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# Stress management practices among young adults in Kashmir: A cross-sectional analysis

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#### Abstract

Stress has become a pervasive concern among young adults globally, with significant implications for physical and mental health. This study examined stress management practices among young adults in Kashmir, identifying gender-based patterns, common coping strategies, and perceived barriers to effective stress control. Using a descriptive cross-sectional survey, 120 participants (55 males, 65 females) aged 18-30 years completed a questionnaire adapted from the *Healthy Lifestyle Scale* (HLS) developed by Wani *et al.* (2025).

Results indicated that 78.3% of participants practiced deep breathing exercises, 72.5% engaged in regular physical activity, and 65.0% reported adequate sleep as part of their stress management routine. However, only 41.7% engaged in mindfulness or meditation, and 35.8% sought professional counseling when stressed. Females were more likely to use social support and relaxation techniques, while males more frequently used physical activity as a coping mechanism. Common barriers included lack of time (38.3%), lack of awareness (27.5%), and perceived ineffectiveness of stress management strategies (18.3%).

The study concludes that while young adults in Kashmir engage in various stress management practices, there is a need to promote mindfulness, professional counseling, and structured stress management education. Public health initiatives should target barriers and integrate stress management skills into educational and workplace programs.

Keywords: Stress management, coping strategies, young adults, Kashmir, healthy lifestyle scale

#### 1 Introduction

Stress is a natural physiological and psychological response to perceived challenges or threats, yet chronic stress has been linked to numerous adverse health outcomes, including cardiovascular disease, depression, and impaired immune function (Schneiderman *et al.*, 2005) <sup>[8]</sup>. In young adults, the transition from adolescence to adulthood presents unique stressors, including academic pressures, career uncertainties, financial instability, and evolving social relationships (Lazarus & Folkman, 1984; World Health Organization, 2022) <sup>[5]</sup>.

In Kashmir, political instability, climatic challenges, and socio-economic pressures may exacerbate stress levels among youth (Dar *et al.*, 2021) [2]. While some young adults adopt effective coping strategies, others resort to maladaptive behaviors, underscoring the importance of understanding stress management practices in this context.

This study aims to assess the prevalence of stress management behaviors among young adults in Kashmir, explore gender differences, and identify barriers to effective stress management.

# 2. Review of Literature

Stress management is a multi-dimensional construct involving cognitive, behavioral, and lifestyle approaches to reduce stress and enhance resilience. Common evidence-based strategies include mindfulness meditation, physical activity, social support, adequate sleep, and professional counseling (Varvogli & Darviri, 2011) [9].

Recent research emphasizes the role of lifestyle factors in stress regulation. For example, Biddle *et al.* (2019) [1] found that physical activity improves mood, reduces anxiety, and mitigates stress responses in young adults. Similarly, mindfulness-based interventions have been shown to enhance emotional regulation and reduce perceived stress (Goyal *et al.*, 2014) [3].

Gender differences in stress management are widely documented. Females often prefer emotionally focused coping strategies, such as seeking social support, while males are more inclined toward problem-focused strategies, such as exercise (Matud, 2004) <sup>[6]</sup>.

In the Indian context, Kumar *et al.* (2020) <sup>[4]</sup> reported that lack of awareness, stigma surrounding counseling, and time constraints are significant barriers to stress management. However, region-specific studies in Kashmir remain limited, highlighting the need for localized data to inform culturally appropriate interventions.

## 3. Methodology

# 3.1 Research design

This was a descriptive cross-sectional survey conducted to assess stress management practices among young adults.

### 3.2 Participants

A total of 120 participants (65 females, 55 males) aged 18-30 years were recruited from colleges, universities, and workplaces in urban and semi-urban Kashmir.

#### 3.3 Instrument

The questionnaire was adapted from the Healthy Lifestyle Scale (HLS) (Wani *et al.*, 2025) [10], which includes a validated stress management module. Items covered breathing exercises, physical activity, mindfulness/meditation, adequate sleep, professional counseling, and use of social support.

# Survey questions included

- 1. Do you practice deep breathing exercises to manage stress?
- 2. Do you engage in regular physical activity to reduce stress?
- 3. Do you practice mindfulness or meditation?
- 4. Do you ensure adequate sleep as part of your stress management?
- 5. Do you seek professional counseling when stressed?
- 6. Do you use social support (friends, family) to cope with stress?
- 7. What are the barriers you face in managing stress?

# 3.4 Data collection

The survey was administered both online and in person from April to June 2025. Participation was voluntary, with informed consent obtained from all respondents.

#### 3.5 Data analysis

Frequencies and percentages were calculated for all variables using SPSS 26.0. Results are presented in APA 7-formatted tables, followed by detailed interpretation.

# 4. Results

**Table 1:** Demographic characteristics (N = 120)

Variable	Category	n	%
Gender	Male	55	45.8
	Female	65	54.2
Age	18-22	52	43.3
	23-26	40	33.3
	27-30	28	23.3

The sample (table 1) had a slight female majority (54.2%) and was predominantly in the younger age range of 18-22 years (43.3%). This demographic composition aligns with a

university-focused population, which may influence stress sources and coping strategies.

Table 2: Prevalence of stress management practices

Practice	Yes n (%)	No n (%)
Deep breathing exercises	94 (78.3)	26 (21.7)
Regular physical activity	87 (72.5)	33 (27.5)
Mindfulness/meditation	50 (41.7)	70 (58.3)
Adequate sleep	78 (65.0)	42 (35.0)
Professional counseling	43 (35.8)	77 (64.2)
Use of social support	82 (68.3)	38 (31.7)

The most common practices (table 2) were deep breathing exercises (78.3%) and regular physical activity (72.5%), indicating a preference for active coping mechanisms. However, mindfulness/meditation (41.7%) and professional counseling (35.8%) were less utilized, possibly due to limited awareness or stigma.

Table 3: Gender differences in stress management practices

Practice	Male yes n (%)	Female yes n (%)
Deep breathing	40 (72.7)	54 (83.1)
Physical activity	42 (76.4)	45 (69.2)
Mindfulness/meditation	20 (36.4)	30 (46.2)
Adequate sleep	33 (60.0)	45 (69.2)
Professional counseling	17 (30.9)	26 (40.0)
Social support	33 (60.0)	49 (75.4)

Females (table 3) were more likely to use deep breathing, mindfulness, adequate sleep, professional counseling, and social support, while males reported slightly higher physical activity participation. These differences are consistent with gendered coping styles documented in earlier studies.

**Table 4:** Barriers to stress management

Barrier	n	%
Lack of time	46	38.3
Lack of awareness	33	27.5
Perceived ineffectiveness	22	18.3
Stigma around counseling	19	15.8

The most common barrier (table 4) was lack of time (38.3%), followed by lack of awareness (27.5%). Stigma around counseling (15.8%) remains a concern, highlighting the need for public education and cultural change.

# 5. Discussion

The present study offers valuable insights into stress management patterns among young adults in Kashmir, revealing both encouraging trends and areas that require targeted interventions.

# 5.1 Popular stress management strategies

As shown in Table 2, deep breathing exercises (78.3%) and regular physical activity (72.5%) were the most common coping mechanisms. This is consistent with earlier findings that breathing exercises and exercise are accessible, cost-free, and immediately beneficial stress reduction tools (Varvogli & Darviri, 2011) [9]. Physical activity's role as a stress buffer is well-documented, with meta-analyses showing significant reductions in cortisol levels and improvements in mood following regular activity (Biddle *et al.*, 2019) [1].

The relatively high prevalence of social support usage (68.3%) highlights the importance of interpersonal networks in Kashmiri culture. Social connectedness has been linked to

improved emotional regulation and reduced perceived stress (Ozbay *et al.*, 2007) [7].

#### **5.2** Underutilized practices

Mindfulness or meditation (41.7%) and professional counseling (35.8%) were less commonly practiced, which may be due to cultural perceptions, lack of awareness, or inadequate access to services. As documented by Goyal *et al.* (2014) <sup>[3]</sup>, mindfulness is a highly effective stress reduction tool, yet its adoption in South Asian contexts is often hindered by limited formal training availability. The low rate of professional counseling uptake is consistent with studies in India showing that stigma and misconceptions deter individuals from seeking mental health support (Kumar *et al.*, 2020) <sup>[4]</sup>.

# 5.3 Gender differences in coping

Gender differences observed in Table 3 show females more inclined toward deep breathing, mindfulness, adequate sleep, counseling, and social support, while males favored physical activity. This aligns with Matud's (2004) [6] work indicating that women tend to use more emotion-focused coping and men lean toward problem-focused coping.

### 5.4 Barriers to effective stress management

The barriers identified in Table 4 particularly lack of time (38.3%) and lack of awareness (27.5%) suggest that stress management programs need to be designed for flexibility and convenience. The finding that 15.8% cited stigma around counseling underscores the necessity of public campaigns normalizing mental health care.

# 5.5 Implications for intervention

To enhance stress management practices, the following are recommended:

- Awareness campaigns promoting mindfulness and counseling services.
- Integration of stress management education into academic curricula.
- Workplace wellness programs offering flexible, on-site interventions
- Community engagement initiatives to reduce stigma and increase access to resources.

# 6. Conclusion

This study demonstrates that while young adults in Kashmir are engaging in several positive stress management behaviors particularly deep breathing, physical activity, and social support there remains a gap in the adoption of mindfulness and professional counseling. Gender differences suggest that interventions may benefit from being tailored to preferred coping styles.

The barriers identified, especially lack of time and awareness, must be addressed through structured, accessible, and culturally sensitive programs. Public health authorities, educational institutions, and workplaces all have a role to play in promoting stress management as a routine part of healthy living.

Future research should explore longitudinal patterns of stress coping and assess the effectiveness of specific intervention programs in the Kashmiri context.

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