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Original Research Article

SOCIO-DEMOGRAPHIC CHARACTERISTICS AND LIFESTYLE PRACTICES OF UNDERPRIVILEGED RURAL AND URBAN POPULATION OF KASHMIR VALLEY: A CROSS SECTIONAL STUDY

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ABSTRACT

Background: The underprivileged population of India particularly from tribal, rural and urban slums faces challenges with access to resources and infrastructure. The socio-demographic factors have a significant impact on life style practices and on individual's health. The objective is to assess the socio-demographic characteristics and lifestyle practices of the underprivileged rural and urban populations of the Kashmir Valley and to determine their associations.

Materials and Methods: This community-based cross-sectional study was conducted in selected rural and urban sites representing underprivileged populations of the region. It represents end term survey findings undertaken over a period of six months and includes data pertaining to socio-demographic characteristics, environmental profile and life style characteristics of 4765 respondents.

Results: Of 4765 study participants almost 2/3rd (59.0%) were aged below 30 years and only 6.2% were aged 60 years or above. More than half (52.6%) participants lived in rural areas as also Joint families (60.1%) were more prevalent in rural areas. Although 52.0% of urban participants were illiterate but among literates higher secondary education was predominantly higher in those who belonged to urban area. Half (49.8%) of urban participants were employed or skilled individuals while as unemployed/ home makers were more prevalent in rural areas (54.2%) and 52.7% of rural residents owned a house and in 89.7% the houses were made of cement and mud (mixed). Pucca houses were more prevalent in urban areas. Majority (75.9 %) of our study participants belonged to socioeconomic class IV and V. Urban dwellers mostly relied on waste collectors (95.3%) or community bins (87.2%), while a vast majority of rural households (83.5%) disposed waste in nearby fields. LPG was the dominant source of cooking fuel in urban households (54.2%) and wood use was almost exclusive to rural households (99.8%). Iodized salt consumption was universal. Almost all residents used government supplied tap water. Refined oil was predominant (79.2%) cooking oil in urban areas while as the use of mustard oil was substantially higher in rural household's. Toilet facilities were significantly higher in urban households. Tobacco addiction was found in 17.0 % of study participants predominantly (82.2%) in the form of bidi/cigarettes or hukka, 51.2 % smoked one to two packs per day and 42.2

% were addicted for 5–10 years. Higher consumption of tobacco use was observed with advancing age (above 40 yrs), male gender, urban participants, currently married individuals, illiterates, employed individuals and in middle-income groups(p≤ .001). Half (51.0%) of our respondents were engaged in mild physical activity, 1/3rd (30.7%) in vigorous activity, and 15.1% in moderate activity. Vigorous activity was most common among younger adults aged between 30- 49 yrs, males, currently married individuals, urban participants, those with higher education, employed individuals and participants from socioeconomic classes II&III (p≤ .001).

Conclusion: There were socio demographic disparities between urban and rural underprivileged population. A positive thing noticed in both the areas was that all the households were using piped government water supply, a good number used boiled water for drinking purpose and LPG was the most common type of cooking fuel. Almost all were using iodized salt, almost 1/3rd were involved in vigorous physical activity and more than 2/3rd had a toilet inside the house. These practices need to be continued and we need to work on those unhealthy life practices which have an impact on health and well being of these populations.

Keywords: Underprivileged, Socio-Demographic Characteristics, Lifestyle Practices, Rural Population and Urban Population.

INTRODUCTION

Underserved communities, defined as groups that have limited access to healthcare, experience significant health disparities globally due to various intersecting factors, including race, ethnicity, socioeconomic status, geographic location, gender identity, disability, sexual orientation and setting (e.g. secure environments). Health disparities affect people across the world and there are unfair differences in health between populations. The poor urban and rural communities are the ones that take the biggest blow. Underserved communities face heightened health risks, driven by the intersection between the social determinants of health, systemic inequalities and structural barriers. They end up being victims of life-threatening diseases like diabetes, asthma, and heart attacks. Unhygienic housing and unsafe living conditions are a major addition to the problem.[1] The underprivileged populations of India primarily reside in tribal areas, rural areas and in urban slums where they face challenges with access to resources and infrastructure. The underprivileged population of India is characterized by large household sizes, high illiteracy rates (especially among females), significant dependency on manual labor (daily wage laborers, collection of products) with limited income, poor housing conditions including inadequate sanitation, high rates of under nutrition, and a greater prevalence of the scheduled Castes (SC) and scheduled Tribes (ST) groups among the most vulnerable. They often experience lifestyles marked by poor living conditions, including overcrowding and inadequate sanitation, and limited access to fundamental resources like safe drinking water, nutritious food, and healthcare, leading to high rates of malnutrition and disease. Culturally, they may face challenges in adopting healthy practices due to a lack of education or willpower, and may also be susceptible to substance abuse like alcohol and tobacco. These characteristics contribute to a significant burden of health problems and disability compared to the general population.[2,3]

Social and economic factors, education level, occupation, and social support have a significant impact on an individual's health outcome.[4] Likewise lifestyle practices including diet, exercise, sleep, stress management, and substance use profoundly influence health. Unhealthy habits like poor diet, inactivity, smoking, excessive alcohol, and chronic stress contribute to chronic diseases such as heart disease, diabetes, and cancer.[5-7]

Understanding the socio demographic profile of underprivileged population is essential for addressing the unique challenges faced by these communities. Studying the interplay among healthy behaviors and identifying different lifestyle profiles play a central role in preventing various diseases. Underserved communities face specific socio-cultural, economic, religious, and geographical barriers that render research participation more challenging.[8] The socio-demographic studies investigate the social, economic, and cultural concerns that have an impact on and are influenced by population dynamics. This study was conducted to get an insight into socio-demographic characteristics and lifestyle practices of the underprivileged population of Kashmir valley.

Aims and objectives

Primary Objective

To assess the socio-demographic characteristics and lifestyle practices of underprivileged rural and urban populations of the Kashmir Valley.

Secondary Objective

To determine the association between lifestyle practices and socio-demographic correlates among the study population.

MATERIALS AND METHODS

A community-based cross-sectional study design was employed to collect data from selected rural and urban sites representing underprivileged populations of the region. This investigation was a component of a larger research initiative titled: "Task Force Study for Evaluation of Community-Level Acceptability, Scalability, and Linkage within the Health System of ICMR Pre-Validated Labike Technologies for Screening and Diagnosis in Rural and Urban Populations." The study represents survey findings undertaken over a period of six months and includes data pertaining to socio-demographic characteristics, environmental profile and life style characteristics of 4765 respondents belonging to the selected areas. The study was conducted in two selected districts of Kashmir Valley. Srinagar district representing urban site while as Ganderbal district representing rural sites. Data was collected using a pre-tested, structured questionnaire designed to collect requisite information. Prior to data collection, informed consent was obtained from the participants. Their confidentiality and anonymity was maintained throughout the study process.

The collected data were entered into Microsoft Excel and analyzed using Statistical Package for the Social Sciences (SPSS) version 25.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics such as frequencies and percentages were calculated. Chi-square test and Fisher's exact test (where applicable) were used to determine associations between socio-demographic variables and lifestyle practices and environmental profile. A p-value of < 0.05 was considered statistically significant.

Ethical approval for the study was obtained from the Institutional Ethics Committee (IEC) of Sher-i-Kashmir Institute of Medical Sciences (SKIMS), Srinagar, Jammu and Kashmir. All study procedures adhered to the principles outlined for biomedical research involving human subjects.

RESULTS

[Table 1] depicts socio-demographic characteristics of the studied participants. The majority (59.0 %) of participants were less than 30 years of age, followed by age groups 30-39(15.7%), 40-49(11.8 %),50-59(7.5%) and> 60 yrs (6.0%). Almost equal representation of both genders was there (males: 50.8% and females: 49.2%). 52.6% participants were from rural areas where as 47.4% were from urban area. Most respondents (80.5%) lived in nuclear families, while 19.5% belonged to joint families. Over half of the participants (53.8%) were never married; whereas 43.5% were currently married. 42.7% were illiterate and 55.1% had education up to 10th standard, while only 2.2% had higher secondary education or above. 74.7% were unemployed/ homemakers/students, and only 25.3% were either employed/skilled/unskilled workers. Most of the households (72.5%) had 4–7 members, while 17.8% had 8 or more members. Over half of the respondents (52.1%) were residing in the area for more than 10 years, and 33.4% were residents by birth. Socioeconomic assessment revealed that 55.9% belonged to Class IV followed by Class V in 20.0%, 99.7 % owned a house and 47.9% were living in pucca houses, 58.9% did not own a farm animal, 39.0% had 1-2 farm animals and 50.4 % did not own agricultural land.

Table 1: Socio-demographic characteristics of studied participants (n=4765)

Socio-demographic Characteristic	Category	Frequency	Percent
Age	<30	2809	59.0
	30-39	748	15.7
	40-49	561	11.8
	50-59	359	7.5
	60 & above	288	6.0
Gender	Female	2344	49.2
	Male	2421	50.8
Residence	Urban	2259	47.4
	Rural	2506	52.6
Family Type	Joint	931	19.5
	Nuclear	3834	80.5
Marital Status	Currently married	2074	43.5
	Divorced	14	0.3
	Never married	2562	53.7
	Widow /Widower	115	2.5
Education	Illiterate	2037	42.7
	Upto 10th standard	2624	55.1
	Higher Sec & Above	104	2.2
Occupation	Unemployed/Student/Homemaker	3561	74.7
	Employed/Skilled/Unskilled worker	1204	25.3
SES*	Class I	31	.7
	Class II	334	7.0
	Class III	782	16.4
	Class IV	2665	55.9
	Class V	953	20.0
Family Members (Total)	3	462	9.7
	4-7	3457	72.5

	8 & above	846	17.8
Agricultural land Possession	No land	2403	50.4
	< 1 acre	935	19.6
	1-5 acre	1414	29.7
	6 to 10 acres	13	.3
House Ownership	Owner	4749	99.7
	Rental /Staying at relative's house	16	.4
House Type	Hut	641	13.5
	Kutcha	565	11.9
	Mixed	1276	26.7
	Pucca	2283	47.9
Duration of residence	1-5 years	309	6.5
	6-10 years	382	8.0
	Above 10 Years	2482	52.1
	By Birth	1592	33.4
Farm Animals	No farm animal	2806	58.9
	1-2	1860	39.0
	>3	99	2.1
	Total	4765	100.0

*SES= BG PRASAD CLASIFICATION

Table 2: Environmental profile of the study participants (n=4765)

Environmental Characteristic	Category	Frequency	Percent
Toilet inside the house	No	1566	32.9
	Yes	3199	67.1
Waste Management	All garbage is mixed in one bin	4534	95.2
	Segregated in house	231	4.8
Waste Disposal	Dumping in community bin	931	19.5
	Giving to waste collector	1034	21.7
	Throwing somewhere nearby the house	2800	58.8
Fuel use	Electric	44	.9
	LPG	4099	86.0
	Wood	622	13.1
Water supply	Government tap water	4761	99.9
	Hand pump	4	.1
Drinking water	Boiling	3772	79.2
	Filter	27	.6
	Nothing/ Direct tap water	966	20.3
	Total	4765	100.0

[Table 2] shows environmental characteristics of the studied participants. 67.1% households had toilet in the house. Majority (95.2 %) of the house holds used to collect their garbage in a single bin without segregation at source and 58.8 % disposed of their waste by throwing it in open spaces near their houses, only 19.5% used community bins, and 21.7% gave it to waste collectors. Most of the households used LPG as primary source of cooking fuel (86.0 %), followed by wood (13.1%). Almost all the households (99.9%) had access to government supplied tap water and about 79.2% used boiled water for drinking purposes.

Table 3: Lifestyle characteristics of the study participants (n=4765)

Life style characteristic	Category	Frequency	Percent
Addiction	No	3954	83.0
	Yes	811	17.0
Type of Addiction n=811	Alcohol	1	.1
	Cigarette /bidi /cigar /hukka	667	82.2
	Tobacco/khaini	143	17.7
Number of packs of cigarettes /day n=810	1-2 packs/day	415	51.2
	> 2 packs/day	395	48.8
Duration of Tobacco use (in years) n=810	< 5	270	33.3
	5-10	399	49.2
	> 10	141	17.4
Type of Diet	Mixed	4755	99.8
	Vegetarian	10	.2
Sugar type	Brown	3	.1
	White	4762	99.9
Cooking Oil	Desi ghee	42	.9
	Mustard oil	4502	94.5
	Refined	221	4.6
Salt Type	Iodized salt	4755	99.8
	Non iodized salt	10	.2
Physical Activity	Bedridden/Sedentary	157	3.3

	Mild	2428	51.0
	Moderate	719	15.1
	Vigorous	1461	30.7

[Table 3] depicts lifestyle characteristics of study participants. 17.0 % participants reported any form of addiction and that was mostly in the form of bidi/cigarettes/cigar/hukkah (82.2%), 51.2 % used to smoke 1 to 2 packs per day and 42.2 % had been smoking for 5 -10 years. Majority (99.8%) used to consume mixed diet (non-vegetarian plus vegetarian), almost all (99.9%) consumed white sugar (cheeni), 94.5% households used mustard oil while 4.6% used refined oil, and 99.8% consumed iodized salt.

Most of the participants (51.0%) were engaged in mild physical activity, followed by vigorous activity in 30.7% while as 15.1% were engaged in moderate physical activity.

Table 4: Association of sociodemographic Characteristics with Tobacco Use

Demographic Characteristic	Category	Tobacco use		Total	χ2 (df)	P
		No	Yes			
Age	<30	2621(93.3)	188(6.7)	2809	534.3(4)	.000
	30-39	536(71.7)	212(28.3)	748		
	40-49	390(69.5)	171(30.5)	561		
	50-59	226(63.0)	133(37.0)	359		
	60 & above	182(63.2)	106(36.8)	288		
Gender	Female	2234(95.3)	110(4.7)	2344	495.17(1)	.000
	Male	1721(71.1)	700(28.9)	2421		
Residence	Urban	1825(80.8)	434(19.2)	2259	14.91(1)	.000
	Rural	2130(85.0)	376(15.0)	2506		
Marital status	Currently Married	1456(70.2)	618(29.8)	2074	433.08(2)	.000
	Never Married	2390(93.3)	172(6.7)	2562		
	Divorced/Separated/Widow/Widower	109(84.5)	20(15.5)	129		
Education	Illiterate	1516(74.4)	521(25.6)	2037	185.62(2)	.000
	Upto 10th standard	2345(89.4)	279(10.6)	2624		
	Higher Secondary & Above	94(90.4)	10(9.6)	104		
Occupation	Unemployed/Student/Homemaker	3272(91.9)	289(8.1)	3561	788.21(1)	.000
	Employed/Skilled/Unskilled	683(56.7)	521(43.3)	1204		
SES	Class I	27(87.1)	4(12.9)	31	22.08(4)	.000
	Class II	260(77.8)	74(22.2)	334		
	Class III	616(78.8)	166(21.2)	782		
	Class IV	2257(84.7)	408(15.3)	2665		
	Class V	795(83.4)	158(16.6)	953		

[Table 4] demonstrates significant associations between tobacco use and all socio-demographic variables ($p < 0.001$). Tobacco use increased with age and was highest among the 50–59 (37.0%) and ≥60 years (36.8%) groups, while lowest among those <30 years (6.7%). Males had substantially higher prevalence of tobacco use (28.9%) compared to females (4.7%). Tobacco consumption was more prevalent in urban than rural residents (19.2% vs. 15.0%). Tobacco use was more common among married individuals (29.8%), illiterate participants (25.6%), and employed/skilled/unskilled workers (43.3%). Participants from socioeconomic Class II and III reported higher use (22.2% and 21.2%, respectively) compared to lower or higher SES groups.

Table 5: Association of socio demographic Characteristics with Physical Activity Levels

Demographic Characteristic	Category	Physical Activity			Total	χ2 (df)	p
		Mild/ Bedridden	Moderate	Vigorous			
Age	<30	1380(49.1)	611(21.8)	818(29.1)	2809	275.5(8)	.000
	30-39	443(59.2)	45(6.0)	260(34.8)	748		
	40-49	321(57.2)	26(4.6)	214(38.1)	561		
	50-59	224(62.4)	23(6.4)	112(31.2)	359		
	60 & above	217(75.3)	14(4.9)	57(19.8)	288		
Gender	Female	1673(71.4)	381(16.3)	290(12.4)	2344	756.8(2)	.000
	Male	912(37.7)	338(14.0)	1171(48.4)	2421		
Residence	Urban	1146(50.7)	305(13.5)	808(35.8)	2259	53.5(2)	.000
	Rural	1439(57.4)	414(16.5)	653(26.1)	2506		
Marital status	Currently Married	1265(61.0)	104(5.0)	705(34.0)	2074	384.4(4)	.000
	Never Married	1204(47.0)	608(23.7)	750(29.3)	2562		
	Divorced/Separated/Widow/Widower	116(89.9)	7(5.4)	6(4.7)	129		
Education	Illiterate	1229(60.3)	203(9.9)	605 (29.7)	2037	95.8(4)	.000
	Upto 10th Standard	1306(49.8)	505(19.2)	813(31.0)	2624		
	Higher Sec & Above	50(48.1)	11(10.6)	43(41.3)	104		
Occupation	Unemployed/Student/Homemaker	2250(63.2)	655(18.4)	656(18.4)	3561	997.9(2)	.000

	Employed/Skilled/Unskilled	335(27.8)	64(5.3)	805(66.9)	1204		
SES	Class I	22(71.0)	4(12.9)	5(16.1)	31	44.9(8)	.000
	Class II	175(52.4)	37(11.1)	122(36.5)	334		
	Class III	409(52.3)	82(10.5)	291(37.2)	782		
	Class IV	1454(54.6)	453(17.0)	758(28.4)	2665		
	Class V	525(55.1)	143(15.0)	285(29.9)	953		

[Table 5] indicates statistically significant differences in physical activity levels across all socio-demographic variables ($p < 0.001$). Mild activity was predominant among older individuals, particularly those ≥60 years (75.3%), while vigorous activity was more common among younger and middle-aged adults (30–59 years). Males had substantially higher vigorous activity levels (48.4%) compared to females (12.4%), who were more involved in mild activities (71.4%). Urban residents showed greater involvement in vigorous activity (35.8%) than rural residents (26.1%). Higher educational attainment was associated with more vigorous activity (41.3% among higher secondary educated). Employed individuals had markedly higher vigorous activity levels (66.9%) compared to unemployed or homemakers (18.4%). SES classes II and III showed higher proportions of vigorous activity, whereas class I participants predominantly engaged in mild activity (71.0%).

Table 6: Association of socio demographic Characteristics with area of residence

		Residence		Total	χ2 (df)	P
		Urban	Rural			
Age	<30	1254(44.6)	1555(55.4)	2809	28.6(4)	.000
	30-39	394(52.7)	354(47.3)	748		
	40-49	300(53.5)	261(46.5)	561		
	50-59	184(51.3)	175(48.7)	359		
	60 & above	127(44.1)	161(55.9)	288		
Gender	Female	1144(48.8)	1200(51.2)	2344	3.61(1)	.057
	Male	1115(46.1)	1306(53.9)	2421		
Marital status	Currently Married	1026(49.5)	1048(50.5)	2074	21.91(2)	.000
	Never Married	1152(45.0)	1410(55.0)	2562		
	Divorced/Separated/Widow/ Widower	81(62.8)	48(37.2)	129		
Family Type	Joint	359(38.6)	572(61.4)	931	36.3(1)	.000
	Nuclear	1900(49.6)	1934(50.4)	3834		
Education	Illiterate	1060(52.0)	977(48.0)	2037	54.2(2)	.000
	Upto 10th standard	1129(43.0)	1495(57.0)	2624		
	Higher Sec & Above	70(67.3)	34(32.7)	104		
Occupation	Unemployed/ Student/ Homemaker	1630(45.8)	1931(54.2)	3561	15.1(1)	.000
	Employed/Skilled/ Unskilled	629(52.2)	575(47.8)	1204		
House Ownership	Owner	2247(47.3)	2502(52.7)	4749	4.90(1)	.026
	Rental/ Staying at relative's house	12(83.3)	4(16.7)	16		
		2(50.0)	2(50.0)	4		
House Type	Hut	640(99.8)	1(0.2)	641	1857.1(3)	.000
	Kutcha	77(13.6)	488(86.4)	565		
	Mixed	132(10.3)	1144(89.7)	1276		
	Pucca	1410(61.8)	873(38.2)	2283		
SES	Class I	16(51.6)	15(48.4)	31	4.6(4)	.000
	Class II	255(76.3)	79(23.7)	334		
	Class III	571(73.0)	211(27.0)	782		
	Class IV	1129(42.4)	1536(57.6)	2665		
	Class V	288(30.2)	665(69.8)	953		

[Table 6] Significant differences were noted across most variables ($p < 0.001$), except gender. Younger (<30 years) and older participants (≥60 years) were more concentrated in rural areas, while those aged 30–59 years were more common in urban areas. Joint families were more prevalent in rural areas (61.4%), currently married and never-married individuals were also more prevalent in these areas, while widowed/divorced participants were more prevalent in urban locations. Illiteracy and higher secondary education were both more common in urban areas, while education up to 10^{th} standard predominated in rural areas. Employed/skilled and unskilled participants were higher in urban areas, while unemployed/ homemakers/students were more common in rural areas. House ownership was observed more in rural areas (52.7%), whereas rental housing was primarily urban. Rural areas predominantly had kutcha houses (86.4%), while urban areas had more pucca and hut-type homes. SES distribution differed significantly, with middle-income classes (II and III) predominating in urban settings and lower SES classes (IV and V) more common in rural areas.

Table 7: Association of socio demographic characteristics with lifestyle practices

		Residence		Total	χ2 (df)	P
		Urban	Rural			
Major Food Type	Mixed	2251(47.3)	2504(52.7)	4755		.055a
	Vegetarian	8(80.0)	2(20.0)	10		
Major Sugar Type	Brown	2(66.7)	1(33.3)	3		.667a
	White	2257(47.4)	2505(52.6)	4762		
Major Cooking Oil	Desi ghee	19(45.2)	23(54.8)	42	93.9(2)	.000
	Mustard oil	2065(45.9)	2437(54.1)	4502		
	Refined	175(79.2)	46(20.8)	221		
Type Salt	Iodized salt	2256(47.4)	2499(52.6)	4755		.350a
	Non iodized salt	3(30.0)	7(70.0)	10		
Toilet Inside the house	No	421(26.9)	1145(73.1)	1566	394(1)	.000
	Yes	1838(57.5)	1361(42.5)	3199		
Waste Management	All waste is mixed in one pack	2178(48.0)	2356(52.0)	4534	14.8(1)	.000
	Segregated in house	81(35.1)	150(64.9)	231		
Waste Disposal	Dumping in community bin	812(87.2)	119(12.8)	931	2614.2(2)	.000
	Giving to waste collector	985(95.3)	49(4.7)	1034		
	Throwing somewhere in nearby fields	462(16.5)	2338(83.5)	2800		
Fuel use	Electric	38(86.4)	6(13.6)	44	658.6(2)	.000
	LPG	2220(54.2)	1879(45.8)	4099		
	Wood	1(0.2)	621(99.8)	622		
Water supply	Government tap water	2257(47.2)	2504(52.6)	4761		1.000a
	Hand pump	2(50.0)	2(50.0)	4		
Drinking water	Boiling	1942(51.5)	1830(48.5)	3772	147.9(2)	.000
	Filter	22(81.5)	5(18.5)	27		
	Nothing	295(30.5)	671(69.5)	966		

Cells containing superscript indicates Fischer's Exact test owing to violation of Chi-square test assumption.

[Table 7] compares household and lifestyle practices across residence categories. Dietary patterns did not differ significantly, as mixed diets were common in both urban and rural areas ($p = 0.055$). Sugar and salt types also showed no significant variation. Cooking oil type differed significantly ($p < 0.001$): mustard oil use was predominant in rural areas (54.1%), while refined oil use was much higher in urban households (79.2%). Toilet availability inside the house was substantially higher in urban areas (57.5%) compared to rural areas (42.5%) ($p < 0.001$). Waste management practices differed significantly; while most households mixed waste, rural households showed slightly higher segregation practices. Rural households predominantly disposed of waste in open fields (83.5%), whereas urban households mostly relied on community bins (87.2%) or waste collectors (95.3%) ($p < 0.001$). Cooking fuel use showed marked differences; LPG was more commonly used in urban areas (54.2%), while wood was almost exclusively used in rural areas (99.8%). Source of water supply did not differ significantly, with near-universal access to government tap water. Using boiled water for drinking purposes was significantly ($p < 0.001$) higher in urban areas.

DISCUSSION

A sizeable proportion (59.0%) of our study participants was aged below 30 years, and only 6.2% were aged 60 years or above, indicating that the study population was predominantly young. These findings align with the UNFPA State of World Population Report where 25% of India's population was reported in the age group of 0-14 years, 18% in the 10-19 age group, and 26% in the age bracket of 10-24 years, 68% in the 15-64 years age group, and 7% above 65 years.[9] Males constituted 50.8 % of our study group; this is almost in accordance to a report by Gupta S where it is highlighted that current (2025) sex ratio in India men make up 51.56% of the population, while women account for 48.44%.[10] 52.6% of our study participants lived in rural areas which mostly comprised of age groups less than 30 years and more than 60 years of age, conversely urban population had higher number of participants in the age group of 30–59 years. In a study by Thaher M.A.et al from a rural area depicts that 48.41% of the participants belonged to 46-54 years age group.[11] In another study by Jagdish D et al 73% of their study participants belonged to the age group of 15-64 years.[12]

Family structures differed notably between our rural and urban settings. Joint families (60.1%) were more common in rural areas. Although urban areas showed higher illiteracy (52.0%), they also displayed a greater proportion of individuals with higher secondary education (65.4%). Employment or skilled labor was more prevalent in urban areas (49.8%), while unemployment and homemaking were more common in rural settings (54.2%). Most rural households (52.7%) were owner-occupied, with the majority comprising mixed cement-mud structures. Urban areas had a higher proportion of

pucca houses. Although 55.9% of participants belonged to socioeconomic class IV, higher SES categories were predominant in urban settings, pointing to pronounced rural-urban disparities. This reflects a clear rural–urban economic gradient, with urban residents having access to higher educational facilities and financial conditions, while rural populations exhibited lower socioeconomic indicators and traditional family structures. In a study by Ashraf et al it was found that around 94.3% of the tribal population fell under low income groups, only 37.1% were educated. 61.0% of tribal subjects lacked access to pure drinking water and had proper sanitation. 63–66% of the population was younger.[13] Jagdish D et al in their study from a rural area found that 42% families were nuclear, 29% joint, and 29% were three generations, 51% participants were females, 49% were educated up to 12th standard and 80% lived in their own homes.[12] Overall our findings reveal pronounced rural–urban disparities in environmental and lifestyle practices, particularly concerning sanitation, waste management, and fuel use, reflecting the continuing need for infrastructure and behavioral interventions in rural communities. The mode of waste disposal was markedly different as urban dwellers mostly relied on waste collectors (95.3%) or community bins (87.2%), while a vast majority of rural households (83.5%) disposed waste in nearby fields. LPG was the dominant source of cooking fuel in urban house holds (54.2%) and wood use was almost exclusive to rural households (99.8%). Not much dietary differences were found as mixed diets, use of iodized salt, sugar (cheeni) use predominated across both rural and urban areas. Piped water supply was predominant in both areas of residence but using boiled water for drinking purposes was higher in urban area (51.5%). Use of mustard oil was predominant in rural households (54.1%) and refined oil use was substantially higher in urban households (79.2%) reflecting dietary modernization in cities. Access to toilet facilities was significantly higher in urban households. Our findings are in accordance to NFHS 5 data which shows that 96.0% of households used an improved source of drinking water and 58.0%of households did not treat their water prior to drinking, 69.0% of households use improved toilet facilities, which were non-shared, 11.0 % of urban households use a shared facility, compared with 7.0 % of rural households, 19 % practiced open defecation.[14] Likewise according to Annual Report 2020-21 on Implementation of Solid Waste Management Rules, 2016 in Kashmir division, door to door collection of municipal solid waste is being undertaken in 80% of households in Srinagar city through Srinagar Municipal Corporation. However, no point source segregation has been observed.[15] According to NFHS 5 59.0% of households in India use clean fuel for cooking.[14] Other studies also corroborate these findings.[12,16,17-19]

Tobacco addiction was found in 17.0 % of our study participants predominantly (82.2%) in the form of bidi/cigarettes or hukka, 51.2 % smoked one to two packs per day and 42.2 % were addicted for 5–10 years. Tobacco use showed significant association (p=.001) with all socio-demographic variables like age gender, occupation, education level, residence, marital status and socioeconomic class. Higher consumption of tobacco use was observed with advancing age (above 40 yrs), male gender, urban participants, currently married individuals, illiterates, employed individuals and in middle-income groups indicating socio-behavioral pattern of tobacco use. Our findings reveal a better picture than Global Adult Tobacco Survey of India 2 (GATS-2), which shows tobacco addiction in 28.6% in 2016–17.[20] Likewise in a study conducted by Bharati B et al in 2023, 38% of their participants had used either smoking or smokeless tobacco. Among them, 40% used tobacco in smoked form, 51% used smokeless tobacco, and 9% took both.[21] NFHS-5data shows usage of any form of tobacco as 27.3% among Indian adults.[14] Shekhar Grover et etal in their study reported that 44.9% males and 55.1% females aged 15 to 24 years were using tobacco. Overall, 11.9% of respondents were using tobacco. The odds of using any form of tobacco were significantly higher among respondents aged 20 to 24 years, who were primarily residing in rural areas and were unmarried. The odds of using any form of tobacco were significantly lower among females, literate individuals and those who were unemployed/students/homemakers Nath S et al has reported prevalence of smoked tobacco use as 20%.[22,23]

Half (51.0%) of our respondents were engaged in mild physical activity, 30.7% in vigorous activity, and 15.1% in moderate activity. It was seen that vigorous activity was most common among younger adults aged between 30- 49, males, currently married individuals, urban participants, those with higher education, employed individuals and participants from socioeconomic classes II&III. (P< .001) Collectively, these findings highlight the interplay of demographic, economic, and social factors in determining physical activity behaviors. Aslesh OP et al have reported low level of physical activity in 65.8% of the study participants aged between 15 and 65 years. The level of physical activity was more among those engaged in unskilled work (adjusted odds ratio = 4.32; confidence interval = 1.38-13.51) and unmarried persons (adjusted odds ratio = 3.65; confidence interval = 1.25-10.65). No statistically significant difference in physical activity level was seen in different age, education, religious, and economic categories. The study concludes that the physical activity level was low in the study population.[24] In a study by Puciato, D et al from Poland it was reported that the youngest respondents were found to be the most physically active. Residents with a secondary education declared the highest level of physical

activity. Manual workers revealed the highest, and the unemployed the lowest odds of meeting the ACSM standards of health-related physical activity. The level of physical activity of unmarried respondents was higher than that of married respondents. The highest percentage of respondents (50.9% women and 54.2% men) with sufficient physical activity levels was found among people living alone.[25]

CONCLUSION

There were socio demographic disparities between urban and rural underprivileged population. Ironically more than half of the urban participants were illiterate but some socio demographic indicators like: presence of toilet inside the house, employment status, better disposal of household waste and use of boiled water for drinking purposes was more prevalent in urban areas Poverty, kutcha type houses was more prevalent in rural areas. A positive thing noticed in both the areas was that all the households were using piped government water supply, LPG was the most common type of cooking fuel and almost all households used iodized salt. Addiction level of the participants also revealed a better picture than national data.

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