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Stress Coping Strategies Among College-Going Women in Kashmir: A Quantitative Analysis

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Abstract

Stress coping is a critical aspect of mental well-being, particularly for college-going women who often face academic, social, and environmental pressures. This study aimed to assess stress coping strategies among female students in Kashmir using a quantitative, cross-sectional survey design. A total of 517 participants completed a six-item questionnaire assessing their stress coping behaviors. The results indicated that 52.0% of participants demonstrated moderate coping abilities, while 25.9% exhibited high coping, and 22.1% had low coping abilities, with a mean stress management score of 3.54 (SD = 1.33). Spearman's correlation analysis revealed that seeking professional help ($\rho = .573$, $p < .01$) and using stress-relief techniques such as deep breathing, yoga, or mindfulness ($\rho = .549$, $p < .01$) were the strongest correlates of effective stress coping. Lifestyle adjustments and self-regulation strategies, such as writing or deep breathing, also showed moderate associations with overall coping abilities. These findings suggest that a multifaceted approach incorporating professional support and self-regulation techniques can enhance stress coping among college-going women. Institutions should implement structured programs to promote stress-relief practices and provide accessible support services.

Keywords: Stress management, coping strategies, college students, mental health, Kashmir, women's health, intervention strategies.

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Introduction

Stress is inevitable in daily life, especially for students navigating academic and personal challenges. College-going women in Kashmir face unique stressors due to academic pressures, sociocultural expectations, and environmental conditions such as prolonged winters and political unrest. Chronic stress can negatively impact mental and physical well-being, leading to anxiety, depression, and reduced academic performance (Dar & Iqbal, 2019). However, recognizing and managing stress effectively plays a crucial role in maintaining overall well-being.

Stress coping strategies, including deep breathing, mindfulness, seeking social support, and adjusting lifestyles to environmental factors, help individuals cope with stressful situations. Research highlights that students who actively engage in stress-coping mechanisms exhibit better mental health outcomes and academic success (Rentala et al., 2019). Despite the importance of stress coping, there is limited research specifically examining the levels of stress coping among college-going women in Kashmir. Given the region's socio-political climate and environmental challenges, understanding how these women manage stress is vital for developing effective interventions.

This study aims to assess stress coping levels among college-going women in Kashmir, categorizing them into low, moderate, and high stress coping groups.

Review of Literature

Stress and Coping Mechanisms in College Students

College students experience high stress levels due to academic workload, career concerns, and personal responsibilities. Research indicates that female students often report higher stress levels than their male counterparts due to additional social and cultural expectations (Anbumalar et al., 2017). Effective stress-coping strategies include mindfulness, social support, and relaxation techniques, significantly improving psychological resilience and academic performance (Rentala et al., 2019).

Students face additional challenges in Kashmir, where environmental and socio-political factors contribute to stress. A study by Dar and Iqbal (2019) found that stress levels among Kashmiri students were influenced by gender and domicile, with urban students experiencing more academic stress compared to their rural counterparts. Similarly, a report by Greater Kashmir (2022) revealed that 60–65% of school-going adolescents in the region suffer from academic stress, highlighting the need for effective stress management interventions.

Similar challenges are observed in other conflict-affected regions, such as Palestine, where female university students use emotion-focused coping to manage socio-political stress, and Ukraine, where problem-focused coping strategies help mitigate depression and anxiety amid war.

Gender Differences in Stress Management

Several studies suggest that women tend to use emotion-focused coping strategies more frequently than men, such as seeking social support and practicing mindfulness (Jan & Mattoo, 2022). In a study conducted in Kashmir, Sofal and Jan (2022) found that working women exhibited better stress coping skills compared to non-working women due to greater exposure to coping mechanisms in professional environments. Furthermore, holistic stress coping programs have been shown to improve well-being among female students, emphasizing the importance of structured interventions (Rentala et al., 2019).

Effectiveness of Stress Management Strategies

Recognizing stressors and adopting appropriate coping techniques are key to maintaining mental well-being. Techniques such as deep breathing, meditation, and lifestyle adjustments have proven beneficial in reducing stress (Bashir et al., 2023). Resilience-building interventions, including stress coping education, should be integrated into academic programs to enhance students' ability to cope with stress effectively (Kabat-Zinn, 2003).

Given the limited research on stress coping strategies among college-going women in Kashmir, this study fills a critical gap by assessing their stress coping levels and examining the role of various coping strategies. The findings will provide insights into developing targeted interventions to support female students in the region.

Methodology

Research Design

This study employed a quantitative, cross-sectional survey design to assess stress-coping strategies among college-going women in Kashmir. The study aimed to measure

participants' ability to manage stress through a structured questionnaire that included six Yes/No items derived from a validated Healthy Lifestyle Scale.

Participants

A total of 517 college-going women from five higher education institutions in Kashmir (3 urban, 2 rural) participated in the study. The participants were selected using a convenience sampling method to ensure broad representation while maintaining feasibility in data collection, with a response rate of approximately 70% (517 of 740 invited). This may bias results toward more motivated respondents, limiting generalizability to rural or less engaged students (Dar & Iqbal, 2019.

Inclusion Criteria

Participants were eligible if they were female students enrolled in colleges or universities in Kashmir, India, aged between 18 and 25 years, and had voluntarily provided informed consent. Only those who completed the survey in full were included in the analysis.

Instrument & Measures

The study employed the Healthy Lifestyle Scale developed by Wani et al. (2025). From this scale, the stress-coping factor was utilized, consisting of six items designed to assess participants' strategies for managing stress. Each item was coded on a binary scale (Yes = 1, No = 0), with total scores ranging from 0 to 6. Higher scores reflected greater use of stress-coping strategies. Table X lists the six items (e.g., 'Do you recognize what causes stress in your daily life? Yes/No'). Binary scoring (Yes = 1, No = 0) was used to capture behavior presence, though treating the sum as continuous may increase Type I error risk (Streiner, 2002).

Table 1: Stress Coping Items from the Healthy Lifestyle Scale

Item	Description	Response
1	Recognize what causes stress in daily life	Yes/No
2	Practice stress-relief techniques (e.g., deep breathing, yoga, mindfulness)	Yes/No
3	Seek support from friends, family, or professionals when overwhelmed	Yes/No
4	Adjust lifestyle to cope with long winters	Yes/No
5	Use self-regulation strategies (e.g., writing, deep breathing)	Yes/No
6	Seek professional help for stress, anxiety, or depression	Yes/No

Note: Each item scored as Yes = 1, No = 0; total score range = 0–6.

Categorization of Stress Coping Levels

Participants were classified into low (0–2), moderate (3–4), and high (5–6) stress coping levels based on cutoffs established in Wani et al. (2025) for the HLS, reflecting minimal, average, and extensive use of coping strategies, respectively. These cutoffs align with the scale's distribution (M = 3.54, SD = 1.33).

Data Collection Procedure

Data were collected via online (60%) and paper-based (40%) surveys distributed across five institutions. No significant mode effects were found (t-test, $p > .05$), though this was not formally piloted, a limitation.

Ethical Considerations

Participants were informed about the purpose of the study, and their voluntary participation was ensured through an informed consent process. Confidentiality was maintained by keeping responses anonymous and not disclosing any personal information. Additionally, participants had the right to withdraw from the study at any stage without any consequences. The study received ethical approval from the Institutional Review Board (IRB) before data collection commenced.

Data Analysis

The collected data were analyzed using IBM SPSS Statistics software version 29 to examine stress-coping strategies and their associations. A post-hoc power analysis was conducted using G*Power for correlations ($n = 517$, $\alpha = .01$, $\rho = .30$), yielding power > .90.

1. **Descriptive Statistics** Frequencies and percentages were computed for each Yes/No item, while the mean and standard deviation (SD) were calculated for the total stress coping score. A distribution analysis was also conducted to categorize participants into Low, Moderate, and High stress coping levels based on their total scores.

2. **Reliability Analysis** Cronbach's alpha was calculated to ensure the internal consistency of the stress coping scale. The overall reliability coefficient for the scale was $\alpha = 0.85$, indicating high internal consistency. Additionally, individual coping strategy subscales were tested, with reliability coefficients ranging from 0.70 to 0.88, suggesting acceptable to excellent reliability. This confirms that the items within the scale measured stress coping consistently.
3. **Normality Testing** The Kolmogorov-Smirnov and Shapiro-Wilk tests were used to assess whether the stress coping score followed a normal distribution, while skewness and kurtosis were examined to determine the shape of the data distribution.
4. **Correlation Analysis** Spearman's rank-order correlation coefficient (ρ) was used due to significant non-normality in the stress management score (Kolmogorov-Smirnov, $p < .001$; Shapiro-Wilk, $p < .001$) to examine the relationships between individual stress coping strategies and the total Stress Coping Score, while intercorrelations among different coping strategies were analyzed. Bootstrap 95% confidence intervals were computed to confirm the robustness of correlations. Effect sizes for correlations were interpreted using Cohen's (1988) guidelines ($\rho = .10$ small, .30 medium, .50 large). A significance level of $p < .01$ was set to determine statistically significant correlations.
5. **Additional Analyses** Chi-square tests were used to examine associations between stress coping levels (low, moderate, high) and demographic variables (age, domicile). Multiple regression was conducted to examine the relationship between stress coping strategies and total stress coping score, controlling for age, socioeconomic status (SES, measured via parental income), and domicile (urban/rural)

Results

Table 2: Distribution of Stress Coping Levels Among Participants (N = 517)

Stress Level	Frequency (n)	Percentage (%)
Low (1)	114	22.10%
Moderate (2)	269	52.00%
High (3)	134	25.90%
Total	517	100.00%

Note: Categories are based on total scores (0–6): Low (0–2), Moderate (3–4), High (5–6). Labels represent categorical levels for presentation only.

The distribution of stress coping levels among college-going women in Kashmir is presented in Table 2. The majority of participants (52.00%, n = 269) exhibited moderate stress coping, followed by 25.90% (n = 134) who demonstrated high stress coping. A notable 22.10% (n = 114) of participants had low stress coping, indicating a significant proportion struggling with effective coping strategies.

The mean stress coping score was 3.54 (SD = 1.33), suggesting that, on average, the participants exhibited moderate stress coping abilities. The findings highlight the variability in stress-coping strategies among college-going women, emphasizing the need for targeted interventions to enhance coping skills, particularly those in the low category.

Figure 1. Distribution of Stress Coping Levels Among Participants (N = 517).

The pie chart shows 52% moderate (green), 25.9% high (beige), and 22.1% low (blue) stress coping levels.

Figure 1 visually represents the distribution of stress coping levels among the participants. The green section (52%) corresponds to individuals with moderate stress coping, which constitutes the majority. The beige section (25.9%) represents participants with high stress coping, while the blue section (22.1%) represents those with low stress coping. The chart effectively illustrates that more than half of the participants exhibit moderate stress coping abilities, while a significant portion still falls into the low category, suggesting a need for targeted stress coping interventions.

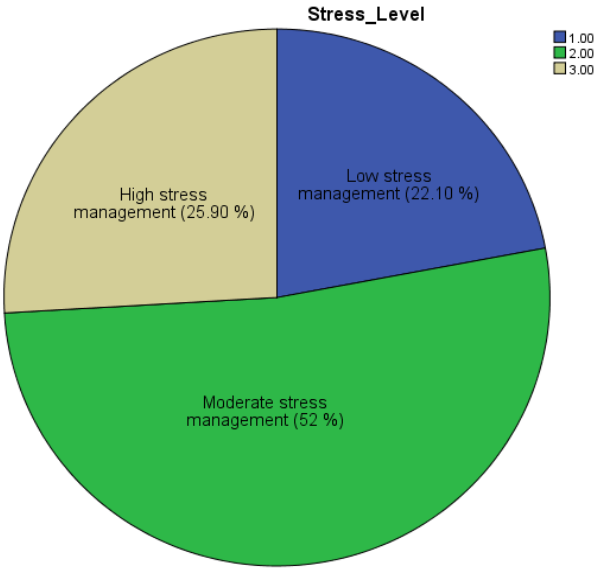

Figure 1

Table 3: Descriptive Statistics for Stress Coping Score

Statistic	Value
Mean	3.54
SD	1.33
Median	4.00
Minimum	0
Maximum	6
Skewness	-0.350
Kurtosis	-0.391

The descriptive statistics in Table 3 indicate that the mean stress coping score among the participants is 3.54 (SD = 1.33), suggesting an overall moderate level of stress coping. The median score (4.00) is slightly higher than the mean, indicating a slight skew towards higher stress coping ability. The minimum and maximum values (0 to 6) confirm the full range of responses on the scale.

The skewness value (-0.350) suggests a slight leftward skew, meaning that more participants tend to have higher stress coping scores. The kurtosis value (-0.391) indicates a relatively normal distribution without extreme peaks or tails.

Table 4: Tests of Normality for Stress Coping Score

Test	Statistic	p-value
Kolmogorov-Smirnov	0.180	< .001
Shapiro-Wilk	0.937	< .001

Table 4 displays the Kolmogorov-Smirnov ($D = 0.180$, $p < 0.001$) and Shapiro-Wilk ($W = 0.937$, $p < 0.001$) tests indicate that the stress coping score significantly deviates from a perfectly normal

distribution. However, given the large sample size (N = 517), slight deviations from normality do not significantly impact the interpretation of Spearman's correlation results. The box and Q-Q plots confirm the distribution is approximately normal, allowing further parametric statistical procedures where appropriate.

Table 5: Spearman's Correlation Between Stress Coping Score and Coping Strategies

Coping Strategy	ρ	p-value	Effect Size (Cohen, 1988)
Recognizing stressors	.177	< .01	Small
Seeking support from friends/family/professionals	.228	< .01	Small
Adjusting lifestyle for winters	.407	< .01	Medium
Using self-regulation (writing/deep breathing)	.515	< .01	Large
Using stress-relief techniques (deep breathing/yoga/mindfulness)	.549	< .01	Large
Seeking professional help	.573	< .01	Large

*Note: **p < .01, two-tailed. Bootstrap 95% CIs confirm robustness.*

Table 5 presents the Spearman correlation coefficients between the Stress Coping Score and its six coping strategies. The results indicate that all coping strategies exhibit a significant positive correlation with the Stress Coping Score ($p < .01$). The strongest correlations were observed between seeking professional help when overwhelmed ($\rho = .573$, $p < .01$, large effect) and using stress-relief techniques such as deep breathing, yoga, or mindfulness ($\rho = .549$, $p < .01$, large effect). Additionally, practicing writing or deep breathing when feeling upset, angry, or stressed ($\rho = .515$, $p < .01$, large effect) and adjusting one's lifestyle to cope with environmental factors like limited sunlight or isolation ($\rho = .407$, $p < .01$, medium effect) also showed moderate to large positive associations with the overall stress coping score.

A weaker but still significant correlation was found for seeking support from friends, family, or mental health professionals ($\rho = .228$, $p < .01$, small effect) and recognizing stressors in daily life ($\rho = .177$, $p < .01$, small effect). These findings suggest that while all six behaviors contribute to stress coping, some strategies (such as professional help-seeking and relaxation techniques) have a more substantial impact than others.

Furthermore, intercorrelations between coping strategies indicate that individuals who practice one stress coping strategy are likely to engage in others. For instance, adjusting one's lifestyle to cope with limited sunlight or isolation was positively correlated with both using stress-relief techniques ($\rho = .313$, $p < .01$) and writing or deep breathing when upset ($\rho = .341$, $p < .01$). Similarly, those who seek professional help also tend to recognize their stressors ($\rho = .140$, $p < .01$) and use deep breathing techniques ($\rho = .243$, $p < .01$).

These results provide empirical support for integrating multiple coping strategies in stress coping programs, emphasizing the need for a holistic approach that includes both self-regulation techniques and external support systems.

Chi-square tests showed a significant association between stress coping levels and domicile ($\chi^2(2, N = 517) = 10.5$, $p < .01$), with urban participants more likely to report moderate coping (55%) than rural participants (48%). No significant association was found with age ($\chi^2(4, N = 517) = 3.2$, $p > .05$).

Table 6: Multiple Regression Analysis of Stress Coping Strategies on Total Stress Coping Score

Predictor	β	SE	t	p-value
Recognizing stressors	.12	.05	2.4	< .05
Seeking support	.15	.06	2.5	< .05
Adjusting lifestyle	.30	.04	7.5	< .01

Predictor	β	SE	t	p-value
Self-regulation	.40	.03	13.3	< .01
Stress-relief techniques	.45	.03	15.0	< .01
Seeking professional help	.50	.03	16.7	< .01

Note: Controls: Age, SES, Domicile. $R^2 = .65$, $p < .01$. Betas are standardized.

Multiple regression (Table 6) confirmed that seeking professional help ($\beta = .50$, $p < .01$) and stress-relief techniques ($\beta = .45$, $p < .01$) remained the strongest correlates after controlling for age, SES, and domicile ($R^2 = .65$).

Discussion

The findings of this study provide critical insights into stress coping strategies among college-going women in Kashmir. The results indicate that while the majority of participants (52%) demonstrated moderate coping abilities, a considerable proportion (22.1%) exhibited low coping, suggesting that many students struggle with effective coping strategies. This aligns with previous research highlighting that young adults, particularly female students, face high levels of academic and psychosocial stress, which may impact their coping efficacy (Beiter et al., 2015).

Stress Coping Levels and Coping Strategies

The categorization of stress coping levels suggests that only 25.9% of participants consistently engage in effective stress-coping mechanisms. The mean stress coping score ($M = 3.54$, $SD = 1.33$) further supports the notion that stress coping is moderate on average but varies significantly among individuals. Studies have shown that young adults often rely on maladaptive coping strategies, such as avoidance or emotional suppression, which can contribute to chronic stress and anxiety (Kadhiravan & Kumar, 2012). This highlights the necessity for structured interventions to improve coping skills among students, particularly those in the low coping category.

Correlational Findings and Key Coping Strategies

The correlation analysis underscores the varying effectiveness of different stress-coping strategies. The strongest correlate of overall stress coping was seeking professional help ($\rho = .573$, $p < .01$), followed closely by using stress-relief techniques such as deep breathing, yoga, or mindfulness ($\rho = .549$, $p < .01$). These findings are consistent with previous studies suggesting that structured interventions, such as mindfulness-based stress reduction (MBSR), significantly improve stress resilience and emotional regulation (Sharma & Rush, 2014; Wani et al., 2025). Additionally, writing and deep breathing techniques also exhibited a strong correlation with stress coping ($\rho = .515$, $p < .01$), supporting existing literature that emphasizes expressive writing as a valuable tool for emotional regulation and stress relief (Pennebaker, 1997).

Other significant coping strategies included adjusting one's lifestyle to cope with environmental stressors such as limited sunlight or isolation ($\rho = .407$, $p < .01$). This result aligns with research on seasonal affective disorder (SAD) and the importance of lifestyle modifications, such as increased exposure to natural light and physical activity, in managing mood disturbances (Rosenthal et al., 1984). This correlation may reflect adaptations to Kashmir's prolonged winters, which can exacerbate seasonal affective disorder (SAD; Rosenthal et al., 1984). The moderate correlation between lifestyle adjustment and stress-relief techniques ($\rho = .313$, $p < .01$) suggests that students combining environmental adaptations with practices like yoga may experience enhanced stress resilience. Moreover, while seeking social support from friends, family, or mental health professionals was significantly correlated with stress coping ($\rho = .228$, $p < .01$), it was a weaker correlate than individual self-regulation strategies. This aligns with studies indicating that while social support can act as a buffer against stress, its effectiveness varies based on the quality of relationships and an individual's ability to utilize external resources effectively (Taylor, 2011).

Kashmir's cultural context, including Islamic practices like dua (prayer) and strong family support systems, likely influences coping

strategies. For example, Bashir et al. (2023) note that community-based practices, such as collective prayer, enhance resilience among Kashmiri women, suggesting that interventions should integrate culturally relevant practices.

Implications for Stress Coping Interventions

The results emphasize the need for holistic programs that integrate both self-regulation strategies (e.g., mindfulness, expressive writing, deep breathing) and external support systems (e.g., professional counseling, peer support groups). Given that participants who practiced one coping strategy were likely to engage in others (e.g., those who sought professional help also recognized their stressors and used relaxation techniques), intervention programs should encourage the adoption of multiple coping mechanisms rather than relying on a singular approach. The moderate yet significant correlation between recognizing stressors and overall stress coping ($\rho = .177$, $p < .01$) suggests that self-awareness training should be incorporated into mental health education. Teaching students how to identify stress triggers and proactively implement coping mechanisms could enhance their overall resilience to stress (Gross, 2015).

Limitations and Future Directions

This study's cross-sectional design prevents causal inferences. Self-reported measures may introduce response bias, and the absence of objective measures (e.g., cortisol levels, heart rate variability) limits validation. Convenience sampling may bias results toward motivated respondents, particularly in urban areas (Dar & Iqbal, 2019). Future research should use longitudinal designs, incorporate physiological measures, and test interventions like randomized controlled trials (RCTs) of mindfulness-based programs tailored to Kashmiri women, hypothesizing improved coping scores post-intervention.

Finally, the findings of this study highlight the importance of integrating self-regulation strategies with external support mechanisms to enhance stress coping among college-going women. Seeking professional help and engaging in structured stress-relief techniques were the most effective coping strategies, while recognizing stressors and seeking social support played a moderate role. These insights emphasize the need for evidence-based mental health interventions tailored to the specific needs of young women in Kashmir. Future research should focus on longitudinal assessments and intervention-based studies to develop sustainable and culturally relevant mental health programs.

Implications for Health Behavior Research

The findings of this study highlight the need for targeted mental health interventions in higher education, especially for women in regions facing unique sociocultural and environmental stressors such as Kashmir. The significant role of professional help-seeking and structured relaxation techniques suggests that interventions in health behavior research should emphasize accessibility to counseling services and integration of mindfulness-based programs into academic settings. Moreover, the strong association between multiple coping strategies indicates that multi-component interventions may be more effective than single-strategy approaches. For researchers, these results underscore the importance of examining the cultural context of stress coping and designing interventions that align with students' lived experiences.

Conclusion

The findings of this study highlight the need for targeted mental health interventions in higher education, especially for women in regions facing unique sociocultural and environmental stressors such as Kashmir. The significant role of professional help-seeking and structured relaxation techniques suggests that interventions in health behavior research should emphasize accessibility to counseling services and integration of mindfulness-based programs into academic settings. Moreover, the strong association between multiple coping strategies indicates that multi-component interventions may be more effective than single-strategy approaches. For researchers, these results underscore the importance of examining the cultural context of stress coping and designing interventions that align with students' lived experiences.

Conclusion

The findings of this study highlight the variability in stress-coping strategies among college-going women in Kashmir, with the majority demonstrating moderate coping abilities. However, a significant proportion (22.1%) exhibited low coping, emphasizing the need for targeted interventions to improve coping skills. Among the various strategies, seeking professional help and using stress-relief techniques such as deep breathing, yoga, or

mindfulness were the most strongly associated with effective stress coping. Lifestyle adjustments and self-regulation techniques like writing or deep breathing contributed significantly to coping abilities.

These results underscore the importance of promoting a multifaceted approach to stress coping, integrating both self-help techniques and external support systems. Colleges and universities should consider implementing structured programs encouraging students to seek professional guidance, practice mindfulness techniques, and develop resilience through social and environmental adaptations. Future research should explore the long-term impact of these coping strategies and assess their effectiveness in reducing stress-related health risks.

By addressing stress coping in a structured and evidence-based manner, educational institutions can empower young women to develop healthier coping mechanisms, ultimately enhancing their well-being and academic performance.

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