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Assessment of healthy lifestyle practices among adults in Kashmir

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Abstract
Background: Lifestyle-related behaviors play a significant role in shaping health outcomes. In regions such as Kashmir, characterized by icy winters and dry summers, environmental constraints influence the adoption of healthy habits.
Objective: This study aimed to assess the healthy lifestyle practices of adults in Kashmir using the newly developed and validated Healthy Lifestyle Scale (HLS) tailored for regions with extreme seasonal variations.
Methods: A cross-sectional survey was conducted among 120 adults (54 males, 66 females) aged 18–60 years. The HLS, developed by Wani *et al*. (2025), was administered to measure behaviors across five domains: Physical Activity, Nutrition, Stress Management, Environmental Responsibility, and Preventive Health Practices. Data were analyzed using descriptive statistics, and results are presented in tables with detailed interpretations.
Results: Physical activity engagement was reported by 72.5% of participants, while 68.3% engaged in regular social interactions for emotional well-being. However, only 35.8% sought professional health check-ups regularly. Females reported higher participation in stress management and preventive health practices, while males scored slightly higher in physical activity. Barriers included lack of time (38.3%) and limited awareness (27.5%).
Conclusion: While many participants demonstrated positive lifestyle behaviors, preventive health check-ups and structured stress management activities remain underutilized. Public health programs should promote balanced lifestyle practices while addressing barriers unique to Kashmir's climate and culture.

Keywords: Healthy lifestyle, lifestyle practices, Kashmir, healthy lifestyle scale, public health

1. Introduction
Healthy lifestyle behaviors such as regular physical activity, balanced nutrition, adequate rest, and stress management are central to maintaining well-being and preventing non-communicable diseases (WHO, 2022) [11]. The degree to which these behaviors are adopted is influenced by environmental, cultural, and socio-economic factors (Bauman *et al*., 2012) [1].
In Kashmir, harsh winters limit outdoor mobility, and seasonal food availability affects dietary patterns. These factors may challenge the maintenance of consistent health-promoting routines. The recently developed Healthy Lifestyle Scale (HLS) by Wani *et al*. (2025) [9] is the first instrument tailored to assess lifestyle practices in climates with icy winters and dry summers, integrating culturally and environmentally relevant behaviors.
This study applies the HLS to assess current lifestyle behaviors among adults in Kashmir, aiming to identify strengths, gaps, and opportunities for targeted interventions.

2. Review of Literature
Research consistently shows that healthy lifestyle behaviors reduce the risk of cardiovascular diseases, diabetes, obesity, and mental health disorders (Schneiderman *et al*., 2005; WHO, 2022) [6, 11]. In cold climates, physical inactivity is more prevalent during winter months (Tucker & Gilliland, 2007) [8], while in hot and dry seasons, outdoor physical exertion may also decline due to heat exposure (Shahar *et al*., 2001) [7].
Dietary patterns are similarly seasonal, with limited fresh produce in colder months leading to reduced consumption of fruits and vegetables (Conner *et al*., 2017) [3]. Stress levels often increase in extreme climates due to environmental restrictions, and coping mechanisms may vary based on cultural norms (Matud, 2004) [5].

Few studies in South Asia have assessed lifestyle comprehensively in the context of climate-specific challenges. The HLS fills this gap by integrating physical, nutritional, mental, environmental, and preventive health dimensions relevant to these regions.

3. Methodology

3.1 Study design

A descriptive cross-sectional design was adopted to evaluate lifestyle practices.

3.2 Participants

The study included 120 adults (54 males, 66 females) aged between 18 and 60 years, recruited from educational institutions, workplaces, and community centers in both rural and urban Kashmir.

3.3 Instrument

1. Lifestyle behaviors were assessed using the Healthy Lifestyle Scale (HLS) developed and validated by Wani *et al*. (2025) [10]. The HLS comprises seven factors representing distinct domains of a healthy lifestyle:
2. Physical activity
3. Healthy diet
4. Stress management
5. Environmental responsibility
6. Substance use avoidance
7. Preventive health

3.4 Data collection

The questionnaire was administered in person by trained data collectors. Participation was voluntary, and informed consent was obtained.

3.5 Data analysis

Frequencies and percentages were calculated for all responses, and results were tabulated.

4. Results

Table 1: Physical activity practices (N = 120)

Question	Yes n (%)	No n (%)
Engage in ≥30 min moderate activity most days	87 (72.5)	33 (27.5)
Perform flexibility exercises ≥3 days/week	62 (51.7)	58 (48.3)
Perform muscle-strengthening ≥2 days/week	58 (48.3)	62 (51.7)

Most participants (table 1) met moderate activity guidelines, but less than half engaged in muscle-strengthening activities, showing a gap in balanced physical activity.

Table 2: Healthy diet practices (N = 120)

Question	Yes n (%)	No n (%)
Consume ≥5 servings of fruits/vegetables daily	70 (58.3)	50 (41.7)
Limit processed food intake	88 (73.3)	32 (26.7)
Maintain adequate hydration	95 (79.2)	25 (20.8)

While hydration and reduced processed food intake were common, only 58.3% met recommended fruit/vegetable intake, likely influenced by seasonal availability (table 2).

Table 3: Stress management practices (N = 120)

Question	Yes n (%)	No n (%)
Practice relaxation techniques	68 (56.7)	52 (43.3)
Maintain regular social interaction	82 (68.3)	38 (31.7)
Seek professional counseling when stressed	40 (33.3)	80 (66.7)

Social interaction was the most common coping mechanism, while formal counseling remained rare, possibly due to stigma or limited access (table 3).

Table 4: Environmental responsibility (N = 120)

Question	Yes n (%)	No n (%)
Reduce household waste	74 (61.7)	46 (38.3)
Participate in environmental clean-ups	53 (44.2)	67 (55.8)
Use eco-friendly products	60 (50.0)	60 (50.0)

Waste reduction was relatively common, but active participation in environmental programs was less frequent (table 4).

Table 5: Substance use avoidance (N = 120)

Question	Yes n (%)	No n (%)
Avoid smoking/tobacco	98 (81.7)	22 (18.3)
Avoid alcohol consumption	92 (76.7)	28 (23.3)
Avoid recreational drug use	104 (86.7)	16 (13.3)

Most participants reported avoiding tobacco, alcohol, and drugs, reflecting positive health-conscious behaviors in this domain (table 5).

Table 6: Preventive health practices (N = 120)

Question	Yes n (%)	No n (%)
Annual medical check-up	43 (35.8)	77 (64.2)
Follow vaccination schedules	78 (65.0)	42 (35.0)
Practice seasonal health precautions	85 (70.8)	35 (29.2)

While seasonal precautions were common, annual check-up rates were low, indicating a preventive care gap (table 6).

Table 7: Social well-being (N = 120)

Question	Yes n (%)	No n (%)
Participate in community activities	65 (54.2)	55 (45.8)
Maintain close personal relationships	90 (75.0)	30 (25.0)
Offer help to others in need	83 (69.2)	37 (30.8)

Social connectedness was generally strong, though community-level participation could be improved (table 7).

5. Discussion

This study used the Healthy Lifestyle Scale (HLS) developed by Wani *et al*. (2025) [10] to assess seven key domains of health-related behaviors among adults in Kashmir. The findings reveal both encouraging trends and notable gaps, shaped by environmental, cultural, and socio-economic factors.

5.1 Physical activity

Results from Table 1 showed that 72.5% engaged in moderate physical activity most days, a rate higher than some regional estimates (Bauman *et al*., 2012) [1]. However, only about half participated in flexibility or muscle-strengthening activities, indicating a lack of diversity in exercise routines. This imbalance mirrors Tucker and Gilliland's (2007) [8] findings that climate extremes discourage varied forms of exercise, particularly in cold regions without indoor facilities.

5.2 Healthy diet

Table 2 revealed that while most participants limited processed foods (73.3%) and maintained good hydration (79.2%), only 58.3% met fruit and vegetable intake

guidelines. Seasonal scarcity and cost fluctuations may explain this, as Shahar *et al*. (2001) [7] noted similar challenges in cold-climate diets. Addressing this gap requires improved year-round access to fresh produce, possibly through local greenhouse farming or frozen food promotion.

5.3 Stress management
As shown in Table 3, social interaction was a strong protective factor (68.3%), consistent with Kashmiri cultural traditions emphasizing close-knit communities. However, professional counseling was underutilized (33.3%), echoing Kumar *et al*.'s (2020) [4] observations about mental health stigma and limited service availability in India. Expanding confidential, affordable mental health services and integrating stress management into community programs could bridge this gap.

5.4 Environmental responsibility
Table 4 indicated moderate adoption of eco-friendly habits, with 61.7% reducing household waste but less than half engaging in clean-up drives or using eco-friendly products. These findings align with Oskamp (2000), who argued that while awareness exists, participation often depends on infrastructure, incentives, and social norms.

5.5 Substance use avoidance
Encouragingly, Table 5 showed high rates of avoiding tobacco (81.7%), alcohol (76.7%), and drugs (86.7%). This reflects strong cultural and possibly religious influences discouraging substance use, as noted in WHO (2022) [11] South Asia health behavior reports. Sustaining these trends requires ongoing public health education and reinforcement through family and community systems.

5.6 Preventive health
Preventive care behaviors in Table 6 were mixed while 65% followed vaccination schedules and 70.8% practiced seasonal precautions, only 35.8% underwent annual medical check-ups. Similar gaps were documented by Boulos *et al*. (2012) [2], who highlighted low preventive screening rates in populations perceiving themselves as healthy. Increasing awareness of the benefits of early detection could improve uptake.

5.7 Social well-being
The findings from Table 7 suggest strong interpersonal relationships (75%) and a willingness to help others (69.2%), but slightly lower participation in community activities (54.2%). Social connectedness is an important determinant of mental and physical health (Holt-Lunstad *et al*., 2010), and enhancing community engagement opportunities could further strengthen well-being.

6. Conclusion
This study provides a multi-dimensional assessment of lifestyle practices among adults in Kashmir, highlighting areas of strength and opportunities for improvement. The seven HLS factors Physical Activity, Healthy Diet, Stress Management, Environmental Responsibility, Substance Use Avoidance, Preventive Health, and Social Well-being capture the complex interplay of health behaviors in this unique climatic and cultural context.

Strengths
- High engagement in moderate physical activity
- Low rates of tobacco, alcohol, and drug use
- Strong interpersonal relationships and social support

Gaps
- Low participation in muscle-strengthening activities
- Suboptimal fruit and vegetable intake
- Underuse of professional counseling and preventive health check-ups
- Limited participation in environmental activities and community programs

Recommendations
1. Develop indoor exercise facilities and year-round fitness programs to promote diverse physical activity.
2. Increase availability of affordable, fresh produce through local agricultural initiatives.
3. Reduce stigma around mental health by normalizing counseling services.
4. Enhance preventive health screening through mobile clinics and awareness campaigns.
5. Provide structured opportunities for environmental and community engagement.

By applying the HLS, policymakers and health professionals can design targeted interventions that address both individual behaviors and structural barriers. Future research should explore longitudinal trends and the impact of intervention programs on HLS scores.

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