

Original Research Article

Prevalence of Nutritional and Lifestyle-Related Risk Factors Among Young Adults: A Health Screening Study

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Abstract

Early assessment of health modes is crucial in young adults (ages 18–25 years), who experience a critical period of health changes and risk exposure. Screening programs in institutions allow preventive health interventions in this population. Health status, lifestyle patterns, and risk indicators of college students in a screening program at Healthcare Private Limited, Bhubaneswar. A cross-sectional health screening was performed among students aged 18–25 years using a structured nine-section Healthcare & Wellness Assessment Format that included demographics, medical history, sleep patterns, physical activity, nutrition, mental health, lifestyle risks, awareness of preventive care, and clinical parameters. The health measurements assessed were blood pressure, pulse rate, body temperature, oxygen saturation (SpO₂), height, weight, and body mass index (BMI), blood glucose test, respiratory rate measurement, hemoglobin level in the blood sample analysis, urine test, and vision tests. Measurements were obtained using standardized instruments. Screening detected differences in nutritional status, lifestyle habits, and clinical parameters. Underweight and overweight BMI categories were also detected. Mild anemia and borderline high blood pressure were observed among the students. Lifestyle factors involved poor sleep, consistently lower physical activity levels, irregular diet, and screen time. The knowledge of preventive healthcare approaches was moderate. The results emphasize the value of health screening programs in the early detection of modifiable risk factors. Instead, institutional wellness assessments may be modelled on preventive healthcare strategies to convey health optimization and early intervention.

Keywords: Health screening, Preventive healthcare, Lifestyle assessment, Body mass index (BMI); Anaemia screening, Wellness evaluation.

Introduction

The period of young adulthood, spanning ages 18–25, is marked by significant physical, mental, and social transformations. During this stage, individuals encounter academic pressure, undergo lifestyle shifts, and make numerous health-related choices [1] [2]. As reported by the WHO in 2022, many illnesses begin to manifest during these years. Early identification of issues such as high blood pressure, unusual weight, and impaired sugar metabolism can help avert long-term health complications. College students often eat poorly, are inactive, lack sleep, and experience stress, which disrupts their metabolism [3] [4]. Ensuring proper nutrition is crucial during young adulthood, as both insufficient and excessive eating can present major issues. Those who are underweight may lack vital nutrients such as iron, which can negatively impact cognitive abilities and weaken the immune system, ultimately influencing their performance in educational and professional settings [5] [6]. Overweight individuals are at risk of insulin issues, high blood pressure, and heart diseases [7]. In countries such as India, healthcare systems face the challenges of undernutrition and obesity [8] [9]. Anaemia is widespread and particularly affects young women and children globally. A 2017 WHO report states that 29% of married women in 29 cities might be affected. In adults, anaemia caused by insufficient iron causes fatigue, decreased productivity, and increased infection risk. Early dietary guidance and supplementation may be beneficial [10]. Young adults are at an increased risk of cardiovascular disease, with students often experiencing elevated blood pressure due to stress, high sodium intake, obesity, and inactivity [11] [12]. Even slightly elevated blood pressure can contribute to heart disease, and variations in blood pressure, heart rate, breathing rate, and oxygen levels offer important health information. The lifestyle choices made during college significantly affect long-term health. Students often participate in less physical activity, spend extended hours on computers, and face sleep disruptions [13]. Inadequate sleep impairs cognitive function and contributes to mental health problems. Stress and emotional challenges exacerbate anxiety and depression among young individuals. As young individuals transition to adulthood, they face academic stress, job search, and social uncertainties. Inquiring about stress and risky behaviours identifies those needing counselling [14]. Many students lack knowledge to prevent health issues or track vaccinations, complicating healthcare in education. Health Care uses data on age, gender, culture, lifestyle, nutrition, and exams to prevent health problems, aligning with WHO's strategy for early detection and lifestyle changes [15] [16].

Herrick Healthcare in Bhubaneswar started a wellness project for students aged 18-25. The program assesses personal details, medical history, sleep, exercise, diet, fitness, mental health, lifestyle risk, and disease prevention. Tests included the N-SPICES model, blood pressure, height, weight, BMI, blood sugar, breathing rate, urine tests, and color vision. Young adults have changeable risk factors, which this program helps identify. Health check-ups raise awareness, encouraging habit changes and reducing medical treatments. With lifestyle diseases rising among youth, schools must teach prevention. This study examined the Herrick Healthcare program to identify early health risks and prevention strategies for young adults.

Materials and Methods

Study Design

This cross-sectional observational health screening involved college students aged 18-25 to evaluate health status, habits, and risk signals. Screening was conducted under the Healthcare & Wellness program at Herrick Healthcare Private Limited, Bhubaneswar, Odisha, a preventive and molecular diagnostic facility with standard clinical equipment and trained personnel. Physical examinations were performed at the health center or through camps organized by colleges with participating schools.

Study Population

This cross-sectional health screening involved college students aged 18-25 to evaluate health status, habits, and risk signals. Conducted under the Healthcare & Wellness program at Herrick Healthcare Private Limited, Bhubaneswar, Odisha, a diagnostic facility with standard clinical equipment and trained personnel, physical examinations were at the health center or through college-organized camps.

Inclusion Criteria

Individuals aged 18–25 years who showed interest were invited to participate in the study. Upon initial participation, all participants were briefed on the study's objectives, methods, and benefits. They then signed an "informed consent form." Only students in good health who completed the entire screening process were selected. This approach ensured that data were collected from a genuine case of a patient's sullen condition rather than from symptoms specific to certain diseases.

Exclusion Criteria

Participants were eliminated to maintain reliable survey results and to protect human subjects. Individu-

als with acute or severe diseases requiring immediate treatment were excluded, as their conditions might affect the results. Individuals unwilling to provide informed consent or unaccustomed to screening were also excluded to respect ethical considerations and ensure participant autonomy.

Sample Size

The study only used people who provided written consent and met general standards, including all of them during the testing period, guaranteeing a convenient and representative sample. College students who provided written consent were included in the study. All participants who provided written consent were enrolled in the study.

Data Collection Tool

A standardized, slickHealth Care & Wellness Physical Examination Book was compiled and introduced during the study. It included nine major sections designed for a thorough examination describing various details about demography, clinical treatment behavior, lifestyle medical care, infectious disease practice, and other aspects, such as progress on genital counselling.

Healthcare & Wellness Screening Assessment

This is the first experimental study aimed at assessing the overall health status, lifestyle patterns, and risk factors of participants through structured session-wise healthcare and wellness screening. The evaluation was divided into sections to comprehensively capture all the data and consistently interpret clinical and behavioral parameters.

Session 1 (Demographic Assessment) recorded baseline information, including age, sex, institution, year of study, and optional contact details. Blood group information, when present, was also recorded. This exercise assisted in segmenting participant data and provides insight of population distribution for further studies.

Session 2 (Medical History Evaluation) focused on identifying pre-existing health conditions and risk factors. Participants were queried about medical conditions, including chronic diseases, diabetes, hypertension, asthma, and thyroid disorders, as well as family history of chronic conditions, current medication use, previous hospitalizations during their life span, allergies, and menstrual history in the case of females. This session provided key understanding into underlying health vulnerabilities.

In session 3 (sleep behaviour assessment), they reported their average sleep time, presence of sleep dis-

turbances, daytime fatigue, mobile phone usage before sleep and perceived quality of sleep. This aided the process of evaluating sleep-related behavioural patterns, which are factors that impact both physical and mental health outcomes.

Session 4 (Physical Activity Assessment) assessed the participants engagement in physical activity. Exercise data were collected for frequency, type of exercise (walking/gym/sports/yoga), number of hours per session, and history of sedentary work for hours per day. Participants were classified as physically active or sedentary based on their responses.

During Session 5 (Nutrition and Hydration Screening), dietary habits were evaluated, including the frequency of eating meals, consumption of breakfast, fast food intake, fruit, vegetable, and iron-rich food intakes, and daily water consumption. The purpose of this session was to assess the adequacy of nutrition and hydration of the participants.

Session 6 (Mental Health and Emotional Wellbeing) was distributed with psychological frameworks, aspects of academic stress, anxiety, mood disturbance, and concentration issues, as well as the availability of emotional support systems. Simple yes/no or Likert-scale formats were used to record responses for clarity and ease of interpretation.

Session 7 (Lifestyle Habits and Risk Factors) included tobacco use, alcohol consumption, screen time, caffeine intake, and substance use history. Participants were then sorted into low- or high-risk groups based on these behaviours.

Session 8 (Preventive Care Awareness) assessed awareness of vaccination status, routine health check-ups, BMI and blood pressure status, and participation in health awareness programs. This provided insight into preventive care practices.

Finally, in **Session 9 (clinical health assessment)**, basic health parameters were evaluated at Herrick Healthcare using standardized and calibrated instruments. These include blood pressure, pulse rate, body temperature, oxygen saturation, height, weight, BMI, random blood glucose, respiratory rate, hemoglobin levels, urine analysis, and vision screening. These measurements were objective and supplemented with subjective questionnaire data, thus allowing for a more complete assessment of participant health.

Instrument Calibration and Quality Control

Calibrations for all equipment used in study followed manufacturer specifications. Health care providers were trained on how to ensure consistency in measure-

Table 1. Session-wise Healthcare Wellness Screening Assessment

Session	Section	Parameters Assessed	Purpose
Session 1	Demographic Assessment	Age, gender, institution, academic year, contact details, blood group	Participant categorization and baseline profiling
Session 2	Medical History	Chronic diseases, family history, medications, hospitalization, allergies, menstrual history	Identification of pre-existing risk factors
Session 3	Sleep Patterns	Sleep duration, disturbances, fatigue, mobile use before sleep, sleep quality	Assessment of sleep-related health risks
Session 4	Physical Activity	Exercise frequency, type, duration, sedentary hours	Classification of active vs sedentary lifestyle
Session 5	Nutrition & Hydration	Meal frequency, breakfast habits, fast food intake, fruits/vegetables, water intake, iron-rich diet	Evaluation of nutritional status and hydration
Session 6	Mental Health	Stress, anxiety, mood, concentration, emotional support	Screening of psychological wellbeing
Session 7	Lifestyle Habits	Tobacco, alcohol, caffeine intake, screen time, substance use	Identification of lifestyle risk behaviors
Session 8	Preventive Awareness	Vaccination status, health check-ups, BMI awareness, BP knowledge	Assessment of preventive healthcare awareness
Session 9	Clinical Health Tests	BP, pulse rate, temperature, SpO ₂ , height, weight, BMI, blood glucose, respiratory rate, hemoglobin, urine test, vision	Objective measurement of health parameters

ment techniques. Prior to each screening session, internal quality checks were conducted.

Data Management and Statistical Analysis

Data were entered into Microsoft Excel and analysed by descriptive statistical methods. Continuous variables are presented as mean \pm standard deviation, and categorical variables are presented as frequencies and percentages. Where appropriate, associations between lifestyle factors and clinical parameters were evaluated.

Ethical Considerations

All procedures followed the standard ethical guidelines for human participant research. Participants provided informed consent after being briefed on the purpose of the study. Personal information remained confidential, and data were securely processed. Health assessment reports were kept private and returned to the participants individually. Participants with abnormal findings were referred for further evaluation and management.

RESULTS

SECTION 1: Demographic Characteristics of Participants in the Healthcare Screening Program A total of 161 students of healthcare and wellness screening were enrolled in the programme at Herrick Healthcare, Bhubaneswar. Table-2 demonstrates that the

most common age group was 21–23 years (44.7%), followed by 18–20 years (36.0%) and 24–25 years (19.3%). There was a slight predominance of female participants (54.7%) over males (45.3%); analysis according to gender. Such typical screening demographics show parity between the sexes and a greater engagement of younger adult females in our program.

Table 2. Demographic Distribution of Participants in Healthcare and Wellness Screening Program at Herrick Healthcare, Bhubaneswar

Variable	Frequency (n=161)	Percentage (%)
Age 18–20	58	36.0
Age 21–23	72	44.7
Age 24–25	31	19.3
Male	73	45.3
Female	88	54.7

SECTION 2: Assessment of Medical History, Family Risk Factors, Medication Use, and Allergies When looking at medical histories, few participants reported health problems. However, many of them had family members with long-term illnesses. Among all participants, 18 (11.2%) reported having conditions such as diabetes, high blood pressure, asthma, or thyroid issues. Notably, 52 participants (32.3%) had family members

with diabetes or high blood pressure, showing a risk of these diseases in the group (Table-3). Regarding medication, 14 participants (8.7%) were taking prescribed drugs, indicating that some were managing health issues. Additionally, 21 participants (13.0%) had allergies that could affect their medical care and lifestyle.

Table 3. Distribution of medical history, family disease prevalence, medication use, and allergy status among participants

Parameter	Yes (n)	Percentage (%)
Known Medical Condition	18	11.2
Family History of Diabetes/Hypertension	52	32.3
Current Medication Use	14	8.7
Allergy History	21	13.0

SECTION 3: Distribution of Sleep Duration and Prevalence of Daytime Fatigue Among Participants

Many participants had irregular and poor sleep habits. Approximately 39.8% slept less than 6 hours a day, showing that many did not get enough sleep. Most participants (50.9%) slept 6–8 h per day, which is the recommended amount for adults. Only a few (9.3%) slept for more than 8 hours daily (Table-4). In addition to sleep time, 44.1% of the participants felt tired during the day. This suggests that they had poor sleep quality or disrupted sleep, even if they slept for enough hours. Daytime tiredness in nearly half of the participants may have been due to irregular sleep schedules, excessive screen time, or academic stress.

Table 4. Prevalence of Sleep Duration Patterns and Daytime Fatigue Among Participants

Parameter	Frequency	Percentage (%)
Sleep <6 hrs/day	64	39.8
Sleep 6–8 hrs/day	82	50.9
Sleep >8 hrs/day	15	9.3
Daytime Fatigue	71	44.1

SECTION 4: Assessment of Physical Activity Patterns and Sedentary Behavior Among Study Participants Analysis of the participants' physical activity levels revealed a heterogeneous pattern of engagement in

regular exercise. Among the total study cohort, 90 participants (55.9%) reported engaging in regular physical activity, whereas 71 participants (44.1%) were classified as leading a sedentary lifestyle. This indicates that nearly half of the participants exhibited an inadequate level of physical activity. Further examination demonstrated that only 63 participants (39.1%) exercised at least three times per week, which is generally regarded as the minimum recommended frequency for maintaining optimal health status. This finding suggests that although a portion of participants reported being physically active, the intensity and consistency of their exercise regimen may still be insufficient (Table-5).

Table 5. Physical Activity Patterns and Exercise Frequency Among Study Participants

Parameter	Frequency	Percentage (%)
Regular Exercise	90	55.9
Sedentary Lifestyle	71	44.1
Exercise ≥ 3 times/week	63	39.1

SECTION 5: Assessment of Dietary Patterns and Nutritional Deficiencies in Young Adults: Evidence of High Junk Food Consumption and Poor Hydration

Nutritional assessment identified a significant prevalence of dietary imbalance among the study participants. A substantial proportion of individuals reported frequent consumption of junk food, with 82 participants (50.9%) indicating a regular intake of fast or processed foods. Additionally, 49 participants (30.4%) reported skipping breakfast, suggesting irregular meal patterns that may adversely affect metabolic health (Table-6). Adequate fruit consumption was observed in only 59 participants (36.6%), indicating that the majority of the population had insufficient intake of essential micronutrients. Furthermore, 67 participants (41.6%) reported a daily water intake of less than 2 liters, highlighting suboptimal hydration practices.

Table 6. Distribution of Dietary Habits and Nutritional Intake Among Study Participants

Parameter	Frequency	Percentage (%)
Skips Breakfast	49	30.4
Frequent Junk Food Intake	82	50.9
Adequate Fruit Intake	59	36.6
Water Intake <2 L/day	67	41.6

SECTION 6: Prevalence and Impact of Academic Stress, Anxiety, and Cognitive Difficulties Among

Students The evaluation of mental health indicators revealed a significant prevalence of psychological stress among participants. Most participants reported experiencing academic stress, with 96 (59.6%) indicating moderate to high stress levels associated with academic responsibilities. This underscores academic pressure as a substantial contributor to the mental health burden within the study population (Table-7). Additionally, anxiety symptoms were reported by 54 participants (33.5%), indicating that a considerable proportion of individuals experience emotional distress that may impact their daily functioning and overall well-being. Furthermore, difficulty in concentration was observed in 61 participants (37.9%), which may be linked to both academic stress and underlying anxiety.

Table 7. Distribution of Mental Health Indicators Among Study Participants

Parameter	Frequency	Percentage (%)
Academic Stress	96	59.6
Anxiety Symptoms	54	33.5
Difficulty Concentrating	61	37.9

SECTION 7: Lifestyle Risk Behavior Patterns Among Study Participants with Emphasis on Digital Exposure

An evaluation of the lifestyle behaviors of the study participants identified the presence of specific risk factors. Although substance use was observed in a relatively small proportion of the cohort, behavioral risk patterns, such as extended screen exposure, were notably prevalent. Among the participants, tobacco use was reported by 19 individuals (11.8%), and alcohol consumption was noted in 27 participants (16.8%), indicating moderate engagement in substance-related risk behaviors. In contrast, excessive screen time (>6 hours/day) was reported by a majority of participants, totalling 89 individuals (55.3%), thereby highlighting a significant trend towards a sedentary lifestyle (Table-8). The findings suggest that while traditional lifestyle risk factors, such as tobacco and alcohol use, were comparatively lower, digital lifestyle habits, particularly prolonged screen time, emerged as major behavioral risk factors within the study population. This pattern may contribute to associated health concerns, including reduced physical activity, sleep disturbances, and mental health problems.

SECTION 8: Assessment of Preventive Healthcare Awareness and Practices Among Participants: A Cross-Sectional Study Analysis of preventive healthcare awareness showed a moderate level of awareness among participants. The majority (95.0%) reported receiving the COVID-19 vaccination, demonstrating

Table 8. Distribution of Lifestyle Risk Behaviours Among Study Participants

Parameter	Frequency	Percentage (%)
Tobacco Use	19	11.8
Alcohol Consumption	27	16.8
Screen Time >6 hrs/day	89	55.3

high compliance with public health initiatives (Table-9). However, awareness of other preventive measures was low. Only 26.1% of the participants underwent regular health checkups, suggesting limited engagement in routine monitoring. Similarly, only 36.0% were aware of their Body Mass Index (BMI) status, indicating a gap in personal health knowledge.

Table 9. Preventive Healthcare Awareness and Practices Among Participants

Parameter	Frequency	Percentage (%)
Regular Health Check-up	42	26.1
Vaccination (COVID-19)	153	95.0
Aware of BMI Status	58	36.0

SECTION 9: Basic Health Tests Evaluated at Herrick Healthcare

Clinical evaluation at Herrick Healthcare identified baseline health indicators and risk factors for the participants. Anthropometric and vital parameters were within the normal range, although individual variability showed undernutrition and lifestyle-related health risks. The mean height and weight were 165.4 ± 8.1 cm and 61.8 ± 11.5 kg, respectively, with a mean BMI of 22.6 ± 3.8 kg/m², indicating a normal nutritional status. Vital parameters, including pulse rate (78 ± 10 beats/min), respiratory rate (18 ± 3 breaths/min), temperature (98.4 ± 0.6 °F), and oxygen saturation ($97.8 \pm 1.2\%$) were within physiological limits. The analysis of clinical risk indicators revealed significant health concerns. Of the participants, 17.4% were underweight, while 25.5% were overweight or obese, showing a dual burden of malnutrition. Cardiovascular assessment revealed that 11.8% were pre-hypertensive and 5.0% were hypertensive. Hematological evaluation showed that 24.2% of the patients had mild anemia, suggesting nutritional deficiencies. Additionally, 6.2% had abnormal urine findings, 18.0% had vision defects, and 1.8% showed elevated random blood glucose levels, indicating potential metabolic disorders.

Discussion

The cross-sectional health screening study at Herrick Healthcare in Bhubaneswar provides insights into the

Table 9A. Anthropometric & Vital Parameters

Parameter	Mean \pm SD
Height (cm)	165.4 \pm 8.1
Weight (kg)	61.8 \pm 11.5
BMI (kg/m ²)	22.6 \pm 3.8
Pulse Rate (beats/min)	78 \pm 10
Respiratory Rate (breaths/min)	18 \pm 3
Temperature (°F)	98.4 \pm 0.6
SpO ₂ (%)	97.8 \pm 1.2

Table 9B. Clinical Risk Indicators

Parameter	Mean \pm SD
Height (cm)	165.4 \pm 8.1
Weight (kg)	61.8 \pm 11.5
BMI (kg/m ²)	22.6 \pm 3.8
Pulse Rate (beats/min)	78 \pm 10
Respiratory Rate (breaths/min)	18 \pm 3
Temperature (°F)	98.4 \pm 0.6
SpO ₂ (%)	97.8 \pm 1.2

health status, lifestyle behaviours, and risk factors among students aged 18–25. Although young adults are seen as healthy, our findings showed nutritional imbalances, early cardiovascular risk markers, anemia, and psychosocial stress, highlighting lifestyle-associated health concerns in this age group. Most participants were within the 21–23 years, a period marked by academic pressure, career planning, and lifestyle changes. Health behaviors in young adulthood significantly impact long-term morbidity patterns [17]. Students reporting irregular sleep and extended screen time (>6 hours/day) align with global university trends. Sleep deprivation is associated with impaired metabolism, reduced cognitive performance, and cardiovascular risk [18]. Half of the participants exhibited sedentary behavior and frequent junk food consumption. These patterns match those of Indian and global college populations, where modernization reduces physical activity and increases processed food intake. Sedentary lifestyles and poor diets elevate the risk of obesity and metabolic syndrome in early adulthood [19]. The BMI evaluation revealed that 17.4% of students were classified as underweight, while 25.5% were overweight or obese, illustrating the "double burden of malnutrition," which refers to the simultaneous presence of undernutrition and overnutrition. Being underweight suggests insufficient nutrient consumption, whereas being overweight is linked to a heightened risk of insulin resistance and cardiovascular issues [7]. The rate of obesity among young adults has increased over the last 20 years [23]. Early detection of abnormal BMI is vital because weight-related health

risks can continue into adulthood. Screening initiatives can facilitate early lifestyle interventions, focusing on diet and physical activity. About one-third of participants showed mild-to-moderate anemia, more prevalent among female students. Iron deficiency anemia is a major public health issue in developing nations, especially among young women [24]. Anemia in early adulthood can negatively impact physical endurance, cognitive function, and academic achievement. Untreated anemia in reproductive-age women may affect future maternal health. These findings highlight the need for regular hemoglobin assessments and educational initiatives on nutrition, promoting iron-rich diets and supplements [25]. Addressing anemia institutionally could improve academic performance and long-term health outcomes. Most students had normal blood pressure, but 16% showed pre-hypertension or hypertension. High blood pressure in youth indicates potential cardiovascular diseases [11]. Factors like high sodium intake, stress, obesity, and lack of sleep may contribute. Early screening identifies at-risk individuals, allowing preventive measures like exercise, diet changes, and stress reduction. Cardiovascular diseases are the leading global cause of death [17], making early intervention crucial. Almost 60% of participants reported academic stress, while over a third had anxiety or concentration difficulties. Mental health issues among college students are documented globally [22]. Academic pressure, career uncertainty, societal expectations, and lifestyle disruptions heighten stress. Chronic stress poses mental and physiological risks, affecting sleep, eating habits, and cardiovascular function [26]. Incorporating mental health counseling and stress management workshops into institutional health programs could enhance student well-being. Although only a small number of young adults reported using tobacco and alcohol, the prevalence of these habits is concerning. Starting substance use at an early age increases the risk of long-term addiction and related health issues [17]. Health education programs that emphasize preventive awareness are crucial for reducing these dangers. Approximately 25% of participants indicated that they regularly underwent health check-ups, highlighting a lack of awareness regarding preventive health measures. Preventive care is fundamental to public health, as early identification of risk factors can greatly diminish the future impact of diseases [23]. Screening programs at institutions such as Herrick Healthcare exemplify successful strategies for promoting preventive health.

Conclusion

This study highlights the importance of structured health screening for young adults, particularly college students aged 18–25, undergoing significant transitions. Findings show that even in healthy populations, many have early health risk indicators like abnormal BMI, mild anemia, and borderline hypertension, which may lead to chronic diseases if unaddressed. The study also emphasizes the impact of lifestyle factors such as inadequate sleep, low physical activity, poor diet, and excessive screen time on health. Moderate awareness of preventive healthcare indicates a gap between knowledge and practice. Results support the need for regular, institution-based wellness screening for early detection, health education, and timely intervention. These initiatives promote healthier lifestyles, improve awareness, and reduce disease burden. Integrating preventive healthcare in educational institutions is a proactive approach to building a healthier young population and strengthening public health outcomes.

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Authors' contributions

The author contributed to data analysis, as well as the writing and revision of the manuscript. They have agreed to assume responsibility for all aspects of this work.

Declaration of Conflicts of Interests

The author declares that there is no conflict of interest.

Availability of data and materials

Not Applicable

Declarations

Authors declare that all works are original and this manuscript has not been published in any other journal.

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