Sleep Hygiene as a Modifiable Psychological Resource for Self-Esteem Among Young Adults in a Conflict-Affected Region: Evidence from Kashmir

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Abstract: Modern life over the last decade has made the emergence into young adulthood an even more complex process, with higher competitions in the harsh academy environment, rapid digital adaptation, and relapsing social structures. Chronic environmental stressors, sociopolitical unrest and academic turbulence are intensifying the global demands experienced by those living in conflict zones such as the Kashmir. Sleep and positive self, evaluation that form the bedrock of a healthy life are often compromised in such a stressful milieu and settings, and thus, understanding this interface becomes crucial to building any resilience.

The aim of this current study was to look at the relationship between selfesteem and sleep hygiene among the young Kashmiri adults who are between the ages of 18 and 25. Using a quantitative, cross-sectional, correlational study approach, information was gathered from 150 participants (62 men and 88 women) who were chosen from a variety of community and educational settings throughout Kashmir. The 10-item Rosenberg Self-Esteem Scale (RSES) was used to measure global self-esteem, and the 13-item Sleep Hygiene Index (SHI) was used to evaluate sleep hygiene. With Cronbach's alpha (α) values of .701 for the SHI and .833 for the RSES, reliability analysis verified the internal consistency of both instruments.

The descriptive results showed that the mean self-esteem score was 23.1 (SD = 5.84) and the mean sleep hygiene score was 20.2 (SD = 6.94). A Pearson's product-moment correlation revealed a statistically significant positive association between the two variables, suggesting that better sleep hygiene habits co-occur with greater levels of self-esteem. This relationship provides evidence for a plausible pathway wherein behavioral sleep consistency and self-evaluation are mutually reinforcing. Furthermore, a significant amount of the variation in self-esteem levels can be statistically explained by sleep hygiene, explaining 12.8% of the variance in scores, according to basic linear regression analysis.

The results indicate that sleep hygiene is an important, changeable behavioural element that affects psychological well-being, even though it is a fairly strong predictor. These findings highlight the necessity of incorporating sleep hygiene education into student well-being programs in order to promote healthier self-concepts and resilience among young adults, given the distinct psychosocial context of Kashmir, which is marked by sociopolitical uncertainty and a lack of mental health resources.

Keywords: Sleep Hygiene, Self-Esteem, Young Adults, Kashmir, Psychological Well-Being, Quantitative Study.

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I. INTRODUCTION

➤ *Concept of Sleep*

A naturally occurring, reversible condition of diminished consciousness and response to outside stimuli, sleep is marked by certain neurophysiological patterns and behavioural alterations. From a psychological standpoint, sleep is seen as an active biological activity that is necessary for mental, emotional, and cognitive processes rather than just a passive resting phase (Walker, 2009).

From a biological perspective, sleep allows for synaptic plasticity, brain repairs, immune function and hormone regulation. Within psychology, sleep allows for execiutive functioning, emotional regulation, memory consolidaation and attention. Sleep deprivation results in poorer regulation

of cognition and emotion whereas an adequate amount of sleep results in improved learning and adaptive behaviour necessary for daily living.(Walker, 2009). A lack of or any disturbed sleep has been shown to negatively influence the mood, impulse control and decision making in an individual, and emphasizing the importance of sleep for psychological health. (Goldstein & Walker, 2014).

NREM sleep and REM sleep alternate cyclically during sleep, constituting sleep architecture. It has been well established that the REM sleep has considerable implication in dreaming, emotional regulation and brain plasticity whereas NREM sleep (namely slow wave sleep) has one, to, one relationship with declarative memory consolidation and physiological restoration.Together, these phases promote affective regulation and cognitive integration (Goldstein & Walker, 2014; Rawson & Jackson, 2024).

Emotion regulation is substantially influenced by sleep quality and structure. In particular, REM sleep is essential for regulating emotional reactivity because it strengthens prefrontal control mechanisms and recalibrates limbic system activity. Emotional instability is exacerbated by sleep disruption, which also affects top-down emotional control and increases amygdala activation (Goldstein & Walker, 2014). Additionally, there is a reciprocal relationship between emotion and sleep, with emotional stress impairing sleep quality and bad sleep exacerbating emotional regulation issues (Vandekerckhove & Wang, 2017).

Sleep improves learning ability, promotes executive functions like concentration and problem-solving, and helps consolidate neutral and emotional memories (Walker, 2009; Rawson & Jackson, 2024). Chronic sleep disruptions have also been repeatedly associated to psychological diseases, including sadness and anxiety, suggesting that altered sleep architecture is a transdiagnostic marker of mental health susceptibility (Baglioni et al., 2016).

All things considered, sleep is a fundamental psychological activity that maintains mental health, emotional equilibrium, and cognitive effectiveness. Disturbances in sleep patterns can consequently have far-reaching effects for psychological functioning, emphasising the need of healthy sleep behaviours, particularly throughout young adulthood—a developmental stage marked by greater vulnerability emotional dysregulation and vulnerability to stress.

➢ Self-Esteem

Self-esteem encompasses subjective judgements about one's worth, ability, and appropriateness. People who have high self-esteem typically have a good self-perception, believe they can overcome obstacles in life, and continue to have faith in their skills. On the other hand, persistent self-doubt, negative self-evaluation, and increased sensitivity to rejection or failure are characteristics of low self-esteem. In contrast to domain-specific skills, Rosenberg's conceptualisation highlights that self-esteem is an overall evaluative stance toward the self (Rosenberg, 1965).

According to recent research, self-esteem serves as a fundamental psychological resource that enables emotional control and adaptive functioning in a variety of spheres of life (Reitz et al., 2022).

- *Types of Self-Esteem: Trait and State*
  Psychological literature distinguishes between two forms of self-esteem:

✓ *Trait Self-Esteem*

A person's enduring sense of self-worth that is comparatively constant throughout time and in many contexts is referred to as trait self-esteem. It represents long-term assessments of oneself that have been influenced by personality development, social interactions, and early experiences. According to longitudinal data, trait selfesteem allows for a progressive developmental change, but this exhibits moderate stability throughout adulthood phase (Chung et al., 2013).

✓ *State Self-Esteem*

State self, esteem reflects temporary fluctuations in self, esteem in response to events such as academic achievement, social feedback, or traumatic experiences. It is the interaction between both stable self, beliefs and a persons circumstances that is reflected in the incremental impact of repeated negative state experiences on a person's trait self, esteem. (Chung et al., 2013). This contrast underlines that self,esteem is both a stable personality attribute an the flexible psychological construct responsive to conserned stimuli.

- *Importance of Self-Esteem in Young Adulthood*
  The critical developmental stage of young adulthood involves identity development, increasing the independence and significant social and academic transitions. During this time period, self, esteem plays a key role in psychological adaptation and overall adjustments.

✓ *Identity Formation*

Self, esteem is inherently life defining for youth; by developing a mental self, image adolescents and emerging adults assess their own strengths, conceerns and goals for the future. In general, self, esteem tends to fluctuate in emerging adulthood and then level off once individuals have achieved an identity. (Orth & Robins, 2010). Negative self, esteem can generate identity confusion, whereas favourable self, views foster a coherent identity.

✓ *Stability of Emotions*

Self, esteem has a powerful impact on emotional functioning. High self, esteem is related to a stronger ability to bounce back emotionally, to use effective coping strategies and to experience less stress. Conversely, low self, esteem has been identified as a possible risk factor for the emotional problems and depression among young adult. (Orth et al., 2008). The protective significance of self-esteem in mental health is shown by the fact that persistent negative self-evaluations can increase emotional reactivity and compromise psychological well-being.

✓ *Academic and Social Functioning*

Academic engagement and social competence are also influenced by self-esteem. Higher self-esteem is related with increased motivation, confidence in academic talents, and positive peer interactions. Conversely, low self-esteem may lead to avoidance behaviours, reduced academic tenacity, and social isolation. During this developmental stage, self-esteem is further shaped by social interactions, peer criticism, and academic achievements or failures, underscoring its reciprocal relationship with environmental circumstances (Reitz et al., 2022).

• *Measurement of Self-Esteem: Rosenberg Self-Esteem Scale*

The present study utilises the Rosenberg Self-Esteem Scale (RSES) to assess global self-esteem. Developed by Rosenberg (1965), the RSES is a 10-item self-report measure designed to evaluate overall self-worth through favourably and negatively worded words. It remains one of the most extensively used tools for assessing self-esteem due to its shortness and high psychometric qualities.

The RSES's application in foreign research contexts has been supported by cross-cultural validation studies that have shown its dependability and universality across a variety of groups (Schmitt & Allik, 2005). It is especially appropriate for analysing young people' self-esteem because of its emphasis on global self-worth.

➤ *Young Adulthood as a Critical Developmental Phase*

Young adulthood, which usually lasts from 18 to 25 years of age, is a unique and psychologically sensitive developmental stage marked by quick changes in social roles, identity, and autonomy. According to modern developmental theorists, this stage is known as emerging adulthood and is characterised by increasing opportunities for personal development as well as exploration, instability, and heightened vulnerability (Arnett, 2000). This age spans adolescence and full adulthood, during which individuals make key life decisions related to school, profession, relationships, and selfdefinition.

• *Developmental Tasks of Young Adulthood*

In Erikson's theory of psycho, social development, the two basic episodes of development during young adulthood are: identity versus role confusion, and intimacy versus isolation. Despite the fact that identity develops in youth, people do often carry on the process into young age in the search of formulating their values, goal and identity. Achievement of identity will boost the chances of intimacy allowing individuals to develop close and intimate interpersonal relationships. (Erikson, 1968, as cited in Arnett et al., 2014).

• *Greater Independence and Shifts in Roles*

Growing up in "young adulthood" requires a significant maturity, upward as controls on one's personal, intellectual and work life are being steadily taken up. The move towards autonomous decision, making, heightened adaptation to the demands of everyday life and reducing reliance upon one's parents are elements of this transition. While autonomy

contributes to development, it can cause trouble with self, regulation and stress (Arnett et al., 2014). The normal integration of adult roles occurs in the context of a feeling of conffusion about one's career and long term commitments. This contributes to emotional and psychological instability. Adaptive coping skills, which may be developing, must be present during these changes.

• *Academic and Career Pressures*

The responsibilities of their schooling and employment are major sources of stress for young adults. Lack of coping mechanisms usually coexists with the pressure to achieve academic excellence, develop job possibilities, and become financially independent. Arnett et al. (2014) note that long educational paths and delayed entry into stable employment increase uncertainty and stress in this age group.

These stressors may negatively affect psychological well-being by resulting in worry, low self-esteem, and difficulty sleeping. Young adults are more susceptible to stress related problems as a result of the competitive academic environment, which intensiffies worries about performances and future opportunitie.

• *Risks to Mental Health and Emotional Vulnerability*

Emerging adulthood has also been associated with a rise in emotional distress and probability of mental illness. There has been evidence that various mental illnesses, such as depression and anxieety, can emerge at this period (Bonnie, et al., 2015). Examples of emotional stresses that have been found to be quite common and detrimental to well, being are loneliness, identity confusion and stress. Recent research demonstrated that loneliness is a notable problem for emerging adults and that it is strongly related to depression and general psychological distress (Kirwan, 2014). Emotional instability was driven by social transitions, academic pressures, and changing self, concepts especially in individuals with a lack of social support or poor coping mechanism.

• *The 18–25 Age Group's Psychological Sensitivity*

Environmental stressors, increasing independence, and developmental activities all contribute to young people' psychological sensitivity. This period is marked by experimentation and instability, which fosters growth but also increases susceptibility to stress and emotional dysregulation (Arnett, 2000). The absence of clearly defined adult responsibilities, changing social networks, and academic obligations all contribute to a condition of elevated psychological risk.

Additionally, young adults are more vulnerable to mental health issues because delayed transitions into stable adult roles prolong the period of susceptibility (Arnett et al., 2014). These factors collectively demonstrate why the 18–25 age group is an important one for psychological research and care.

➤ *The Relationship Between Self-Esteem and Sleep Hygiene*

Sleep and self, esteem are two interconnected psychological constructs that influence mood management,

emotional health and cognitive self, evaluation. Empirical findings consistently indicate that sleep quality, sleep patterns and sleep hygiene have significant implications for psychological functioning, specifically self, evaluation. The unidirectional relationship from sleep hygiene to self, esteem is described below using empirical data.

- *Poor Sleep and Reduced Self-Esteem*

Recent research has show correlation between poor sleep hygiene and quality and high negative affect which subsequently impairs self, esteem. For example, in a substantial community sample, individuals with insomnia symptoms and poorer sleep quality and duration were significantly more likely to endorse significantly worse self, esteem even when other negative affect constructs such as sadness were controlled for this (Lemola et al., 2013). This supports the idea that low self, esteem is a direct consequence of poor sleep.

Negative affect states such as anger, sadness and emotional lability are mechanistically exacerbated by sleep deprivation. These affective disruptions may influence self, judgments and result in negative self, evaluations and low self, esteem. As Liu et al. (2020) found, sleep disorders led to lower positive affect and higher negative affect, which, in turn, caused lower psychological resources such as self, control, which is important for maintaining high self, esteem.

- *Sleep Hygiene and Emotional Regulation*

However, healthy sleep practices, such as having regular sleep patterns, getting enough sleep, and sleeping with fewer interruptions, allow for higher emotional regulation and mental steadiness. Quality sleep produces more stable moods, less tiredness during the day, and better cognitive functioning, all aspects that contribute to a positive self, image.

Studies on the psychological impacts of excellent sleep indicate that better sleep quality improves emotional regulation and lessens susceptibility to stress, even if research explicitly assessing sleep hygiene and self-esteem is still in its infancy. This emotional stability is necessary for maintaining positive self-evaluations and a healthy self-esteem. According to Liu et al. (2020), people who get high-quality sleep, for example, tend to have less mood swings and are more resilient when faced with stressors, which promotes positive self-perceptions.

In addition, studies on college and young adult samples demonstrate that anxiety and poor sleep hygiene reinforce one another, whereas interventions that improve sleep behaviours also promote mood and psychological functioning, providing the framework for more stable self-esteem (Barati & Amini, 2022; Strong et al., 2018). These findings combined imply that excellent sleep hygiene helps adaptive emotional processes that foster a healthier self-concept overall.

- *Bidirectional Relationship Between Sleep and Self-Esteem*

Although much of the literature centers on the effect of sleep on self, esteem, there is some evidence to suggest that sleep can have an effect on self, esteem, further supporting the bidirectional nature of this relationship. Individuals with low self, esteem have significantly higher levels of rumination and anxiety and at bedtime, experiencing a greater dysregulation of mood, which could result in disturbances in the onset and maintenance of sleep. Comparison of the two groups revealed more stable moods and fewer sleep disturbances in people with higher self, esteem. For example, low overall self, esteem was associated with poorer sleep in the Lemola et al. (2013) study, regardless of whether the participants were depressed or not. This suggests that self, esteem might have as much impact on sleep as the actual sleep processes, and high self, esteem might protect against sleep disturbance, but poor self, esteem might contribute to its exacerbation. The bidirectional nature of this relationship supports a triadic process in which poor sleep leads to impaired self, esteem and is in turn exacerbated by it, creating a negative cycle of psychological at risk.

- *Sleep and Self-Evaluation*

Aspects of cognition and affect which are essential in self, assessment are influenced by sleep. An individual's performance of fundamental executive processes such as reflection, working memory and detecting rewards, relies on sufficient sleep. Improper sleep causes poorer self, monitoring, cognitive fatigue and decision making. Such lapses in cognition may impair good feedback about how a person sees themselves and conduct, and seem to promote more negative self, views. Fatigue from sleep, loss can impair self, efficacy and undermine feelings of competence, which in turn can negatively impact on self, esteem and self, evaluation. The psychological flexibility of the sleep processes to support the self, concept is demonstrated in this interaction.

- *The Mediating Function of Mood, Anxiety, and Fatigue*

The association between self-esteem and sleep hygiene is mediated by a number of psychological processes:

- *Mood:*

The relationship between self-esteem and sleep quality is significantly mediated by mood swings. Negative mood states are exacerbated by sleep deprivation, which reduces positive self-views and biases self-evaluations toward negative outcomes. In contrast, good sleep promotes emotional balance, enabling more positive self-reflection and healthier self-esteem (Liu et al., 2020).

- *Anxiety:*

Anxiety exacerbates sleep disruptions and is connected with poor self-appraisals. Anxiety at bedtime typically leads to problems falling asleep, which in turn raises stress and negatively effects self-worth. Research shows that worry impairs sleep hygiene practices, and insufficient sleep exacerbates anxiety, resulting in a vicious cycle that lowers self-esteem (Priede et al., 2025; Woods & Scott, 2016).

- *Fatigue:*

Daytime weariness arising from insufficient sleep decreases cognitive functioning and emotional resiliency. Fatigue is connected with slower cognition, diminished motivation, and gloomy self-assessments, all of which can affect self-esteem.

➢ *Kashmiri Young Adult's Psychosocial Context*

One distinctive aspect of this study is the psychosocial environment of young adults from Kashmir. The mental health outcomes of young adults in Jammu & Kashmir are influenced by a complex interaction of long-term environmental stressors, such as political instability, continuous violence, and social uncertainty. Examining sleep hygiene and self-esteem in this population is important because these stressors affect sleep patterns and self-concept in addition to causing psychological distress.

• *Prolonged Stress Exposure*

Kashmiri young adults face enduring chronic stress because to extended exposure to socio-political strife and regional instability. As evidenced by research, there are increased feelings of anxiety, depression, and post traumatic stress disorder (PTSD) amongst this population which could be reflective of the acceleration of threat and insecurity experienced from day to day (Dar & Deb, 2020; Housen et al, 2017). Evidence suggests that prolonged stress affects the person's ability to control emotions and thoughts which could result in irregular sleeping and low confidence levels (Dar & Deb, 2020).

• *Environmental Uncertainty and Political Instability*

The situation of political instability and sustained military presence cause environmental instability. This uncertainty leads to mental uneasiness creating a sense of constant vigilance. The sense of constant vigilance manifests itself in unstable routines, the fear of violence and social and academic instability (Gul, 2025). Evidence reveals that constant stress from the environment is associated with sleep problems and poor self, esteem as individuals were unable to maintain control over their lives (Dar & Deb, 2020; Gul, 2025).

• *Academic Interruptions*

The education system in Kashmir is frequently put on hold, when curfews and lockdowns prevent people from leaving their homes. Academic interruption is thought to increase the stress, feelings of failure/powerlessness that the "over, reliance on education" causes in many Kashmiris (Dar & Deb, 2020). Frequently disruptted sleep, wake cycle result from irregularity in academic routines, which could contribute to poor sleep hygiene and impaired daytime functioning (Housen et al., 2017).

• *Insufficient Resources for Mental Health*

With a lack of available trained professionals, as well as the social stigma attached to seeking treatment, the accessibility of mental health care is slim in this region. The dearth of resources magnifies the psychological effect of long, term stressors and minimizes opportunities for remediation leading to increased rate of ongoing sleep disturbances and low selfesteem (Gul, 2025). Excessive stress and a lack of mental health care lead to greater vulnerability to psychological difficulties, a particular concern for adolescents with challenging developmental hindrances.

• *Climate and Environmental Factors' Impact*

In addition to sociopolitical constraints, environmental factors such as Kashmir's exceptionally frigid temperatures and seasonal variations may affect psychological well,being and sleep quality. Global research has shown that the climate change-related stressors, like high temperatures and unpredictable surroundings, can disrupt sleep patterns and produce mental discomfort (Clayton, 2023; Thompson et al., 2024). Pre-existing stressors in Kashmir may be made worse by these environmental conditions, raising the risk of sleep problems and low self,esteem.

➢ *Theoretical Framework*

The relationship between sleep hygiene and self, esteem among young adults of Kashmir involves the interaction of environmental stress, emotional stability, and cognitive control.

• *Self-Regulation Theory*

Self, regulation is defined as how people monitor and control their moods, thoughts, and behaviors to achieve their goals (Baumeister & Vohs, 2016). There is evidence that everyday instability requires the greatest degree of self, regulation for young adults who live in war, torn regions. Good sleep hygiene is the foundation for this "ego strength". Since the prefrontal cortex is control center of self, regulation in brain, the performance of this part deteriorates when there are interruptions to sleep, then people will get some control loss. Self, esteem will suffer because people feel less capable to control their life (Pilcher et al., 2015).

• *Affect Regulation Framework*

The process by which people control which emotions they experience and how they manifest is known as affect regulation. The capacity to "bounce back" from bad emotions is essential in Kashmir, where ambient stress levels are high. Lack of sleep is known to hypersensitise the amygdala, which causes unpleasant situations to seem more dire than they actually are (Walker, 2017). Young individuals can stabilise their affective reactions and avoid the "emotional hijacking" that frequently results in the self-critical thoughts linked to low self-esteem by maintaining regular sleep hygiene (Palmer & Alfano, 2017).

• *Stress-Vulnerability (Diathesis-Stress) Model*

Individual vulnerabilities and external stressors interact to produce psychological effects, according to the Stress-Vulnerability paradigm (Ingram & Luxton, 2005). The persistent strife in Kashmir is used as the study's chronic environmental stressor. One "vulnerability factor" that is thought to reduce the threshold for psychological distress is poor sleep hygiene. Strong sleep hygiene, on the other hand, preserves self-esteem even in high-pressure situations by acting as a protective, adjustable resource that mitigates the effect of external conflict on the internal self-concept (Zohar et al., 2005).

➢ *Significance of the Study*

This study makes several significant additions to the psychological literature already in existence:

- *Theoretical Contribution:*

This study places the connection between sleep and self-worth within the frameworks of self-regulation and affect regulation, in contrast to studies that are solely descriptive. It views good sleep hygiene as a stabilising psychological resource that is necessary for preserving a stable self-concept under stress, rather than only as a physical habit.

- *Contextual Contribution:*

Specifically, it offers much-needed empirical data from the young adult population of Kashmir. The study emphasises how behavioural consistency can promote resilience in conflict-affected areas by analysing these factors in an environment characterised by ongoing environmental and sociopolitical stressors.

- *Methodological Contribution:*

The study validates the use of the Sleep Hygiene Index (SHI) and the Rosenberg Self-Esteem Scale (RSES) within the unique cultural and psychosocial landscape of Kashmir, confirming their reliability for future regional research.

➢ *Research Gap*

The majority of studies on sleep hygiene and self-esteem have been carried out in Western or urban Indian communities with rather stable socio-political contexts, despite the fact that study on these topics has grown dramatically in recent years (Lemola et al., 2013; Arnett, 2000). Although these studies offer important insights into the behavioural and psychological correlates of sleep and self-concept, they could not adequately represent the particular psychosocial and environmental difficulties that young people in conflict-affected areas confront.

In contrast, there is scant empirical data from Jammu & Kashmir, a territory typified by prolonged political instability, chronic environmental stresses, and restricted access to mental health facilities (Dar & Deb, 2020; Gul, 2025). In contrast to more stable populations, young adults in this region may have different sleep habits and self-esteem due to a mix of chronic stress exposure, scholastic setbacks, and sociopolitical uncertainty.

Additionally, there is a dearth of primary research especially looking at the relationship between self-esteem and sleep hygiene among young adults from Kashmir. While such studiess have been separately connected ti the chronic stress to sleep disturbance (Dar & Deb, 2020; Housen et al., 2017) and to the poor sleep to lower self-esteem (Lemola et al., 2013; Liu et al., 2020), no study has ever thoroughly examined these factors in the context of Kashmirs distinct psychosocial environment factors.

There remains a relatively limited body of empirical research on young adults in the conflict, heavy regions such as Kashmir, even as substantial growing evidence suggests there is a correlation between sleep hygiene and self, esteem. Filling the gap in our understanding of how chronic environmental stressors, political instability, and limited mental health care may influence sleep and self, esteem among Kashmiri youth is undoubtedly essential to the current study.

II. RATIONALE OF THE STUDY

The present study is of importance because it addresses a major gap regarding the psychological well-being of young people of Jammu & Kashmir a population which is subjected to chronic environmental stresses and socio-political instability. To examine the sleep hygiene and self-esteem of this particular population is important for several reasons. First, preventing the emergence of more significant mental health related issues, such as anxiety, depression, and stress related disorders requires early identification of psychological risk factors such as poor sleep hygiene and low self-esteem (Dar & Deb, 2020; Lemola et al., 2013). Understanding these risk variables can help in making a foundation for the focused therapy.

Second, findings from this study could be used to shape mental health interventions by highlighting the specific psychosocial and environmental challenges faced by the youth of Kashmir. Officials, teachers, and mental health providers could create culturally and contextually specific programs to strengthen psychological strength and healthy coping strategies within this population using region, specific information (Gul, 2025).

Thirdly, this research can also be of benefit to educational institutes in the launching of different projects that can enhance students' well-being. Based on the findings of the relationships between sleep and the different aspects of self concept, colleges and universities will be able to introduce programs aimed at fostering appropriate sleeping patterns and habits, emotional regulation, and self, esteem. In turn, this would result in better learning achievements and better well being (Liu et al., 2020).

Finally, this research adds to the limited empirical evidence investigating the correlation between sleep hygiene and self esteem in conflict, affected populations, offering information absent from research conducted in urban Indian or Western samples (Housen et al., 2017; Arnett, 2000). This informed approach is crucial not just for tailoring mental health interventions to the specific needs of Kashmiri youth , but also for adapting treatments to their unique psychosocial environment.

III. METHODOLOGY

➢ *Aim*

To examine the relationship between sleep hygiene and self-esteem among young Kashmiri adults aged 18–25 years.

➢ *Objectives*

- To assess the level of sleep hygiene among young Kashmiri adults.
- To assess the level of self-esteem among young Kashmiri adults.

- To examine the relationship between sleep hygiene and self-esteem.
- To examine the extent to which sleep hygiene accounts for variance in self-esteem

➢ *Hypothesis*
   Null Hypothesis (H₀):

✓ There is no significant relationship between sleep hygiene and self-esteem among young Kashmiri adults.
✓ Sleep hygiene does not account for a significant proportion of the variance in self-esteem among young Kashmiri adults.

- *Alternative Hypothesis (H₁):*

✓ There is a significant relationship between sleep hygiene and self-esteem among young Kashmiri adults.
✓ Sleep hygiene statistically explains a significant proportion of the variance in self-esteem among young Kashmiri adults.

- *Operational Definitions*

✓ *Sleep Hygiene:*
   In the present study, sleep hygiene refers to behaviors and practices related to sleep quality and routines. It was operationally measured using the Sleep Hygiene Index (SHI). Higher scores indicate poorer sleep hygiene practices. Participants' total scores were used for statistical analysis.

✓ *Self-Esteem:*
   Self-esteem refers to an individual's overall evaluation of their self-worth. In this study, self-esteem was operationally defined as the total score obtained on the Rosenberg Self-Esteem Scale (RSES). Higher scores indicate higher levels of self-esteem.

✓ *Young Kashmiri Adults:*
   Young Kashmiri adults refer to individuals aged 18–25 years residing in Kashmir who participated voluntarily in the present study.

➢ *Research Design*
   According to *Polit and Hungler* (1999), research design is defined as the overall plan for obtaining answers to research questions or testing research hypotheses and for handling the difficulties encountered during the research process. It provides a structured blueprint that guides the selection of participants, measures, and statistical procedures, ensuring that the study systematically addresses the research objectives and minimizes bias throughout data collection and analysis.

   The present study adopted a quantitative, cross-sectional, correlational research design to examine the relationship between sleep hygiene and self-esteem among young Kashmiri adults aged 18–25 years.

   A quantitative approach was chosen to objectively measure the variables using standardized scales and statistical analysis. The cross-sectional design involved collecting data at a single point in time, allowing assessment of current sleep hygiene practices and self-esteem levels. A correlational design was employed to explore the association between sleep hygiene and self-esteem without manipulating any variables.

   Additionally, simple linear regression analysis was used to determine whether sleep hygiene significantly predicts self-esteem. Data were analyzed using Jamovi statistical software.

- *Design Constraints and Analytical Scope*
   Instead of constructing a historical sequence of effects, the cross-sectional feature of this design helps to identify statistical relationships at a certain point in time. As a result, rather than offering proof of causation or prediction, the analytical scope is restricted to analysing how variables co-occur and statistically explain shared variance. This method places a high priority on finding tenable routes within Kashmir's current psychosocial context.

➢ *Variables*

- Independent variable: Sleep hygiene
- Dependent variable: Self esteem

➢ *Sample and Sample Selection*
   32 research papers and literature reviews which studied sleep hygiene and self-esteem over the last decade were studies. The Sleep Hygiene Index (SHI) developed by David F. Mastin, Jeff Bryson, and Robert Corwyn in 2006 and The Rosenbereg Self-Esteem Scale (RSES) developed by American sociologist Morris Rosenberg in 1965 were filled by 150 urban-leaning, digitally accessible Kashmiri youth (88 females, 62 males).

   Participants were recruited from various educational institutions and community settings across Kashmir. Participation was voluntary, and informed consent was obtained prior to data collection.

- *Inclusion Criteria:*
   For the purpose of the study, a sample of 150 young adults between the age group of 18-25 were taken. It was required for the participants to meet the following criteria to be a part of this study:

✓ Individuals aged between 18–25 years
✓ Residents of Kashmir
✓ Individuals from urban-leaning, digitally accessible areas
✓ Ability to understand and respond to the questionnaires
✓ Willingness to participate voluntarily

- *Exclusion Criteria:*

✓ Individuals below 18 years or above 25 years
✓ Non-residents of Kashmir
✓ Participants who provided incomplete or inconsistent responses
✓ Physically or mentally exceptional people were excluded from being a part of this study.

➤ *Description of the Tool Employed*

• *Sleep Hygiene Index (SHI)*
To measure the sleep hygiene of the participants, sleep hygiene index was employed.

The Sleep Hygiene Index (SHI), developed by David F. Mastin, Jeff Bryson, and Robert Corwyn (2006), is a self-report questionnaire consisting of 13 items designed to assess behaviors and practices that may interfere with sleep quality. All the responses are scored on a 5-point Likert scale with the options: never, rarely, sometimes,frequently , always.

The Sleep Hygiene Index assesses a range of sleep-related habits and environmental behaviors that may negatively affect sleep quality. These include maintaining irregular sleep and wake schedules, engaging in stimulating activities before bedtime, excessive use of electronic devices at night, consumption of caffeine or other stimulating substances close to bedtime, daytime napping, going to bed feeling stressed or emotionally aroused, using the bed for non-sleep activities, sleeping in uncomfortable environments (such as excessive noise or light), and failing to establish consistent bedtime routines.

There is a measurement validity limitation in the Kashmiri setting, even though the SHI is a validated tool for evaluating behavioural sleep patterns. In high-pressure settings, the scale might not fully represent merely voluntary hygiene practices, but rather sleep disruptions brought on by environmental factors, such as "perpetual alertness" or sociopolitical unrest. Higher scores might therefore be a result of circumstances outside the participant's control rather than personal behavioural decisions.

✓ Number of Items- 13
✓ Response Format- 5-point Likert scale (Never to Always)

▪ *Scoring:*
Each option has been assigned scores from 0 to 4, i.e

✓ - Never
✓ – Rarely
✓ - Sometimes
✓ –Frequently
✓ -Always

The scores range from 0-52.

Scoring Breakdown

✓ 0–26: Good sleep hygiene.
✓ 27–34: Average/Fair sleep hygiene.
✓ 35+: Poor sleep hygiene.

• *Rosenberg Self-Esteem Scale*
The Rosenberg self-esteem scle (RSE) was developed by American sociologist Morris Rosenberg in 1965 as a measure of global self-worth.

He initially developed the scale with a sample of 5,024 high school students from 10 randomly chosen schools in the New York State area. The scale has been translated into over 28 languages, in 53 countries.

The scale consists of total of 10 items. Responses are rated on a 4-point Likert scale with options: strongly agree, agree, disagree, strongly disagree.

The Rosenberg Self-Esteem Scale includes items that assess both positive and negative self-evaluations. It measures feelings of self-worth, self-respect, and self-acceptance, as well as perceptions of personal failure, inadequacy, and lack of confidence. Sample content areas include feeling satisfied with oneself, believing one has good qualities, feeling useful, and experiencing thoughts of being no good or a failure.

✓ *Scoring:*
Each option has been assigned scores from 1 to 4, i.e

▪ 1 = Strongly agree
▪ 2= Agree
▪ 3= Disagree
▪ 44=Strongly Disagree

The scores for questions 3,5,8, 9, 10 are reversed. On these 5 questions reverse your scores like- 1=4; 2=3; 3= 2; 4=1.

The participant can score maximum of 40 and minimum of 10 on this scale.

Scoring breakdown

▪ 10-25: Low self esteem
▪ 26-29: Average self esteem
▪ 30-40: High self esteem

• *Procedure*
The data collection was conducted digitally using Google Forms to ensure accessibility and maintain the anonymity of the 150 Kashmiri young adults. The first step in data collection was to design an online survey with an Informed Consent page, socio, demographic questions, and the standardized questions of the Sleep Hygiene Index (SHI) and Rosenberg Self, Esteem Scale (RSE). The responses to the survey were also restricted to a single response through the "limit to one response" option, and all questions were set to required responses to prevent missing data. The survey link was then posted on social media websites and other networks in the Kashmir valley targeting the 18 to 25 age group. The resulting responses were downloaded into a spreadsheet and then cleaned, and uploaded into the statistical program jamovi , where the reliability analysis, correlation, and linear regression were performed.

➤ *Statistical Analysis*
The statistical analysis for this study was conducted using jamovi (Version 2.7.17) to explore the relationship between sleep hygiene and self-esteem among 150 Kashmiri young adults. The analysis followed a systematic four-stage

approach: initially, descriptive statistics (M and SD) were calculated to summarize the sample's primary variables, followed by a Shapiro-Wilk test and normality curve to assess data distribution. Secondly, Reliability Analysis was performed to determine the internal consistency of the Sleep Hygiene Index and the Rosenberg Self-Esteem Scale. Thirdly,

a Pearson's Product-Moment Correlation was utilized to examine the strength and direction of the association between the two variables. Finally, a Simple Linear Regression was executed to determine the extent to which sleep hygiene practices significantly explains the varience in self-esteem levels within the target population.

IV. RESULTS

Table 1 Descriptive Statistics for Sleep Hygiene Index (SHI) and Rosenberg Self-Esteem Scale (RSE) (N = 150)

Variable	N	M	SD	Median	Min	Max
SHI	150	20.20	6.94	20.00	0	45
RSE	150	23.10	5.84	22.50	11	40

Note. SHI = Sleep Hygiene Index; RSE = Rosenberg Self-Esteem Scale. M = Mean; SD = Standard Deviation.

Table 1 shows that a total of 150 participants were included, with no missing data.

The mean Sleep Hygiene Index (SHI) score was 20.20 (SD = 6.94), indicating moderate sleep hygiene practices.

SHI scores ranged from 0 to 45, with a median of 20.00.

The mean Rosenberg Self-Esteem (RSE) score was 23.10 (SD = 5.84), reflecting average self-esteem levels.

RSE scores ranged from 11 to 40, with a median of 22.50.

Table 2 Internal Consistency of the Sleep Hygiene Index (N = 150)

Scale	Cronbach's α
SHI	0.701

Note. α = Cronbach's alpha. A value of .70 or above indicates acceptable internal consistency.

As shown in table 2 The Sleep Hygiene Index (SHI) demonstrated acceptable internal consistency, with a Cronbach's alpha of .701.

Table 3 Internal Consistency of the Rosenberg Self-Esteem Scale (N = 150)

Scale	Cronbach's α
RSE	0.833

Note. α = Cronbach's alpha. Values above .80 indicate good internal consistency.

As shown in Table 3, the Rosenberg Self-Esteem Scale demonstrated good internal consistency (Cronbach's α = .833).

Table 4 Correlation Between Sleep Hygiene Index (SHI) and Rosenberg Self-Esteem Scale (RSE)

Variables	1	2
SHI	—	
RSE	.358***	—

Note. N = 150. Values represent Pearson's correlation coefficients. df = 148. ***p < .001.

Table 4 shows a statistically significant positive correlation found between Sleep Hygiene Index and

Rosenberg Self-Esteem scores, r (148) = .358, $p < .001$, indicating that better sleep hygiene was associated with higher self-esteem. Sleep hygiene is a supportive, not primary determinant of self-esteem.

Table 5 Linear Regression Analysis of Sleep Hygiene and Self-Esteem (N = 150)

Model	R	R²
1	.358	.128

Note. R² indicates proportion of variance explained.

Table 5 illustrates the R value to be 0.358 indicating a significant positive relationship between the variables. The results also show R^2 value to be 0.128 that indicates that the model is statistically significant and accounts for

approximately 12.8% of the variance in self-esteem scores. This suggests that while sleep hygiene is a significant statistical contributor, 87.2% of the variance in self-esteem is likely influenced by other factors, such as the unique sociopolitical stressors in Kashmir. The linear regression analysis revealed that sleep hygiene statistically explains

12.8% of the variance in self-esteem scores (R^2 = .128, F (1, 148) = 21.7, p < .001). Sleep hygiene was a significant statistical contributor to the model (β = .358, t (148) = 4.66, p < .001, 95% CI [0.18, 0.42]). The effect size is small to moderate, consistent with behavioral health research.

Table 6 Assumption Check for Normality of Residuals (Shapiro-Wilk Test)

Statistic	p
.981	.034

As presented in Table 6, the Shapiro–Wilk test indicated a significant deviation from normality (W = .981, *p* = .034).

The results of the Shapiro, Wilk test (W = .981, p = .034) suggested a significant deviation from normality in the variable. The parametric analyses were still used in due to the sample size (N = 150) since the Pearson correlation and linear regression have been shown to be unaffected by moderate deviance from normality when the Central Limit Theorem applies. The distribution was visually inspected to see if there was any severe skewness or kurtosis.

Even though the Shapiro-Wilk test revealed a significant deviation from normalcy, the Central Limit Theorem, which asserts that the sampling distribution of the mean is robust against small skewness with a sample size of N = 150, supported the use of parametric testing. On top of that rather than a perfect bell curve, this distribution more likely represented the "homogeneity of experience" and common psychosocial realities among young adults in Kashmir, where psychological scores cluster thematically due to persistent environmental stressors and geopolitical instability. Consistent interpretability of the 12.8% variance attributed to sleep hygiene in connection to self-esteem is ensured by maintaining parametric analysis.

Table 7 Independent Samples T-Test for Gender Differences in RSE and SHI

Variable	t	df	p
Self-Esteem (RSE)	1.28	148	.202
Sleep Hygiene (SHI)	0.51	148	.611

Table 7 Independent Samples t-test indicates no significant difference between genders for self-esteem, t (148) = 1.28, p = .202, or sleep hygiene, t (148) = 0.51, p =. 611. These results confirm that despite the higher proportion of female participants (88 females, 62 males), gender did not significantly skew the levels of either construct. This justifies treating the 150 participants as a single, unified group for the main correlation and regression analyses.

V. DISCUSSION

This study's main goal was to investigate the connection between self-esteem and sleep hygiene among young Kashmiri adults between the ages of 18 and 25. The study sought to ascertain whether daily sleep-related behaviours have a impact on an individual's overall self-worth using a quantitative, cross-sectional design. The results are discussed in relation to the research hypotheses in the sections that follow.

The findings from this study shows a significant statistical association; however, as a cross-sectional study, causality cannot be inferred. A believable explanation for how behavioural sleep consistency could act as a neurophysiological buffer is offered by the Affect Regulation Framework. Regular sleep hygiene may help to rebalance limbic system activity in this route, giving people the emotional stability they need to maintain a good self-perception. These findings should not be interpreted as evidence of causality. Higher self-esteem is linked to better sleep patterns, but it's also plausible that people who feel better about themselves are more driven to stick to healthy routines—a reciprocal relationship that's frequently shown in psychological research.

These findings are consistent with the body of psychological research that highlights sleep as a critical component of mental health and self-perception. Getting enough sleep helps with stress management, emotional control, and cognitive performance all of which encourage good self-evaluation. On the other hand, poor sleep hygiene may lead to irritability, fatigue and weakened psychological resilience, all of which can have an impact on one's self esteem.

For Kashmiri youth, who may experience social challenges, pressure of academics, and environmental stressors, good sleep habits appears to be crucial. The importance of teaching proper sleep hygiene as part of mental health treatments and youth wellness programs is what is highlighted by the current research. Promoting regular sleep schedules and supportive sleep environments may help the discussed population's self-esteem and overall psychological functioning.

The results from this current study is therefore acceptes our alternative hypothesis, showing that among young the Kashmiri adults, sleep hygiene does explain a significant proportion of variance in self-esteem. According to statistical analysis, the model was able to account for 12.8% of the variation in self-esteem scores. It is important to remember that other psychological and environmental factors probably account for the other 87.2% of the variance, even if this demonstrates that sleep hygiene is a substantial statistical contributor to an individual's self-concept.Moreover, sleep-based interventions may be equally helpful for men and women in the area, as indicated by the lack of significant gender differences (p >.05).

Although sleep hygiene only explained 12.8% of the variation in self-esteem scores, this discovery has significant practical implications. Sleep hygiene is a changeable behavioural aspect in Kashmir's high-pressure environment, where many psychosocial stressors, like academic disruptions and geopolitical upheaval, are external and beyond of an individual's control.

➢ Absolute Sleep vs Relative Sleep:

Hygiene Standard metrics categorise the mean SHI score of 20.2 as "good" sleep hygiene, but this figure needs to be viewed as a relative rather than an absolute assessment in the Kashmiri context. Within a region that is characterised by geopolitical instability and "perpetual alertness," environmental stressors significantly raise the standard for "good" hygiene. Therefore, these results may indicate a state of contextual resilience, where the students retain the best possible habits despite externally established disturbances such as lockdowns and curfews, rather than a perfect adherence to universal sleep habits.

The finding that sleep hygiene accounts for about 12.8% of the variation in self-esteem highlights its role as a viable pathway for psychological resilience. Although this leaves a significant portion of variance unexplained, the effect size is small to moderate which is typical of behavioural health studies where many interacting variables impact on complex psychological constructs such as self, esteem, leaving a large proportion of the variance unaccounted for.

➢ Unexplained Variance and Competing Psychological Determinants:

A complex array of conflicting psychological and environmental factors influence self-worth, as seen by the remaining 87.2% of the variance in self-esteem that can be statistically explained by sleep hygiene. This unexplained variable might be a sensitivity route triggered by long-term environmental stressors such scholastic interruptions, sociopolitical instability, and regional uncertainty in the unique psychological setting of Kashmir. Additionally, psychological elements such as rumination, trait anxiety, and cognitive self-appraisal processes probably play a major role in determining behaviour. Although sleep hygiene is a likely pathway for resilience, it operates within a larger framework of social support, personal agency, and cultural identity, as this small-to-moderate effect size is consistent with behavioural health research.

➢ Agency and Resilience:

Unlike the larger environment, sleep routines are within an individual's power to change. Enhancing these behaviours provides young adults with a practical way to recover their sense of agency, which is essential to self-esteem.

➢ Low-Cost Intervention:

Sleep hygiene is a very accessible method of promoting mental health in environments with limited resources because it only requires minor behavioural changes as opposed to costly clinical treatment.

➢ Gender Neutrality:

Sleep-based health initiatives can be implemented uniformly for both men and women in the area as the with similar expected outcomes, as indicated by the lack of significant gender differences (p >.05).

According to the Self-Regulation Theory, sleep hygiene is a cognitive route in which the prefrontal cortex's "ego strength" is maintained by consistent routines. According to this pathway, young adults may recover a sense of agency that sustains a stable self-image even in the face of unstable external situations by controlling modifiable sleep behaviours.

Regular sleep schedules may help develop the executive control required to sustain positive self-evaluations in Kashmir's high-pressure environment. According to the Stress-susceptibility Model, inadequate sleep hygiene serves as a behavioural "diathesis" in a susceptibility pathway. According to this approach, long-term environmental stressors may first disrupt sleep architecture, which then provides a plausible pathway for elevated emotional reactivity and decreased self-worth, rather than directly lowering self-esteem.

These findings are in line with earlier studies that highlight the importance of sleep for self-regulation, emotional stability, and cognitive performance. While poor sleep patterns can lead to mental distress and low self-esteem, adequate sleep promotes resilience and a happy mood, both of which may improve self-evaluation. But as self-esteem is a complex concept that is impacted by a range of psychological, social, and environmental elements, sleep hygiene is simply one feature of a larger framework that affects self-worth.

The findings show that 12.8% of the variation in self-esteem levels might be explained by sleep hygiene. According to these results, consistent sleep-related behaviours may act as a stabilising psychological resource for self-evaluation, supporting affect-regulation and self-regulatory models. In the particular setting of Kashmir, which is characterised by ongoing stress and unstable sociopolitical conditions, good sleep hygiene may offer the mental and emotional framework required to preserve a positive self-image.

The results highlight how crucial it is to incorporate sleep hygiene education into juvenile mental health promotion initiatives. In order to improve young people' self-esteem and general mental health, promoting healthy sleep habits may be a useful and approachable intervention method. These findings must be viewed as a statistical relationship rather than a causal prediction because the study used a cross-sectional methodology. Higher self-esteem and improved sleep hygiene are related, but the relationship is probably reciprocal: while disciplined sleep hygiene improves the emotional stability necessary for good self-regard, healthy self-esteem may serve as the driving force behind maintaining disciplined routines.

The alpha for the Sleep Hygiene Index was.701. Although this satisfies the requirements for satisfactory reliability, Kashmir's distinct psychosocial environment is reflected in the questionable consistency. The Self-Regulation Theory generally views sleep hygiene as a collection of intentional behavioural choices. However, it might be difficult to distinguish between maladaptive behaviours and externally imposed sleep fragmentation brought on by lockdowns, curfews, or regional instability in an area afflicted by conflict. This suggests that instead of a index of solely autonommous behavioural discipline, SHI may actually be the indicator of the environmentally sensitive sleep stability.

The RSES here shows a strong internal consistency (α=.833), that suggests that global self-worth is still a stable psychological construct among the Kashmiri youth. However, these ratings must be further interpreted using the Stress-Vulnerability Model. The moderate mean result (M = 23.1) reflects the cumulative effect of long-term environmental stressors that further makes it difficult to retain a positive self-concept, such as academic setbacks and geopolitical instability. Because of these, the tool may be documenting a "state" of self-evaluation, a moment of resilience in the face of hardship, rather than a permanent, unchangeable personality trait, despite its statistical reliability.

VI. SUMMARY OF THE STUDY

The Main aim of this study was to investigate what is the connection between self-esteem and sleep hygiene especially among young Kashmiri adults between the ages of 18 and 25. This was based on the fact that sleep is a active biological process that is essential for emotional and cognative processes and also forms the basis of the psychological well-being formed the basis of this research. The study collected data from a sample of 150 participants (88 females and 62 males) who were recruited from educational and community settings throughout Kashmir using a quantitative, cross-sectional, correlational methodology.

The Sleep Hygiene Index (SHI) was used to operationally measure participants' sleep hygiene, and the Rosenberg Self-Esteem Scale (RSES) was used to gauge their self-esteem. Descriptive statistics, reliability analysis, Pearson's correlation, and simple linear regression were performed on the data using the statistical program Jamovi.

➢ *Key Findings from the Analysis of the Study Include:*

• *Descriptive Levels:*
The sample of 150 participants reported a mean Sleep Hygiene Index score of 20.2, which is an indication of good sleep hygiene, and Rosenberg Self-Esteem scale shows a mean of 23.1 reflecting moderate to healthy level of self-worth.

• *Instrument Reliability:*
Both the scales (SHI and RSE) used in the current study population showed a decent internal consistency. The Cronbach's alpha (α) value was .701 for SHI and .833 for the RSE.

• *Correlation Findings:*
The study shows a statistically significant positive correlation (r = .358, p < .001) between the variables (sleep hygiene and self-esteem), therefore leading to the rejection of first null hypothesis. This further leads to the explanation that good sleep hygiene practices co-occur with greater levels of self-esteem.

• *Predictive Power:*
Sleep hygiene explained 12.8% of the variation in self-esteem levels, according to regression analysis. According to the theory of Affect Regulation, this suggests that behavioural sleep consistency promotes the emotional stability that is needed for positive self-evaluation.

VII. CONCLUSION

The empirical data indicates a significant correlation between the sleep hygiene and the self-esteem, in the particular psycho-social context of Kashmir. These findings, however, do not represent a causal prediction because the study was cross-sectional; rather, they indicate a statistical association at a particular moment in time.

The population's stress-vulnerability is probably reflected in the moderate levels of self-esteem and the "borderline" reliability of the SHI (α=.701). In a region characterised by scholastic disruptions and social volatility, it is frequently difficult to distinguish between externally imposed sleep fragmentation and purposeful behavioural hygiene. As a result, sleep hygiene is a variable that is sensitive to the environment and linked to psychological resilience.

This study also shows that sleep hygiene is an important psychological tool as well as a behavioural habit. The results are consistent with affect-regulation models, demonstrating that a substantial amount of the variance in self-esteem may be explained by the stability that comes with good sleep practices, even in a highly uncertain setting. This demonstrates the usefulness of behavioural control in building youth resilience in areas impacted by war.

The study concludes that " good sleep hygiene" in areas affected by conflict is a relative concept that represents a behavioural attempt to preserve control over one's habits in the face of a stressful psychosocial environment.

In the end, this study emphasises how important it is to incorporate sleep instruction into student wellbeing programs in order to promote better mental health outcomes and healthier self-concepts in this demographic.

VIII. LIMITATIONS OF THE STUDY

➢ This study was only restricted to ages of 18 and 25. As a result, the findings from the study about the relationship between self-esteem and sleep hygiene might not apply to young people, middle-aged adults, or the elderly.

➢ The study's design precludes the determination of a clear causal relationship; it is possible the association is bidirectional, where low self-esteem also degrades sleep habits.

➢ Digital self-report surveys were used to gather data. Although effective, in-depth interviews could have been a better way to document the socio political and psychological experiences of the participants. Generalization of these findings is limited due to convenience sampling.

➢ Even though 150 participants offered a strong basis for the analysis, a much larger sample size would have increased statistical power and potentially might have provided a more representative cross-section of the population.

➢ The data for the study was collected at a single point of time, which lead to the assessment of the present correlations but does not demonstrate a clear causal relationship between self-esteem and sleep hygiene.

➢ Convenience sampling is a major study restriction that affects how broadly the results may be applied. The results may largely represent the experiences of a certain group of young adults that is, those with digital access and educational backgrounds because the sample was selected from particular student networks and community contexts that are available through digital platforms. Therefore, populations from more rural or economically challenged sections of Kashmir may have a different relationship between sleep hygiene and self-esteem than those from more urban areas.

IX. SUGGESTIONS FOR APPLICATION

➢ To address the "neglected" state of sleep health, Kashmiri universities and colleges should include instruction on sleep hygiene in their student orientation and well-being programs.

➢ To promote positive self-perception and psychological resilience in young people, campus-based psychological services should create interventions that emphasise behavioural sleep routines, such as sticking to regular schedules.

➢ Institutions should start awareness programs emphasising the effects of late-night digital device usage on emotional stability and self-esteem, given the connection between excessive media use and disturbed sleep patterns in the Indian context.

➢ In order to manage the region's persistent environmental stressors, policymakers and mental health specialists in Jammu & Kashmir should create culturally and contextually appropriate policies that address sound sleep as a fundamental pillar.

➢ Screening & Early Identification: To identify those who are at risk of developing more serious mental health problems as a result of poor sleep habits, use standardised instruments such as the Sleep Hygiene Index (SHI) for early clinical screening in educational settings.

➢ Promote the use of lifestyle techniques such as yoga and mindfulness that have been shown to improve sleep quality, which in turn enhances mood regulation and self-esteem.

RECOMMENDATIONS FOR FURTHER RESEARCH

➢ In order to ascertain if improvements in sleep hygiene result in long-term boosts in self-esteem, future studies should monitor changes over time.

➢ Future studies should study the basic structure of the SHI in Kashmir using exploratory or confirmatory factor analysis. It would be beneficial if the tool made a distinction between the "voluntary behavioural hygiene" and "externally forced sleep disruption."

➢ A greater comprehension of how Kashmir's unique psychosocial environment affects sleep and self-concept would be possible by combining qualitative interviews with quantitative measurements.

➢ Future studies should include participants from other geographical places and should also include wider age range to learn how various environmental stressors affect these traits.

➢ Examining variables like social media use, anxiety, or academic stress may help explain the remaining 87.2% of the variance in self-esteem.

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