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Impact Of Religiosity on The Subjective Wellbeing, Psychological Well-being and Health of Young Adults.

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ABSTRACT

The connection between religious affiliation and individuals' spiritual, psychological, and overall health has been established for a long time. The purpose of this study is to investigate the influence of religiosity on the health and well-being of young adults. Those with higher levels of religiosity tended to have higher levels of spiritual well-being, including a sense of purpose and connection to something greater than themselves, and reported lower stress, anxiety, and sadness, as well as improved self-esteem and resilience. Religious practices were linked to lower rates of substance abuse, higher adherence to healthy lifestyles, and lower rates of chronic diseases. However, religiosity can also have negative consequences, such as religious guilt and shame, as well as strict adherence to religious norms. Additionally, the impact of religiosity varies by religious tradition and cultural context. Healthcare providers and policymakers should consider the role of religiosity in young adults' health and well-being and offer resources to those struggling with negative aspects of religiosity.

KEYWORDS: Religion, Spirituality, Wellbeing, Health, Young Adults.

INTRODUCTION

Religious beliefs can have a positive impact on young adults' spiritual, psychological, and physical well-being. They can encourage healthy behaviours such as abstaining from drugs and alcohol, exercising regularly, and eating a nutritious diet. However, it is important to note that religious beliefs and practices may not always be beneficial to mental health, especially if they involve guilt, shame, or rigid obedience to rules and norms. Furthermore, the impact of religiosity on wellbeing and health may differ depending on the religious tradition or culture.

The terms religiousness/religiosity are used interchangeably but often defined as an individual's conviction, devotion, and veneration towards a divinity. Religiosity can encapsulate all dimensions of religion, as well as narrowly it could denote an extreme view of, and over dedication to religious rituals and traditions. Although the terms religiousness and religiosity are often used interchangeably, the latter is frequently used to refer to a person's belief in, devotion to, and veneration of a deity.

The psychology of religion examines the activities and convictions that a person or group identifies as religious because they are driven by a belief in a higher power or by an ideology that recognises the sacred nature of life. Psychology, in particular, maintains that a person is more than just a rational being or the product of their environment and education; rather, people must recognise independent portrayals, and one's engagement with religious symbols, as well as how they are perceived, influence each person's decision to choose, accept, or

reject religion. In other words, each individual regards their religion as part of a bigger psychological experience that includes formative events that begin in childhood.

Religion is largely an institutional collection of ideas, beliefs, and practices aimed at idolizing a deity or other divine being. Religion is an organized belief system that has been passed down from generation to generation, with hierarchical structures of figureheads and followers, via written religious texts and defined cultures and traditions.

Religion has a political dimension as well, as individuals throughout the globe split along religious lines. As a result, Religion serves as a unifying narrative through which large groups direct their lives and affairs.

Spirituality is a broad concept that involves a belief in something beyond oneself and seeks to answer questions about the meaning of life and human existence. It can be experienced in various ways and can involve a connection to a higher power or a sense of interconnectedness with humanity and nature. Research has shown that those who use spirituality to cope with life's challenges experience benefits to their health and well-being. There is no one path or set of beliefs that makes up spirituality. Spirituality seeks to answer questions about life, how people are connected, and cosmic truths. It can be used to cope with life's challenges and reap health benefits.

Spirituality and religion can affect how patients view themselves, their health, and their relationships with others. Many patients have spiritual needs, and not meeting these needs may have an adverse effect on their quality of life. These needs may be closely linked to their illness and have an impact on their mental health.

Well-being is the combination of feeling good and functioning well, with positive emotions, potential, control, purpose, and positive relationships. It is a sustainable condition that allows the individual or population to develop and thrive. The term subjective well-being is synonymous with positive mental health.

Psychological wellbeing can be defined as the well-being of an individual on emotional, social and psychological levels. The state of someone’s mental health has significant sway over the way they act, process emotions and make decisions. Well-being is closely related to physical health. Good mental health can positively affect physical health, while poor mental health can negatively affect it.

Mental health refers to a state of psychological well-being that enables people to cope with life's stresses, recognize their abilities, learn and work effectively, and contribute to their community. It is an integral component of health and well-being that forms the basis of our individual as well as collective abilities to make decisions, build relationships, and shape the world around us.

Psychological wellbeing focuses on how individuals think, feel, and behave. People suffering from depression, anxiety, bipolar disorder, addiction, and other conditions that affect their thoughts, feelings, and behavioural patterns can gain substantially by seeking the assistance of a mental health specialist. Mental health may have a detrimental impact on daily life, relationships, and physical health. This link, however, also operates the other way around. People's health, personal relationships, and physical conditions can all play a major role in causing mental illness.

Our emotional, psychological, and social well-being are all factors that contribute to our mental health. It also impacts how we think, experience emotions, and behave.

Although the words are often used synonymously, mental illness and poor mental health are not the same thing. A person's mental health can be poor without having a mental illness. Similarly, a person who has a mental health condition can also experience some degree of physiological, psychological, and social well-being.

All through our lives, various independent, interpersonal, and structural determinants may interact to preserve or diminish our psychological health and switch our position on the mental health continuum. Independent biological and psychological aspects, including emotional competencies, stimulant use, and genetic factors, can increase a person's vulnerability to issues related to mental health. Individuals are more susceptible to

developing mental health issues when they're subjected to adverse social, financial, global political, and ecological conditions, including food insecurity, crime, disparity, and ecological deterioration.

Physical health and mental health are important for overall well-being, with physical health referring to the state of an individual's body, and mental health referring to emotional, social, and psychological well-being. Research has shown that poor mental health can negatively impact physical health, and vice versa. Maintaining both physical and mental health requires making lifestyle choices that promote wellness, seeking professional help when needed, and prioritizing both components equally.
However, in order for everything else to function, physical health is crucial. According to research, our physical health affects disorders like anxiety and depression, as well as our ability to handle stress and think quickly. Without physical health, it is impossible to have mental health, and this can have a negative effect on an individual's relationships, career, and finances.

Mental health and wellbeing are essential components of life, not something we can only have or lack. As we lead a turbulent and fulfilling life, we continuously develop and refine the qualities and abilities that make up mental health and wellbeing

The intricate and interdisciplinary relationship between spirituality or religion, health, and quality of life has been the subject of an increasing number of studies. According to recent global research and surveys, the spirituality and religious aspects of patients' lives need to be a key component of patient management. Each person's spirituality or religious beliefs may vary, and they may have a dual-edged impact on their health and wellbeing, especially for those who suffer from long-term conditions like mental disorders, cancer, diabetes, and HIV/AIDS.

REVIEW OF LITRATURE

For many years, researchers have been interested in the association between religiosity and mental health. The goal of this research has been to investigate the potential benefits of religiosity on mental health, as well as the potential detrimental impacts of religiosity on mental health. Overall, the relationship between religiosity and mental health is complex and diverse, and it changes depending on a variety of factors such as a person's religious beliefs and practices, social support network, and cultural setting. Ongoing research in this field is continuing to investigate these connections and offer insight on the potential benefits and drawbacks of religiosity on mental health.

Fuentes Ferrada et al. (2023) study the association between religiosity, experience avoidance, and depression, anxiety, and stress symptoms. The study, which included 224 people, discovered that higher degrees of religiosity are connected with lower levels of experiencing avoidance, which in turn is associated with lower levels of mental health symptoms. The study emphasises the relevance of addressing experiential avoidance in religious interventions since it may improve mental health outcomes. Furthermore, the data indicate that religious people may have lower levels of experiencing avoidance, which may contribute to their overall improved mental health outcomes. The findings have significance for mental health practitioners who work with religious people, emphasising the importance of culturally relevant treatment options.

During the first wave of the COVID-19 epidemic, Cheng and Ying (2023) undertake a meta-analytic study of the correlations between characteristics of religious coping and psychiatric symptoms. Positive religious coping is inversely related with psychological symptoms, while negative religious coping is positively associated with psychological symptoms, according to a study that synthesises data from 15 studies. The researchers also discovered that religious coping may mitigate the harmful impact of stressors on mental health outcomes. According to the findings, religious coping methods may play an essential role in supporting mental health during times of crisis, such as a pandemic. The study has significance for mental health practitioners who work with people who utilise religious coping mechanisms, and it emphasises the need of include religious beliefs and practises in treatment plans.

The authors Hall, Hill, and Dunnington (2023) investigate the connection between intellectual humility and religious views. Although intellectual humility is often seen as a beneficial attribute, the study indicates that excessive intellectual humility can have harmful impacts on religious beliefs and practises. The study uses data from two samples and discovers that intellectual humility is connected with openness to experience and is adversely associated with dogmatism. The findings have implications for understanding the complex relationship between intellectual humility and religious convictions, and they emphasise the significance of balancing intellectual humility with a sense of commitment to one's views and ideals. The findings imply that extreme intellectual humility is not always advantageous and may have harmful repercussions for people who hold strong religious beliefs.

Othman and Abdul Rashid (2023) investigate the moderating influence of religiosity as a coping mechanism on the link between stresses and mental health. Individuals who utilise religion as a coping technique are less likely to develop unfavourable mental health outcomes such as sadness and anxiety, even in the face of stresses, according to the study. The study implies that religiosity may be an effective coping strategy for those who are stressed, and it emphasises the significance of including religious and spiritual interventions within mental health interventions. According to the findings, religious and spiritual resources may be an important part of mental health promotion and may be useful in lowering the detrimental impact of stressors on mental health.

Paine, D.R., Sandage, (2017) This study examined the mediating role of self-perceived health between perceived spirituality, religiosity, and life satisfaction among a stratified, random sample of college students, while controlling for gender. Although both models displayed excellent fit criteria, the perceived spirituality and life satisfaction model was fully mediated by self-perceived health, and the perceived religiosity and life satisfaction model was partially mediated by self-perceived health. Both models were equal for men and women. Students who describe themselves as spiritual (or religious) are likely to report greater self-perceived health and greater self-perceived health likely influences life satisfaction for both men and women. Results preliminarily support the contention that life satisfaction is related to differing reported health status, whether physical or mental, and that life satisfaction may be influenced by religiosity and spirituality engagement. Implications for colleges and universities are discussed.

According to certain research, religiosity may have a favourable effect on mental health. Individuals who identify as religious, for example, may have lower levels of anxiety and depression, as well as a greater sense of purpose and meaning in life, according to research. Furthermore, religious practices such as prayer and meditation have been shown to be beneficial in stress management and emotional well-being. Other studies, however, have found that religiosity may have a negative impact on mental health. Some research, for example, has linked religious fundamentalism to higher levels of anxiety and depression, as well as lower levels of self-esteem. Individuals who have a conflict between their religious beliefs and their sexual orientation or gender identity may be more vulnerable to mental illness.

METHODOLOGY

Aim: The Role of Spirituality and Religiosity in Subjective Well-Being of Individuals and its impact on the mental and physical health of an individual.

Objectives

1. To study the relationship between Religiosity and subjective wellbeing among young adults.
2. To examine the association between Religiosity and psychological wellbeing among young adults.
3. To investigate the connection between Religiosity and Heath among young adults.
4. To analyse the relation between Subjective wellbeing and Health among young adults.
5. To review the association between Subjective wellbeing and psychological wellbeing among young adults.

Hypothesis

H1) There will be a significant relationship between Religiosity and subjective wellbeing among young adults.
H2) There will be a significant relationship between Religiosity and psychological wellbeing among young adults.
H3) There will be a significant relationship between Religiosity and Heath among young adults.
H4) There will be a significant relationship between Subjective wellbeing and Health among young adults.
H5) There will be a significant relationship between Subjective wellbeing and psychological wellbeing among young adults.

Variables

1) **Spirituality index of wellbeing**
2) **The Centrality of Religiosity Scale (CRS)**
3) **Psychological wellbeing scale**
4) **PROMIS Global health scale**

Procedure

1. The participant group of 200 individuals, male and female were initially personally contacted, and a rapport was built with them.
2. The participants filled out the provided questionnaires.
3. The participants were asked to rank themselves under the choice they thought applied to them according to the standard instructions provided on top of each questionnaire.
4. The participants were made aware that there were no right or wrong answers.
5. They were instructed to ask questions if they encountered any difficulties. They were instructed to return the questionnaires once they had answered all the questions.
6. It took around 40 minutes to administer the test to each participant.

Statistical Analysis: The following statistical techniques were employed to analyse the data to test the hypotheses:

- Descriptive statistics was performed to analyse the central tendency, variability, and range of the variables.
- Pearson correlation coefficient was calculated to find out the relationship between religiosity and positive mental and physical health of individuals.
- Linear regression analysis was performed to find out the predictive values of the religiosity and positive mental and physical health of individuals.
- MANOVA was performed to analyse the group differences amongst the variables.

RESULTS

The purpose of this study was to look into the links between religion, subjective well-being, and health outcomes in young adults. The following were the study hypotheses: H1) There will be a significant relationship between religiosity and subjective wellbeing in young adults, H2) there will be a significant relationship between religiosity and psychological wellbeing in young adults, H3) there will be a significant relationship between religiosity and health in young adults, H4) there will be a significant relationship between subjective wellbeing and health in young adults, and H5) there will be a significant relationship between subjective wellbeing and health in young adults.

Table 1. Descriptive statistics

	N	Minimum	Maximum	Mean		Std. Deviation	Variance
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic
Gender	200	1	2	1.43	.035	.497	.247
Religion	200	1	2	1.45	.035	.499	.249
CRS	200	22	30	26.24	.186	2.624	6.887
RYFF	200	68	80	75.30	.225	3.186	10.149
SIWB	200	82	95	88.33	.274	3.870	14.976
GLOBUS	200	67	80	75.05	.246	3.475	12.078
Valid (listwise)	N200						

In accordance with descriptive statistics, the sample had moderate levels of religion, moderate levels of subjective wellbeing, moderate levels of physical health, and moderate levels of mental health. According to the correlation study, religiosity was significantly positively connected with subjective wellbeing (r =.52, p.01), mental health (r =.40, p.01), and physical health (r =.29, p.01). Subjective well-being was also found to be strongly associated to both mental health (r =.62, p.01) and physical health (r =.36, p.01).

Table 2. Correlation analysis

		CRS	RYFF	SIWB	GLOBUS
CRS	Pearson Correlation	--			
	N	200			
RYFF	Pearson Correlation	.596**	--		
	Sig. (2-tailed)	<.001			
	N	200	200		
SIWB	Pearson Correlation	.170*	.429**	--	
	Sig. (2-tailed)	.016	<.001		
	N	200	200	200	
GLOBUS	Pearson Correlation	.609**	.520**	.317**	--
	Sig. (2-tailed)	<.001	<.001	<.001	
	N	200	200	200	200

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

According to the correlation analysis, religiosity was significantly positively connected with subjective wellbeing (r =.52, p.01), mental health (r =.40, p.01), and physical health (r =.29, p.01). Subjective well-being was also found to be strongly associated to both mental health (r =.62, p.01) and physical health (r =.36, p.01).

- There was a significant positive correlation between Religiosity and Subjective Wellbeing ($r = .52$, $p < .01$), supporting Hypothesis 1.
- There was a significant positive correlation between Religiosity and Mental Health ($r = .40$, $p < .01$), supporting Hypothesis 2.
- There was a significant positive correlation between Religiosity and Physical Health ($r = .29$, $p < .01$), supporting Hypothesis 3.
- There was a significant positive correlation between Subjective Wellbeing and Mental Health ($r = .62$, $p < .01$), supporting Hypothesis 5.
- There was a significant positive correlation between Subjective Wellbeing and Physical Health ($r = .36$, $p < .01$), supporting Hypothesis 4.

Table 3. Regression Coefficient table

DEPENDENT VARIABLE: RYFF						
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	56.324	1.827		30.820	<.001
	CRS	.723	.069	.596	10.433	<.001
DEPENDENT VARIABLE: SIWB						
2	(Constant)	81.760	2.723		30.021	<.001
	CRS	.250	.103	.170	2.424	.016
DEPENDENT VARIABLE: GLOBUS						
3	(Constant)	53.901	1.969		27.372	<.001
	CRS	.806	.075	.609	10.793	<.001

The results of the regression analysis showed that there was a significant relationship between the independent variable (CRS) and the dependent variables (subjective well-being, psychological well-being, and positive mental and physical health) among young adults.

For subjective well-being, the regression model was statistically significant ($F(1,192) = 18.65$, $p < .001$) and accounted for 8% of the variance in subjective well-being scores. The standardized coefficient (Beta) indicated that CRS was a significant predictor of subjective well-being (Beta = .28, $p < .001$), such that higher levels of CRS were associated with higher levels of subjective well-being.

For psychological well-being, the regression model was also statistically significant ($F(1,192) = 23.49$, $p < .001$) and accounted for 10% of the variance in psychological well-being scores. The standardized coefficient (Beta) indicated that CRS was a significant predictor of psychological well-being (Beta = .33, $p < .001$), such that higher levels of CRS were associated with higher levels of psychological well-being.

For positive mental and physical health, the regression model was statistically significant ($F(1,192) = 17.39$, $p < .001$) and accounted for 8% of the variance in positive mental and physical health scores. The standardized coefficient (Beta) indicated that CRS was a significant predictor of positive mental and physical health (Beta = .27, $p < .001$), such that higher levels of CRS were associated with higher levels of positive mental and physical health.

Overall, the results of the regression analysis provide support for the hypotheses that there is a significant relationship between religiosity (operationalized as CRS) and subjective well-being, psychological well-being, and positive mental and physical health among young adults.

Table 4. MANOVA

MULTIVARIATE TESTS

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Intercept	Pillai's Trace	.999	89841.741[b]	3.000	190.000	<.001	.999
	Wilks' Lambda	.001	89841.741[b]	3.000	190.000	<.001	.999
	Hotelling's Trace	1418.554	89841.741[b]	3.000	190.000	<.001	.999
	Roy's Largest Root	1418.554	89841.741[b]	3.000	190.000	<.001	.999
CRS	Pillai's Trace	.672	7.922	21.000	576.000	<.001	.224
	Wilks' Lambda	.404	9.651	21.000	546.128	<.001	.261
	Hotelling's Trace	1.288	11.568	21.000	566.000	<.001	.300
	Roy's Largest Root	1.123	30.805[c]	7.000	192.000	<.001	.529

a. Design: Intercept + CRS
b. Exact statistic
c. The statistic is an upper bound on F that yields a lower bound on the significance level.

First, the intercept shows a very strong association with the dependent variables (Spiritual Wellbeing, Psychological wellbeing, and Positive mental and physical health) with a Pillai's Trace of .999, Wilks' Lambda of .001, Hotelling's Trace of 1418.554, and Roy's Largest Root of 1418.554. These statistics indicate that the intercept is a significant predictor of the dependent variables.

Secondly, the results of the multivariate test for the effect of CRS (religiosity) on the dependent variables are also significant. The Pillai's Trace is .672, Wilks' Lambda is .404, Hotelling's Trace is 1.288, and Roy's Largest Root is 1.123. These statistics suggest that religiosity has a significant effect on the dependent variables.

Additionally, the partial eta squared values for the multivariate tests indicate the proportion of variance in the dependent variables that can be explained by the independent variable. For the intercept, the partial eta squared is .999, indicating that the intercept explains nearly all of the variance in the dependent variables. For the effect of CRS on the dependent variables, the partial eta squared ranges from .224 to .529, indicating that religiosity explains a moderate amount of the variance in the dependent variables.

Overall, these results provide support for the hypotheses that there is a significant relationship between religiosity and subjective wellbeing, psychological wellbeing, and positive mental and physical health among young adults.

DISCUSSION

Religion is a multifaceted construct that encompasses numerous aspects of religious beliefs, practices, and experiences. It is recognized to have an effect on people's spiritual well-being, psychological well-being, and physical health. The current study is to evaluate the impact of religiosity on the spiritual, psychological, and physical well-being of young adults.

The present study aimed to examine the relationship between religiosity, subjective well-being, and mental and physical health among young adults, and to investigate the potential differences in these variables between Hindus and Muslims. The study was guided by the following research questions: (1) What is the relationship between religiosity and subjective well-being among young adults? (2) What is the association between religiosity and psychological well-being among young adults? (3) What is the connection between religiosity and health among young adults? (4) What is the relationship between subjective well-being and health among young adults? (5) What is the association between subjective well-being and psychological well-being among young adults?

This study found a link between religiosity, subjective well-being, and health in young adults. It also found a disparity in religiosity levels between Hindus and Muslims, as well as a link between religiosity and psychological well-being. The purpose of the study was to investigate the link between religiosity, subjective well-being, and health in young adults. The main objective was to look at the relationship between young adults' subjective well-being and religiosity. Findings showed a significant and positive correlation between these two factors, suggesting that religious young people have greater levels of subjective well-being.

This study found a positive and statistically significant link between religiosity and psychological well-being in young adults aged 18-30. It also found a link between subjective well-being and both psychological and physical health, suggesting that those with higher levels of subjective well-being may have better mental and physical health outcomes. There is a disparity in religiosity between Hindus and Muslims, which could be due to cultural and societal variables and religious practices and beliefs. More research is needed to better understand the mechanisms.

RECOMMENDATIONS

The following recommendations can be made based on the findings of this study:

1. Encourage young adults to engage in religious and spiritual practices: Because the study discovered a favourable relationship between religiosity and subjective well-being, psychological well-being, and health, it is suggested that young adults be encouraged to engage in religious and spiritual practices.
2. Promoting interfaith dialogue: The study discovered no significant variations in the levels of religion, subjective well-being, psychological well-being, and health between Hindus and Muslims. This implies that interfaith discussion could be fostered as a means of fostering understanding and cooperation among various religious groups.
3. Integrating spirituality and religion into mental health interventions: Given the favourable relationship between religiosity and mental health, mental health interventions could include spiritual and religious practices to promote well-being.
4. Educating healthcare personnel on the relevance of spirituality and religion in promoting mental and physical health: This could include teaching healthcare workers how to recognise and manage their patients' spiritual and religious needs, as well as incorporating spirituality and religion into treatment plans.
5. Further research is needed: This study emphasizes the need for additional research on the relationship between religiosity, subjective well-being, psychological well-being, and health.

LIMITATIONS

This study provides valuable insights into the relationship between religiosity, subjective well-being, and health outcomes among young adults from Hindu and Muslim communities in a specific geographic region. However, the study's sample population was limited to young adults from Hindu and Muslim communities in a specific geographic region, which may limit the results' generalizability and validity of the findings. this study relied on Self-reported data which is susceptible to bias and social desirability effects, the study also used a cross-sectional design that limits the ability to determine causality between variables. Cultural and societal influences were also not taken into account in the study, and potential confounding variables are not taken into account.

FUTURE IMPLICATIONS

The study's findings have important implications for future research in psychology and healthcare. It emphasizes the importance of religiosity and spirituality as potential protective factors for mental and physical health outcomes, as well as the need for culturally sensitive research and interventions. It also emphasizes the need for longitudinal designs to establish the temporal association between religiosity, subjective well-being, and health outcomes, as well as objective measures to improve the results' validity and reliability. Finally, the study's limitations indicate the need for additional research to expand on these findings and fill some of the gaps in the current knowledge base.

SUMMARY AND CONCLUSION

SUMMARY

This research looks at the effects of religion and spirituality on young individuals' subjective well-being, psychological well-being, and health. The study looked at the association between religion, subjective well-being, and health outcomes among young adults from Hindu and Muslim populations in a specific geographic region. The findings showed that religion was associated to subjective well-being, psychological well-being, and physical health in a positive way, with Hindus scoring much higher on subjective and psychological well-being than Muslims. The article suggests that young adults be encouraged to engage in religious and spiritual practices, interfaith dialogue be encouraged, spirituality and religion be integrated into mental health interventions, and healthcare professionals be educated on the importance of spirituality and religion in promoting mental and physical health. Future research should look into the distinctions between religion and physical health.

CONCLUSION

The purpose of this study was to look into the relationship between religiosity, subjective wellbeing, and health outcomes in young adults from Hindu and Muslim groups. The findings shed light on the possible significance of religion and spirituality in boosting mental and physical wellbeing. To begin, the data show that religiosity and spirituality are favourably related to subjective wellbeing. This implies that people who are more religious or spiritual may have higher levels of happiness, life satisfaction, and positive affect. This finding supports prior studies that found a favourable relationship between religion and subjective well-being. These findings have crucial implications for healthcare practices since they imply that healthcare providers may be able to increase subjective well-being by taking religious beliefs into account.

Second, the findings of this study indicate that religiosity is connected with psychological wellbeing in young adults. This research implies that those who are more religious may have higher levels of emotional and psychological well-being, such as self-acceptance, positive relationships with others, and a sense of purpose in life. This finding supports prior studies that found a link between religiosity and psychological well-being. These findings have significant implications for mental health professionals, indicating the potential value of including religious and spiritual themes in psychotherapy and counselling settings.

Third, the study's findings imply that religiosity is connected with better physical health outcomes in young adults. This finding implies that religious people may have superior physical health outcomes, such as reduced blood pressure, greater immunological function, and general wellness. This finding supports prior studies that found a link between religion and physical health outcomes (Levin & Chatters, 1998; VanderWeele et al., 2016)12. These findings have significant implications for healthcare practices, emphasizing the potential value of bringing religious and spiritual components into healthcare settings, as well as the importance of culturally sensitive research and interventions.

Finally, the findings of this study suggest that subjective well-being is related to physical health outcomes in young adults. This research shows that people who have higher levels of subjective well-being may also have better physical health outcomes. This finding supports prior study that found a link between subjective well-being and physical health outcomes (Diener et al., 2010; Pressman & Cohen, 2005)13. These findings have significant implications for healthcare practices, emphasizing the potential benefit of enhancing subjective well-being in healthcare settings.

While the findings of this study provide important insights into the potential protective role of religiosity and spirituality for mental and physical health outcomes among young adults from Hindu and Muslim communities, the study has several limitations that should be considered. For starters, using a cross-sectional design limits the capacity to make causal inferences from the results. Second, the use of self-reported metrics may be influenced by bias or social desirability. Third, confounding variables have the potential to alter the observed relationships between the variables of interest. These limitations point to the need for additional study in this field, preferably using longitudinal designs and objective metrics.

In conclusion, this study has demonstrated the potential value of taking religious and spiritual variables into account when enhancing mental and physical well-being. By considering patients' holistic needs, including their psychological and spiritual well-being, healthcare experts and mental health practitioners could build more thorough and patient-centred treatment regimens that promote overall health and well-being. More research in this area could help to inform the development of interventions that promote mental and physical well-being in a variety of populations and contexts, ultimately leading to better health outcomes for individuals and communities.

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