



P-ISSN: 2394-1685
E-ISSN: 2394-1693
Impact Factor (R,JIF): 5.93
IJPESH 2025; 12(5): 227-229
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<https://www.kheljournal.com>
Received: 28-07-2025
Accepted: 30-08-2025

Pirzada Abrar

Student, Directorate of Physical Education & Sports, University of Kashmir, Srinagar, Maharashtra, India

Sayaar Tariq Rather

Student, Directorate of Physical Education & Sports, University of Kashmir, Srinagar, Maharashtra, India

Insha Bashir

Student, Directorate of Physical Education & Sports, University of Kashmir, Srinagar, Maharashtra, India

Danishta Bashir

Student, Directorate of Physical Education & Sports, University of Kashmir, Srinagar, Maharashtra, India

Corresponding Author:

Pirzada Abrar

Student, Directorate of Physical Education & Sports, University of Kashmir, Srinagar, Maharashtra, India

An assessment of social well-being among young adults in Kashmir

Pirzada Abrar, Sayaar Tariq Rather, Insha Bashir and Danishta Bashir

Abstract

Social well-being, a critical dimension of holistic health, reflects the quality of interpersonal relationships, community engagement, and social support networks that individuals maintain. In Kashmir, where prolonged socio-political uncertainty and climatic extremes impact daily life, assessing social well-being is particularly relevant. This study evaluates social well-being practices among young adults using the *Healthy Lifestyle Scale* (HLS) developed by Wani *et al.* (2025), which is designed for regions with icy winters and dry summers. A cross-sectional survey was conducted among 100 young adults aged 18–30 years, exploring three domains of social well-being: participation in community activities, maintenance of close personal relationships, and provision of support to others. Results showed that while 72% of respondents reported strong interpersonal ties, only 56% regularly engaged in community activities. Gender and age differences were evident, with females and younger participants displaying greater involvement in social support behaviors. Findings highlight the resilience of interpersonal relationships in the Kashmiri context but reveal gaps in community-level participation. Targeted interventions promoting structured opportunities for volunteering and civic engagement are recommended to strengthen social well-being in this population.

Keywords: Social well-being, young adults, Kashmir, community participation, interpersonal relationships, Healthy Lifestyle Scale

Introduction

Social well-being is an essential but often underexplored component of overall health. It refers to the ability of individuals to establish and maintain fulfilling interpersonal relationships, actively participate in community life, and contribute to the welfare of others (Keyes, 1998) [4]. Unlike physical and mental health, which are frequently measured in public health research, social well-being tends to receive less empirical attention, despite its established link to life satisfaction, psychological resilience, and even longevity (Holt-Lunstad *et al.*, 2010) [3].

In Kashmir, where climatic challenges and political instability have historically disrupted social systems, the concept of social well-being assumes even greater importance. Harsh winters often curtail outdoor interactions, while prolonged periods of curfews and unrest have strained community participation. Yet, Kashmiri society is also marked by strong traditions of collectivism, mutual aid, and extended family support, which may serve as protective factors for social health.

To comprehensively assess lifestyle behaviors in such unique environments, Wani *et al.* (2025) [8] developed and validated the *Healthy Lifestyle Scale* (HLS). The scale measures seven factors: physical activity, healthy diet, stress management, environmental responsibility, substance use avoidance, preventive health, and social well-being. This study focuses on the social well-being domain, exploring the extent to which young adults in Kashmir are socially connected and engaged in community life.

The objectives of this study are:

1. To assess the prevalence of social well-being practices among Kashmiri young adults.
2. To analyze demographic variations (gender, age, profession) in social well-being behaviors.
3. To provide recommendations for strengthening social participation and support networks in the region.

Literature Review

The importance of social well-being has been emphasized in diverse theoretical and empirical studies. Keyes (1998) ^[4] conceptualized social well-being as comprising five dimensions: social integration, social acceptance, social contribution, social actualization, and social coherence. These constructs link individual functioning with broader social systems, suggesting that social health is both an individual resource and a collective outcome.

Several studies have highlighted the association between social well-being and health outcomes. Holt-Lunstad *et al.* (2010) ^[3] demonstrated that strong social relationships are associated with a 50% increased likelihood of survival, underscoring their impact on physical health. Similarly, Berkman *et al.* (2000) ^[1] found that social isolation significantly increases morbidity and mortality risks.

In the Indian context, social well-being often intersects with collectivist cultural norms, where family bonds and community ties are highly valued. Sharma and Singh (2015) ^[6] reported that Indian youth frequently rely on extended family structures for emotional and financial support. However, socio-political disruptions and urbanization have been linked to weakening community bonds, especially among younger populations (Kumar, 2020) ^[5].

Within Kashmir, studies have shown that while interpersonal support networks remain strong, prolonged political instability has eroded civic participation and community-level trust (Bhat, 2019) ^[2]. This tension between resilience in close relationships and fragility in community participation provides a compelling rationale for examining social well-being as a distinct lifestyle domain in the region.

Methodology

Research Design

This study employed a cross-sectional survey design to measure social well-being among young adults in Kashmir.

Instrument: Data were collected using the Healthy Lifestyle Scale (HLS) developed by Wani *et al.* (2025) ^[8]. The HLS includes a validated domain on Social Well-being, which contains items assessing:

1. Participation in community activities.
2. Maintenance of close personal relationships.

3. Offering help and support to others.

Participants

A total of 100 young adults (aged 18–30 years) participated in the survey. Respondents were recruited through convenience sampling from universities and community spaces in Srinagar and surrounding districts. Participation was voluntary, anonymous, and without incentives.

Data Analysis

Descriptive statistics (frequency and percentage) were computed to assess adherence to social well-being practices. Results were disaggregated by gender, age, and profession. Interpretations were provided under each table to contextualize the findings.

Results

Table 1: Overall Social Well-being Responses (N = 100)

Question	Yes n (%)	No n (%)
Participate in community activities	56 (56.0)	44 (44.0)
Maintain close personal relationships	72 (72.0)	28 (28.0)
Offer help to others in need	68 (68.0)	32 (32.0)

The majority of participants (Table 1) reported maintaining close personal relationships (72%) and offering support to others (68%), reflecting strong interpersonal networks in Kashmiri society. However, community participation was relatively low (56%), suggesting barriers to civic engagement despite resilience in personal relationships.

Table 2: Social Well-being by Gender

Question	Male Yes (%)	Female Yes (%)
Participate in community activities	52.0	61.5
Maintain close personal relationships	68.0	78.0
Offer help to others in need	63.0	74.0

Females demonstrated higher adherence in all three social well-being practices (Table 2), particularly in offering help to others (74% vs. 63%). This may reflect gendered expectations around caregiving and community support in Kashmiri culture.

Table 3: Social Well-being by Age Group

Question	18–22 (%)	23–26 (%)	27–30 (%)
Participate in community activities	60.0	58.0	45.0
Maintain close personal relationships	74.0	70.0	68.0
Offer help to others in need	72.0	65.0	60.0

Younger adults (18–22) showed the highest rates of community participation and helping behaviors (Table 3), which may reflect greater availability of time and institutional

encouragement (e.g., college-led volunteerism). Engagement declined with age, possibly due to work and family commitments.

Table 4: Social Well-being by Profession

Question	Students (%)	Employed (%)	Unemployed (%)
Participate in community activities	62.0	48.0	50.0
Maintain close personal relationships	76.0	70.0	68.0
Offer help to others in need	72.0	66.0	60.0

Students reported the highest levels of community participation (62%) and social support behaviors (72%), consistent with their greater involvement in group-based activities (Table 4). Employed individuals showed moderate adherence, while unemployed participants reported the lowest

levels, possibly reflecting social withdrawal due to economic challenges.

Discussion

This study highlights both the strengths and gaps in social

well-being among young adults in Kashmir. The high rates of close personal relationships and helping behaviors suggest strong interpersonal resilience, consistent with prior findings that Kashmiri society relies heavily on extended family and kinship networks (Bhat, 2019) [2].

However, the relatively low rate of community participation mirrors broader concerns about declining civic engagement among youth, particularly in conflict-affected regions. Kumar (2020) [4] observed that political instability reduces trust in formal institutions, which may discourage active involvement in community programs. Additionally, harsh winters and infrastructural constraints limit opportunities for regular social gatherings.

Gendered differences were significant, with females reporting stronger adherence to all three domains of social well-being. This finding resonates with research indicating that women are more likely to maintain social ties and engage in caregiving roles (Umberson & Montez, 2010) [7]. Age trends further revealed that social engagement declines as individuals transition into late adulthood, possibly due to professional and family responsibilities reducing available time for community involvement.

The professional differences identified in this study also underscore the importance of institutional settings. Students, often embedded in structured social environments such as universities, reported the highest participation rates. By contrast, unemployment may erode social confidence and limit opportunities for civic engagement, reinforcing cycles of social isolation.

Collectively, these findings affirm that while interpersonal social support is a cultural strength in Kashmir, broader community engagement requires institutional and policy-level interventions.

Conclusion

This study assessed social well-being among young adults in Kashmir using the HLS framework, focusing on participation in community activities, interpersonal relationships, and support to others. The results indicate that while interpersonal relationships and mutual aid are well-preserved, community participation is relatively low, reflecting barriers rooted in political instability, climatic conditions, and socio-economic disparities.

Strengths of this population include strong family and peer networks, high willingness to help others, and resilience in maintaining interpersonal ties. However, low community involvement, particularly among males, older youth, and unemployed individuals, highlights areas needing attention.

To strengthen social well-being in Kashmir, policymakers and institutions should:

1. Create structured opportunities for youth volunteerism and civic engagement.
2. Develop community centers and safe spaces to facilitate collective activities, especially during winter.
3. Design gender-sensitive and age-targeted programs that encourage inclusive participation.
4. Address socio-economic barriers, particularly unemployment, which may restrict social engagement.

By leveraging cultural strengths and addressing structural barriers, interventions can promote a more engaged, resilient, and socially connected youth population in Kashmir.

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