

Relationship between Religiosity and Psychological Well-being among Muslims in Khyber Pakhtunkhwa PakistanUzaimah Riaz^{1*}, Sunila Raishad²**Abstract**

Religiosity is seen to be an important element for the psychological well-being of an individual, especially in spiritual societies like Pakistan. This study aims to investigate the correlation between religion and psychological well-being among Muslims in Khyber Pakhtunkhwa, Pakistan. A total of 300 Muslim adults (Men = 150; Women = 150) were recruited from the cities of Mardan and Peshawar. The age of participants ranged between 20–60 years. A cross-sectional, questionnaire-based survey design with a purposive sampling technique was employed. The IIUM Religiosity Scale (Mahudin et al., 2016) and Ryff's Psychological Well-being Scale (Ryff & Singer, 2006) were used to assess religiosity and psychological well-being, respectively. Data were analyzed using SPSS (Version 25) through descriptive statistics, correlation, and t-tests. Results revealed a significant positive relationship between religiosity and psychological well-being. To conclude, individuals with higher religiosity tend to experience greater psychological well-being. Future research may include diverse populations and explore the role of religiosity-based interventions in enhancing the psychological health.

Keywords: Gender Differences, Muslims, Pakistan, Psychological Well-being, Religiosity

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Introduction

In the field of positive psychology in particular, psychological well-being has become a key concept in modern psychology. Researchers are increasingly focusing on the existence of good functioning, life satisfaction, purpose, and emotional balance in addition to the absence of mental disease (Anli, 2025). Religious practices and beliefs have a particularly significant impact on well-being in culturally and religiously rooted nations like Pakistan. Due of its relationship to people's overall health, psychology today focuses a great deal of

attention on mental health. Recent research indicates that religiosity—including one's own beliefs, spiritual practices, and participation in religious activities—plays a significant role in promoting psychological well-being (Herdiansyah et al., 2024). This suggests that engagement in religion fosters mental health and spiritual growth.

According to Raza et al. (2016), religious and spiritual activities have an impact on people's coping strategies, moral compass, and interpersonal relationships, which in turn affects their general psychological well-being. Internalizing religion into oneself leads to a religious mindset. Moreover, religion functions as a belief system, a system of values, a system of symbols, and a system of actions that are based on the issues that are felt to be most significant. A religious person will make an effort to follow their religion's precepts at all times, as well as to believe in its ideas, follow its rituals, acquire religious knowledge, and have religious experiences.

According to Awad and Mayasari (2015), more research is necessary to determine

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whether Islamic religiosity is a predisposing factor for psychological well-being. Compared to their female counterparts, men reported more Islamic beliefs and ideas in a research study (Tamini & Fadaei, 2011).

A quantitative cross-sectional study was carried out by Maulan and Mardhiati (2024) to investigate the relationship between Muslim teenagers' mental health and their worship practices. 49 teenagers participated in the study. The findings showed that teenagers in excellent mental health were more likely to study the Qur'an, provide alms (sadaqah), participate in dhikr, and offer Sunnah prayers. These results imply that frequent religious worship is favorably connected with Muslim teenagers' mental health.

It is believed that religion has a major role in promoting psychological wellness, especially among young people. Previous research with teenage students has shown a substantial correlation between higher degrees of religiosity and better psychological well-being, which is further supported by increased happiness. These findings suggest that religion not only directly enhances psychological well-being but also fosters positive emotional states like happiness (Atikasri, 2021).

Research has shown that psychological well-being is a multifaceted and intricate concept (Ryff, 1989) that results from a combination of identity, emotional control, personality traits, and life experiences. According to Keyes et al. (2002), psychological well-being can rise with age, education, extraversion, and consciousness and fall with neuroticism. Positive attitudes toward oneself and others, the ability to make decisions and take action without assistance, the ability to create and maintain an environment that meets one's needs, having a clear sense of purpose in life, having a meaningful life, and the capacity to grow personally are all indicators of psychological well-being (Ryff & Singer, 2006).

Additionally, researchers have noted that a high degree of psychological well-being is not always correlated with a lack of distress. Feeling well and performing well are both components of psychological well-being. High psychological well-being individuals regard themselves as competent, satisfied with their lives, and well-supported (Ryff & Keyes, 1995).

The Ryff and Keyes (1995) multidimensional model is used to categorize psychological well-being. Positive self-acceptance, effective environmental mastery (control), meaningful relationships with others, pursuing meaningful goals and a sense of purpose in life, feeling positive for continued development and maturity, and autonomy (self-determination) are its six dimensions.

Theoretical Framework

Ryff's Psychological Well-Being Theory (1989), which views psychological well-being as a multifaceted construct reflecting optimal psychological functioning rather than only the absence of psychological discomfort, serves as the theoretical foundation for this study. Six fundamental dimensions—autonomy, environmental mastery, personal growth, positive connections with others, purpose in life, and self-acceptance—represent the ability to lead fulfilling, psychologically balanced lives, according to Ryff (1989).

Ryff's model is complemented by the Islamic conceptualization of well-being, where religiosity provides inner peace, psychological balance, and life satisfaction through faith (Iman), religious practices (Ibadah), moral conduct (Akhlāq), patience (Sabr), gratitude (Shukr), and trust in Allah (Tawakkul) (Momtaz et al., 2011). Religious beliefs and practices align with Ryff's dimensions, e.g., belief in divine purpose supports purpose in life, moral self-discipline enhances self-acceptance and autonomy, and religious social values foster positive relations with others.

Objectives

1. To investigate how religiosity and psychological well-being are related among Muslims in Khyber Pakhtunkhwa Pakistan.
2. To find out how Khyber Pakhtunkhwa Muslims' religiosity and psychological well-being differ by gender.

Hypotheses

H1: There will be a positive relationship between religiosity and psychological well-being.

- H2: Women will score higher on psychological well-being than men.

Method

Sample

The participants involved in this study were Muslims of Mardan and Peshawar, categorizing the age range into adults. The sample age range was 20-60 years old adults. A person who is older than 19 is considered an adult, according to the World Health Organization (2016). Sample size was $N=300$ Muslims from KP, Pakistan. Sampling technique was purposive sampling.

Instruments

IIUM Religiosity Scale (IIUMReIS)

Mahudin et al. (2016) developed IIUM Religiosity Scale. The IIUMReIS is used to assess the Islamic religiosity of the participants. Islam, Iman, and Ihsan are the three constructs that make up the scale. Ten items make up the scale: two are for Islam, three measure Ihsan, and five are connected to Iman. A 4-point Likert scale is used to grade the scale (1 being strongly disagree, 2 being disagree, 3 being agree, and 4 being strongly agree). Stronger religious devotion is indicated by higher scores on the scale, which runs from 10 to 40. The scale does not include items that need to be reverse-scored. Alpha reliability of scale is $\alpha = .92$.

Ryff Psychological Well-being Scale

Carol D. Ryff developed a psychological well-being (PWB) scale which measure six aspects of well-being and happiness which includes self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal

growth (Ryff & Singer, 2006). Reversed score of PWB are these items: 3, 5, 10, 13,14,15,16,17,18,19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41. Alpha reliability is .82. It consists of 42 items. High scores on the scale suggest high psychological well-being.

Procedure

The study design was cross-sectional survey research design. The permission for using above scales was taken from the authors. The data was collected in 4 weeks. The study was conducted in two phases: Pilot study (to check if our instruments are feasible or not) and Main study (conducted for to test the hypotheses of the study).

Phase I

Pilot study was conducted to identify and address instrumental issues. The pilot study was conducted on 50 samples ($N=50$).

Phase II

To examine the study's hypothesis, the main study was carried out. During this stage, information had been obtained from participants ($N=250$). They were asked to participate voluntarily, inform consent was given and then they were requested to fill the questionnaires. They were ultimately commended for their contribution.

Data Analysis

Different SPSS techniques were used for data analysis. The Pearson Product Moment Correlation was employed to determine the connection between psychological well-being and religiosity. And t testing was used for comparison between two populations (gender differences).

Ethical Considerations

The research study adhered to the APA 7th Edition ethical principles. The author's consent was obtained before using the scale in this study. Participants are assured by the researcher that any information they provide will be kept private and used exclusively for study. The confidentiality of their answers was guaranteed to the participants. The volunteers received assurances that they would not be harmed physically, emotionally, or in any other way.

Results (Pilot Study)

Table 1

Sample Characteristics of Participants of Pilot Study (N=50)

Sample Characteristics	Categories	<i>f</i>	%
Age	20-60	50	100
Gender	Male	35	70
	Female	15	30
Education	Undergraduate	18	36
	Graduate	27	54
	Postgraduate	5	10

Note. *f* =Frequency, %=Percentage

Table 1 presents the demographic characteristics of the participants ($N=50$) included in the pilot study. The majority of participants: 70% were male, while, 30% were female. All participants fell within the age range of 20-40 years. In term of educational background, 36% were

undergraduates, and 54% were graduates, while 10% possessed postgraduate qualifications. These demographics reflect a relatively young and educated sample, suitable for the purpose of the present study.

Table 2

Cronbach's Alpha Coefficient for Scales in the Pilot Study (N=50)

Scales	No. of Items	<i>a</i>
IUMReIS	10	.89
PWS	42	.92

Note: IUMReIS= Islamic International University Malaysia Religiosity of Islam Scale; PWS= Psychological Well-being Scale.

All of the scales employed in the pilot study had satisfactory reliability which is ($a > .5$) with values (.89 and .92). The reliabilities are good and acceptable. The

reliability of IUMReIS is .89 and the reliability of PWS is .92, thus are suitable for further statistical analysis.

Main Study

Table 3

Sample Characteristics of Participants of Pilot Study (N=250)

Sample Characteristics	Categories	<i>f</i>	%
Age	20-60	250	100
Gender	Male	105	42
	Female	145	58
Education	Undergraduate	111	44.4
	Graduate	89	35.6
	Postgraduate	50	20

Table 3 showed the detailed sample descriptive characteristics of the main study with frequencies and percentile. The age sample characteristics were 20-60 (100%). The gender sample characteristics were 105

male (42%) and 145 female (58%). The education sample characteristics were 111 undergraduates (44.4%), 89 graduated (35.6%) and 50 post-graduated (20%).

Table 4*Correlation between Religiosity and Psychological Well-being (N=250)*

Variables	M	SD	1	2
Religiosity	31	5.32	-	.76**
PWB	174	26.70	-	-

Table 4 demonstrated a significant ($p < .01$) positive relationship (.76**) between

psychological well-being and religiosity. Thus, it supporting hypothesis 1.

Table 5*Independent Samples t test for Gender Differences in Religiosity and Psychological Well-being (N=250)*

Variables	Male (N=105)		Female (N=145)		t	p	95%CI	
	M	SD	M	SD			LL	UL
Religiosity	30.09	5.23	32.37	5.19	-3.42	.56	-3.59	-.96
PWB	168.80	28.72	179.15	24.32	-3.07	.29	-16.97	-3.71

Note: M=Mean; SD= Standard Deviation; CI=Confidence Interval; LL=Lower limit; UL=Upper limit.

Table 5 showed that there were gender differences on the variable of religiosity and psychological well-being. There was a difference between male ($M=30.09$, $SD=5.23$) and female ($M=32.37$, $SD=5.19$) on the variable of religiosity and also on

psychological well-being male ($M=168.80$, $SD=28.72$) and female ($M=179.15$, $SD=24.32$). But that differences were not significant.

Discussion

The current study supported hypothesis 1, which was consistent with previously published studies and showed a positive correlation between religiosity and psychological well-being. The studies conducted by Awad and Mayasari (2015), Maulina (2010), Saleem & Saleem (2017), Tiliouinea et al. (2009) suggest that religiosity is associated with well-being.

The hypothesis 2 was also supported in the current study. Table 5 showed that there were gender differences on the variable of psychological well-being. The result of this study was aligned with the study by Casey and Rebecca (2011) which revealed no significant gender differences in psychological well-being.

The results of this study supports the study findings of Abdul Khaiyom (2022). The study results showed that male and female students were similar in their religiosity. The study by Osman and Ahmed (2021)

also revealed no significant gender differences in religiosity.

According to research by Farooqi and Tamini (2010), women scored higher on the measures of well-being than men. However, other research showed the opposite; women show more negative emotions than males do, according to Tesch-Römer et al. (2008). Similar findings were obtained by other studies (Yuan et al., 2009).

Implications

The current study highlights the potential advantages of religious practice for psychological well-being by showing a strong positive correlation between religiosity and psychological well-being. In order to improve psychological results, mental health professionals may think about incorporating their clients' religious or spiritual traditions into therapy sessions. By promoting resilience and emotional development, educational and community initiatives can increase knowledge of the

beneficial effects of religion on wellbeing. Participating in private religious or spiritual activities may be a useful tactic for fostering psychological well-being and overall happiness at the individual level.

Conclusion

The present study explored the relationship between religiosity and psychological well-being among Muslims, as well as gender differences in these variables. The findings revealed a significant positive relationship between religiosity and psychological well-being, supporting the first hypothesis and highlighting the role of religiosity as an important factor in promoting psychological well-being.

Although female participants demonstrated higher mean scores on psychological well-being than males, the difference was not statistically significant ($p > .05$), indicating that psychological well-being does not meaningfully differ across gender. Therefore, the second hypothesis was partially supported. Additionally, no significant gender differences were found in religiosity, leading to the rejection of the third hypothesis. These findings may reflect cultural similarities in religious practices among males and females within the studied population.

The study's overall findings highlight the beneficial effects of religion on Muslims' psychological well-being. The results offer insightful information on the psychological function of religiosity in a religious and cultural setting. Larger and more varied sample sizes are advised for future studies in order to improve generalizability and investigate potential moderating factors.

Limitations and Suggestions

There are certain limitations to be aware of, despite the fact that this study provides valuable information. First, the study cannot show causal relationships between variables because it only employed correlational statistics; a prospective longitudinal design would be necessary to look into causal consequences. Second, because just a few facets of religiosity were assessed, it's possible that people's actual

degree of religious engagement was not sufficiently recorded. Third, the study only involved educated individuals, and the small sample size means that the findings cannot be generalized to a wider population. In light of these limitations, future research should consider additional demographic factors, such as employment status, marital status, and socioeconomic status, to better understand their influence on psychological health and religiosity. If the sample was increased to include a larger and more diverse population, the findings would be more widely relevant at the national level. Additionally, the relationship between religiosity and psychological well-being may become more evident through the use of longitudinal designs.

Ethics Statement

The study was conducted in accordance with the APA Ethical guidelines. Informed consent was obtained from all participants.

Contribution of Authors

Uzaimah Riaz: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft
Sunila Raishad: Methodology, Writing - Reviewing & Editing, Supervision

Conflict of Interest

There is no conflict of interest declared by the authors.

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Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [U.R.] upon the reasonable request.

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