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Relationship between Spirituality, Health Protective Behavior and Psychological Well Being among Unirvesity Students

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***Abstract*:** This study explores the relationship between spirituality, health-protective behavior, and psychological well-being among university students. A sample of 200 students from the University of Haripur, Pakistan, was surveyed using validated instruments to assess these variables. The findings reveal a significant positive correlation between spirituality and psychological well-being, indicating that higher levels of spirituality are associated with better mental health outcomes. Additionally, health-protective behaviors were found to mediate this relationship, suggesting that students who engage in practices like regular exercise, balanced nutrition, and stress management experience enhanced psychological well-being. These results underscore the importance of integrating spiritual and health-promoting behaviors into university health programs to support holistic student well-being. The study recommends further research to examine these relationships across diverse populations and settings to increase the generalizability of the findings.

Keywords: Spirituality, Health-Protective Behavior, Psychological Well-Being, University Students, Mental Health.

1. Introduction

Introduction: Like any branch of science, psychology updates itself according to contemporary needs. While approaches to psychology have traditionally been problem-focused, recent trends emphasize positive psychology, focusing on revealing people's strengths and promoting positive functioning (Snyder et al., 2011).

1.1 Spirituality

Spirituality is a broad and complex concept, varying across cultural, religious, and academic backgrounds (Koenig, 2008; Cour & Götke, 2012). Historically linked with religion, spirituality is now seen as broader, focusing on an individual's core rather than something external. Makkar and Singh (2018) define spirituality as a transcendental relationship with a higher being, leading to self-awareness and societal service.

1.2 Health behaviors

Health behaviors are crucial in preventive care (Sobal, 1986). Public health emphasizes healthy lifestyles, as 60% of

global disease burden stems from unhealthy habits (Ping et al., 2018). Changing these behaviors can improve health and prevent diseases. Health-promoting and health-protective behaviors, defined by researchers like Pender and Harris, contribute to individual well-being and disease prevention (Walker; Ping et al., 2018).

1.3 Positive Psychology

Positive psychology has shifted the focus in mental health from disease to well-being, exploring hedonistic and eudaimonic approaches. Psychological well-being (PWB) includes self-acceptance, autonomy, and personal growth, among other components (Ryff, 2014). High PWB involves feeling capable, happy, and satisfied with life.

1.4 Importance of the Problem

Understanding the relationship between spirituality, health protective behaviors, and psychological well-being is crucial for several reasons:

1) Spirituality influences health behaviors and psychological well-being, offering a holistic perspective on health.
2) Spiritual beliefs guide health-related decisions, impacting public health strategies.
3) Analyzing literature on these factors can provide insights into their interactions and effects on health and psychological outcomes (Ryff, 2014).

1.5 Variables of the Study

Spirituality is often associated with religion but is increasingly recognized as a distinct, broader concept. It aims to make life meaningful and achieve spiritual fulfillment through various means, such as art, nature, and relationships (Astrow et al., 2001). Spirituality, though difficult to define universally, is linked to personal growth and well-being (Makkar & Singh, 2018).

1.6 World Health Organization (WHO)

Defines health as encompassing physical, mental, social, and spiritual well-being, emphasizing spirituality's role in overall health (WHO, 2021). Spiritual counseling, addressing meaning, belief, and purpose, supports individuals' well-being and coping mechanisms (Ayten, 2020). Spirituality has been shown to enhance mental health and reduce harmful behaviors (Thoresen, 2007; Plante, 2009). In sum, spirituality, health protective behaviors, and psychological well-being are interrelated, with spirituality playing a key role in promoting health and psychological functioning. Research highlights spirituality's positive impact on both physical and mental health, though it remains a complex, multidimensional concept (Miller & Kharitonov, 2012; Unterrainer et al., 2014).

1.7 Health Protective Behavior (HPB)

Refers to activities individuals undertake to prevent illness or detect it in its early stages, as originally defined by Kasl and Cobb (1966). Traditional research has primarily focused on medically approved preventive behaviors, such as regular check-ups and adherence to health professionals' advice, because these are believed to reduce disease incidence (Becker, 1974; Rosenstock, 1969).

However, Roghmann and Haggerty (1972) highlighted that much of what people do to prevent illness remains largely unknown. HPB is understood to be multidimensional, involving various behaviors that are interconnected, though researchers like Williams and Wechsler (1972) note the need to better understand these relationships. There is a call to empirically determine the dimensions of HPB and to assess how these behaviors vary based on individuals' health conditions.

1.8 Health Belief Model (HBM)

Developed by Rosenstock (1966, 1969), explains health-related behavior as influenced by individuals' perceptions of disease threat, the benefits of preventive actions, and cues to action, all modified by demographic and psychological factors. Becker and colleagues later expanded the model to account for a broader range of health behaviors, not just those recommended by professionals (Becker et al., 1977).

One challenge with HPB is maintaining consistency over time, as behaviors like exercise and healthy eating can fluctuate due to varying daily factors, making long-term adherence difficult (Dunton, 2018). Research has traditionally focused on long-term, between-person effects, but there's a growing interest in understanding micro-temporal processes—short-term, within-person variations that influence health behaviors. Emerging technologies like smartphones and smartwatches now enable the collection of continuous data, offering new opportunities to

analyze these dynamic behaviors. These insights could lead to more personalized, adaptive interventions aimed at sustaining HPB over time (Dunton, 2018).

1.9 Psychological Well-Being: Theoretical Foundations and Key Research

Psychological well-being (PWB) draws from theories like Maslow's self-actualization (1968), Rogers's fully functioning person (1961), and Erikson's psychosocial stages (1959). Ryff (1989) integrated these into a six-dimensional model: self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth. Though criticized for scale independence (Springer & Hausner, 2006), it remains influential, with links to reduced depression and better immune function (Ryff & Keyes, 1995; Fredrickson et al., 2011). The model aligns with the WHO's health definition (1948). Research on youth PWB, especially amid challenges like COVID-19, highlights the need for robust assessment tools, such as the Comprehensive Inventory of Thriving (CIT) for Youth. Additionally, studies at the University of Haripur suggest positive links between spirituality, health behaviors, and PWB (Makkar, 2020; Ping et al., 2017).

2. Literature Review

The literature review explores the impact of various factors on the psychological well-being and spirituality of women students. Studies show that age, gender, socioeconomic status, and environmental factors significantly influence psychological well-being. Younger students often face more stress, while older students display higher resilience. Spirituality is positively correlated with psychological well-being, serving as a coping mechanism during crises like the COVID-19 pandemic. The studies highlight the importance of spiritual practices and recommend integrating spiritual support in educational settings to enhance mental health. However, limitations like self-report biases and cross-sectional designs are noted. Key references include Thavudan et al. (2019), Hoseinifar et al. (2010), Fatmawati et al. (2023), Anwar et al. (2024), and Bożek et al. (2020).

2.1 Rationale

Research shows that spirituality enhances mental health and reduces risky behaviors, while health-protective behaviors like exercise support psychological well-being (Levin & Chatters, 1998; Boswell et al., 2006; Weiwei Ping et al., 2018). This study aims to explore these relationships specifically among University of Haripur (UOH) students, addressing a gap in current research.

2.2 Significance of the Study

a) Adds to literature on spirituality and well-being in a UOH context.
b) Informs university health programs to improve student support.
c) Offers potential for new theoretical models on spirituality and health behaviors.
d) Assists in creating policies that support student health and spiritual practices.

3. Method

This study aims to explore the relationships between spirituality, health-protective behavior, and psychological well-being among 200 University of Haripur students. Objectives include examining the association of spirituality and health-protective behavior with psychological well-being, and assessing the impact of education type on well-being. Hypotheses suggest positive correlations between spirituality, health-protective behavior, and psychological well-being, with expected gender differences. Spirituality is measured using the Spirituality Measurement Questionnaire, health-protective behavior with the Health Protective Behavior Scale, and psychological well-being with the Ryff Scales. Data is collected via surveys in English, analyzed using SPSS version 26, with measures for reliability and descriptive statistics to report participant characteristics and correlations. Ethical considerations include informed consent and data confidentiality. Findings will inform interventions to enhance student well-being.

4. Result and Discussion

Table 1: Frequencies and percentages of demographic variables of Study (N = 200)

Variables	Category	F	%

Gender			
	Female	124	62.0
	Male	76	38.0
Age			
	18-20	17	8.5
	20-30	169	84.5
	30-40	14	7.0
Education			
	BS	168	84.0
	MS	13	6.5
	Mphil	9	4.5
	Ph.D	10	5.0
Marital Status			
	Single	163	81.5
	Married	35	17.5
d			Separate 2 1.0

Table 1 presents the frequencies and percentages for various demographic variables of the study sample, which consists of 200 participants. The gender distribution shows that 62% of the participants are female (n=124), while 38% are male (n=76). Age-wise, the majority of the participants (84.5%) are between 20-30 years old (n=169), followed by 8.5% in the 18-20 age group (n=17) and 7% in the 30-40 age group (n=14). In terms of education, 84% of the participants hold a BS degree (n=168), 6.5% have an MS degree (n=13), 4.5% are MPhil holders (n=9), and 5% have a Ph.D. (n=10). Regarding marital status, 81.5% of participants are single (n=163), 17.5% are married (n=35), and 1% are separated (n=2).

Table 2: Correlation of study variables (N=200)

Variables	1	2	3
1 PSW	--		
2 SS	.393**	--	
3 HPS	.380**	.366**	- -

Note. ***p < .001, **p < .01, *p < .05

PSW = Psychological Well-being
SS = Spirituality Measuring Scale
HPS = Health Protective Scale

Table 2 details the correlation coefficients among the study variables: Psychological Wellbeing (PSW), Spirituality Scale (SS), and Health Protective Scale (HPS). The results indicate a significant positive correlation between PSW and SS ($r = .393$, $p < .01$), between PSW and HPS ($r = .380$, $p < .01$), and between SS and HPS ($r = .366$, $p < .01$). These findings support the hypothesis that spirituality and health-protective behaviour are positively associated with psychological well-being, as well as with each other.

Table 3: Independent Samples t-test for Gender Differences on Study Variables (N=200)

Variables	Female (n=124)	Male (n=76)		95% CI		Cohen's d
	M(SD)	M(SD)	t(200) P	LL	UL	
PSW	127.24(16.17)	128.68(14.76)	.633 .528	-5.94	3.05	0.09
SS	131.32(17.45)	131.21(12.56)	.049 .961	-4.42	4.64	0.01
HPS	78.56(17.31)	80.24(17.88)	.658 .511	-6.72	3.35	0.09

Note: *p< .05. df= 198 Cl= confidence interval; LL= lower limit; UL= upper limit.

Table 3, The independent samples t-test was used to check gender differences in study variables among university students. Table 3 shows there was a non-significant gender differences in the Psychological Well-being, Spirituality and Health Protective Behavior, as the value of P was .528, .961, .511 respectively but the value must be *p< .05 to interpret results as significant. Data failed to support the formulated hypothesis about gender differeces on Psychological Well-being, Spirituality and Health Protective Behaviour. Table 3 presents the results of the independent samples t-test conducted to examine gender differences in the study variables. The means and standard deviations for females (n=124) and males (n=76) are reported for PSW, SS, and HPS. For PSW, the mean for females is 127.24 (SD = 16.17) and for males, it is 128.68 (SD = 14.76), with a t-value of .633 and p = .528, indicating non-significant differences. Similarly, for SS, females have a mean of 131.32 (SD = 17.45) and males 131.21 (SD = 12.56), with a t-value of .049 and p = .961, showing non-significant differences. For HPS, the mean for females is 78.56 (SD = 17.31) and for males, it is 80.24 (SD = 17.88), with a t-value of .658 and p = .511, again indicating nonsignificant differences. The 95% confidence intervals and Cohen's d values further confirm the lack of significant gender differences across these variables.

4.1 Discussion

This study confirmed that spirituality and health-protective behavior are positively associated with psychological well-being among university students, supporting hypotheses from Levin and Chatters (1998), Boswell et al. (2006), Lawler-Row and Elliott (2009), Yonker et al. (2012), and Archana and Updesh (2014). Significant positive correlations were found between spirituality and psychological well-being ($r = .393$, $p < .01$), and between health-protective behavior and psychological well-being ($r = .380$, $p < .01$). These relationships were consistent across different demographic groups. However, contrary to expectations, no significant gender differences were found in these variables, deviating from some prior studies.

4.1.1 Findings in Context and Limitations

The results align with Jesse and Reed (2004) and Unterrainer et al. (2014) on spirituality's protective role and Park et al. (2009) on health-protective behaviors. Limitations include the cross-sectional design, self-report biases, and the sample being from a single university, which may affect generalizability. Future research should use longitudinal studies, objective measures, and diverse populations to confirm causality and address these limitations.

4.1.2 Study's Contribution and Future Research

The study underscores the importance of integrating spirituality and health behaviors into student support programs. Future research should explore diverse populations, use mixed methods, and examine mediating and moderating factors like personality traits and social support to deepen understanding of how these factors influence psychological well-being.

5. Conclusion

This study confirms that spirituality and health-protective behaviors positively influence psychological well-being among university students, consistent with previous research (Levin & Chatters, 1998; Boswell et al., 2006). The findings highlight the value of integrating spiritual practices and health-promoting activities into student support programs. However, limitations such as the cross-sectional design and reliance on self-reported data suggest the need for longitudinal studies and more objective measures. Future research should explore these relationships in diverse settings and consider additional factors that might affect well-being. This study lays the groundwork for developing interventions to enhance student well-being.

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