5.3 Unhealthy food and beverage consumption
High levels of fast food and sugar-sweetened beverage intake were observed, with 60% of participants consuming them more than three times per week. This aligns with findings from India and other low- and middle-income countries experiencing rapid urbanization (Rathi et al., 2017; Misra et al., 2011) [9, 7]. Such dietary patterns contribute to the growing prevalence of obesity, metabolic syndrome, and type 2 diabetes among younger populations (Malik et al., 2010; Pereira et al., 2005) [6, 8]. The taste appeal, convenience, and aggressive marketing of fast food products remain significant drivers of these behaviors.

5.4 Barriers to healthy eating
Lack of time was the most commonly reported barrier (40%), consistent with international studies showing that time constraints significantly limit healthy food preparation in young adults (Sogari et al., 2018) [11]. Taste preferences for fast food (25%) further highlight the sensory appeal of processed, high-calorie items over nutrient-rich alternatives. Limited awareness of nutrition guidelines (20%) underscores the importance of targeted educational programs, while perceived high cost (15%) suggests a need to dispel myths about the affordability of healthy eating.

5.5 Implications for public health and education
Given that two-thirds of the respondents were students, universities represent an ideal setting for dietary interventions. Initiatives could include:
- On-campus nutrition workshops to improve food literacy.
- Affordable, healthy meal options in cafeterias to reduce fast food dependence.
- Seasonal produce subsidies to encourage higher fruit and vegetable intake.
- Time-efficient healthy meal solutions, such as pre-prepared salads or whole-grain snack packs.

5.6 Regional context and policy recommendations
The climatic conditions of Kashmir icy winters and dry summers affect the availability of certain fresh foods. Public health authorities could promote seasonal food preservation methods and supply-chain improvements to ensure consistent access to affordable fresh produce year-round.

6. Conclusion
This study highlights that while young adults in Kashmir exhibit certain positive dietary habits, such as regular meal consumption and breakfast intake, significant gaps remain in fruit and vegetable consumption and the limitation of unhealthy foods. Barriers to healthy eating, including time constraints, taste preferences, lack of awareness, and perceived cost, require multi-pronged strategies.

The use of the Healthy Lifestyle Scale (HLS) by Wani et al. (2025) [15, 16] provided a culturally and climatically relevant framework for assessing dietary behaviors. The findings underscore the need for targeted nutrition education, policy interventions to improve access to healthy foods, and the creation of supportive food environments in educational institutions and workplaces.

Addressing these factors at an early life stage can lead to sustainable healthy eating habits, reducing the risk of diet-related chronic diseases and contributing to better long-term health outcomes for the population of Kashmir.

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