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Preventive health behaviors among young adults: A cross-sectional study in Kashmir

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Abstract
Preventive health behaviors such as regular physical activity, balanced nutrition, adequate sleep, and routine health check-ups are critical for reducing the risk of chronic diseases and improving quality of life. This study examines the prevalence of preventive health practices among young adults in Kashmir, a region undergoing sociocultural and lifestyle transitions that may influence health behaviors. A descriptive cross-sectional design was used, with data collected from 120 participants aged 18–30 years through a structured questionnaire. The instrument incorporated elements of the Healthy Lifestyle Scale (HLS) developed by Wani *et al.* (2025), a validated tool for populations in climates with icy winters and dry summers.

Results showed that while 68% engaged in at least 150 minutes of moderate-intensity physical activity per week, only 46% adhered to recommended sleep durations. Preventive behaviors such as annual health check-ups were practiced by just 30% of respondents. Common barriers included lack of time (38%), limited awareness (27%), and cost-related concerns (20%). Female participants reported higher engagement in preventive nutrition habits, while males reported higher physical activity rates.

These findings highlight both strengths and deficiencies in young adults' preventive health practices. Tailored interventions particularly those addressing time management, awareness, and affordability could improve adherence to preventive health guidelines. Educational institutions and community health programs should play a central role in fostering sustainable health-promoting behaviors in this population.

Keywords: Preventive health, young adults, Kashmir, health behaviors, Healthy Lifestyle Scale (HLS), chronic disease prevention

1. Introduction
The global burden of Non-Communicable Diseases (NCDs) continues to rise, accounting for over 70% of deaths worldwide (World Health Organization WHO (2023) [14]. Many of these conditions, including cardiovascular diseases, diabetes, and certain cancers, are largely preventable through consistent adoption of healthy behaviors (Guthold *et al*., 2020) [4]. Preventive health practices spanning regular exercise, healthy diet, adequate sleep, and timely medical check-ups are essential not only for disease prevention but also for enhancing physical, mental, and social well-being.

Young adulthood, typically defined as the period between ages 18 and 30, is a critical window for establishing lifelong health patterns (Nelson *et al*., 2009) [6]. During this stage, individuals often experience increased independence, academic or career pressures, and lifestyle experimentation, which can either strengthen or undermine healthy habits. While preventive health awareness is growing globally, there remains a notable gap between knowledge and practice, especially in resource-constrained or transitional societies (Bailey *et al*., 2019) [2].

In the Indian context, preventive health adoption remains suboptimal, with studies indicating low rates of regular health screenings, insufficient physical activity, and poor dietary diversity among youth (Patel *et al*., 2021) [7]. Kashmir, with its unique climatic conditions and evolving socio-economic environment, presents both challenges and opportunities for preventive health. Seasonal extremes influence food availability, outdoor activity patterns, and susceptibility to certain illnesses, making the study of preventive health behaviors in this region particularly relevant.

Objectives of the study

1. To assess the prevalence of preventive health behaviors among young adults in Kashmir.
2. To identify gender differences in preventive practices.
3. To examine perceived barriers to adopting preventive health measures.
4. To provide recommendations for improving adherence to preventive health guidelines.

2. Review of Literature

A growing body of evidence links preventive health behaviors in early adulthood to reduced lifetime risk of chronic disease. Guthold *et al*. (2020) [4] demonstrated that globally, more than one-quarter of adults fail to meet recommended physical activity levels, with young adults in urban areas particularly at risk of sedentary lifestyles. Adequate sleep, as recommended by the National Sleep Foundation (7–9 hours for adults), is crucial for cognitive performance, metabolic regulation, and emotional well-being, yet modern lifestyles often erode sleep duration and quality (Hirshkowitz *et al*., 2015) [5].

Nutritional behaviors are similarly important in disease prevention. Diets rich in fruits, vegetables, whole grains, and lean proteins are associated with lower risks of NCDs (Aune *et al*., 2017) [1]. However, convenience-oriented eating patterns, including frequent consumption of fast foods and sugar-sweetened beverages, are prevalent among young adults (Rathi *et al*., 2017) [8].

Preventive medical check-ups can detect early disease markers and improve prognosis, but their uptake remains low in low- and middle-income countries due to barriers such as cost, lack of awareness, and perceived invulnerability among young adults (Shrivastava *et al*., 2013) [9].

Regional studies in Kashmir are scarce, though emerging evidence suggests a gradual erosion of traditional, health-supportive lifestyles in favor of sedentary and processed-food-heavy patterns. This underscores the importance of documenting current behaviors and identifying targeted interventions for this demographic.

3. Methodology

3.1 Research design

A descriptive cross-sectional design was used to capture preventive health behaviors at a single point in time among young adults in Kashmir.

3.2 Participants

A sample of 120 participants (58 males, 62 females) aged 18–30 years was recruited through convenience sampling from universities, workplaces, and community groups.

3.3 Instrument

Data were collected via a structured questionnaire incorporating items from the Healthy Lifestyle Scale (HLS) developed and validated by Wani *et al*. (2025) [12]. This tool was chosen for its cultural and climatic relevance to the Kashmiri population and its strong psychometric properties in assessing health behaviors across diet, physical activity, and preventive practices.

3.4 Data collection

Participants completed the survey in either paper-based or online formats. Sections included demographics, physical activity, sleep patterns, dietary habits, preventive medical behaviors, and perceived barriers.

3.5 Data analysis

Responses were analyzed using descriptive statistics (frequency, percentage, mean, standard deviation). Findings are presented in APA 7–formatted tables with detailed interpretations.

3.6 Ethical considerations

Ethical approval was obtained from the relevant institutional committee. All participants provided informed consent, and confidentiality was assured.

4. Results

Table 1: Demographic characteristics of participants (N = 120)

Variable	Category	n	%
Gender	Male	58	48.3
	Female	62	51.7
Age	18–22	54	45.0
	23–26	38	31.7
	27–30	28	23.3
Occupation	Student	82	68.3
	Employed	28	23.3
	Other	10	8.3

The gender distribution (table 1) was relatively balanced, with a slight female predominance. Nearly half were in the 18–22 age group, indicating a large proportion of early university-age participants. Students comprised the majority, suggesting that academic lifestyle factors may strongly influence the observed preventive health behaviors.

Table 2: Engagement in preventive health behaviors

Behavior	Meets recommendation (%)	Below recommendation (%)
≥150 min moderate activity/week	82 (68.3)	38 (31.7)
≥7 hours of sleep/night	55 (45.8)	65 (54.2)
Balanced diet most days	76 (63.3)	44 (36.7)
Annual preventive health check-up	36 (30.0)	84 (70.0)

Physical activity levels were relatively high (table 2) compared to global averages, but sleep adequacy lagged behind, with more than half sleeping less than seven hours per night. While dietary balance was reported by 63.3%, preventive medical check-up uptake was notably low, revealing a key area for public health improvement.

Table 3: Gender differences in preventive behaviors

Behavior	Male n (%)	Female n (%)
Physical activity (meets rec.)	44 (75.9)	38 (61.3)
Balanced diet (most days)	34 (58.6)	42 (67.7)
Annual check-up	20 (34.5)	16 (25.8)

Males were more likely to meet physical activity recommendations (Table 3), while females reported higher adherence to balanced diet practices. Annual check-up rates were low for both genders, suggesting that medical self-monitoring is undervalued across the board.

Table 4: Reported barriers to preventive health behaviors

Barrier	n	%
Lack of time	46	38.3
Limited awareness	32	26.7
Cost-related concerns	24	20.0
Lack of access to services	18	15.0

Time constraints (table 4) emerged as the most frequently cited barrier, reflecting academic and work demands. Limited awareness and perceived cost also significantly hinder engagement, indicating the need for both educational and policy-level solutions.

5. Discussion

This study examined preventive health behaviors among young adults in Kashmir, providing valuable insights into both positive trends and areas requiring intervention. While a majority of participants reported engaging in adequate physical activity and maintaining balanced diets, other key preventive behaviors most notably adequate sleep and annual medical check-ups showed suboptimal adherence. The findings align with, yet also diverge from, global and national patterns, reflecting the unique socio-cultural and environmental context of the region.

5.1 Physical activity

Approximately 68% of participants met the World Health Organization's recommendation of at least 150 minutes of moderate-intensity activity per week (WHO, 2023) [14]. This rate is higher than the global average reported by Guthold *et al*. (2020) [4], who found that over one-quarter of adults were insufficiently active. The higher engagement observed here may be partly explained by cultural and environmental factors such as the tendency for walking as a mode of transport, participation in community sports, or the physical demands of certain daily activities in Kashmir. However, one-third of respondents still fell short of the recommended levels, underscoring the need for targeted campaigns to promote consistent exercise among this subgroup.

5.2 Sleep patterns

Less than half (45.8%) of participants achieved the recommended 7–9 hours of sleep per night for adults (Hirshkowitz *et al*., 2015) [5]. Sleep deprivation in young adults has been linked to impaired cognitive performance, weakened immune function, and elevated risk for cardiometabolic disorders (Grandner, 2017) [3]. Academic workload, late-night social activities, and digital device use are likely contributors to this shortfall. Interventions promoting sleep hygiene such as awareness sessions, time management skills, and reducing screen time before bed are warranted.

5.3 Balanced diet

Around 63% reported following a balanced diet most days of the week. While encouraging, this still leaves more than one-third of young adults at potential nutritional risk. Research indicates that young adults often rely on convenience foods high in fats, sugar, and sodium due to limited cooking skills, time pressures, and shifting taste preferences (Rathi *et al*., 2017; Larson *et al*., 2009) [8, 6]. In the context of Kashmir, seasonal food availability and traditional dietary habits may buffer some of these risks, but the growing penetration of fast-food culture may erode these benefits over time.

5.4 Preventive health check-ups

Only 30% of respondents underwent an annual preventive health check-up. This is consistent with findings from other low- and middle-income settings, where preventive care is often underutilized (Shrivastava *et al*., 2013) [9]. Perceived invulnerability among young adults, coupled with cost and accessibility barriers, likely explains the low uptake. This gap is concerning, as regular health screenings can enable early detection and management of risk factors for chronic disease.

5.5 Gender differences

Gender-specific trends were evident: males were more likely to meet physical activity recommendations, whereas females demonstrated better adherence to balanced dietary practices. These differences echo findings from Wardle *et al*. (2004) [11], who attributed male activity advantage to higher participation in sports, and female dietary advantage to greater health-consciousness in food selection. Both patterns present opportunities for tailored interventions such as encouraging more physical activity among females and promoting healthier dietary choices among males.

5.6 Barriers to preventive behaviors

The most frequently reported barriers were lack of time (38.3%), limited awareness (26.7%), and cost-related concerns (20%). Similar obstacles have been documented internationally (Sogari *et al*., 2018) [10], highlighting the universal challenge of integrating health-promoting behaviors into busy lifestyles. In the Kashmiri context, seasonal and infrastructural constraints may also play a role, especially in winter months when outdoor activity options are reduced.

5.7 Implications for policy and practice

The results suggest a need for multi-level interventions:

- **Educational:** Incorporating preventive health literacy into university curricula.
- **Environmental:** Improving access to affordable healthy food options and indoor activity spaces during winter.
- **Policy:** Subsidizing preventive health check-ups for young adults, particularly students.
- **Behavioral:** Time management workshops to help young adults prioritize health behaviors alongside academic or work commitments.

By addressing these factors early in adulthood, policymakers and institutions can help prevent the onset of NCDs, reduce healthcare costs, and improve population health outcomes.

6. Conclusion

This study reveals that while young adults in Kashmir exhibit relatively good engagement in physical activity and balanced dietary practices, there are critical gaps in sleep adequacy and utilization of preventive medical check-ups. Gender differences suggest the need for tailored strategies, and the barriers identified particularly time constraints, limited awareness, and perceived costs must be addressed through targeted, context-sensitive interventions.

The incorporation of the Healthy Lifestyle Scale (HLS) by Wani *et al*. (2025) [13] ensured that the assessment was culturally and climatically relevant, enhancing the validity of the findings.

Efforts to promote preventive health in Kashmir should focus on education, accessibility, and behavior change support. Early adoption of comprehensive preventive health behaviors in young adulthood can set the foundation for healthier lifestyles, reduce chronic disease risk, and improve long-term well-being in the population.

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