RELATIONSHIP BETWEEN RELIGION, PROSOCIAL BEHAVIOR AND PSYCHOLOGICAL WELL BEING

A thesis

Presented to Department of Professional Psychology,

Bahria University, Islamabad Campus

In Partial Fulfillment
of the Requirement for the
Degree of Bachelor of Sciences
(BS) Psychology

By

Sundas Kiran

&

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Supervisd By

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June, 2022

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ACKNOWLEDGMENT

DEDICATION

Dedicated to the students of Pakistan who are struggling with mental health issues due to academic stress, peer pressure and parental expectations.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF APPENDICES

ABBREVATIONS

OHQ	Oxford Happiness Questionnaire
CRS	Centrality of Religiosity Scale
PSA	Pro-socialness Scale for Adults
BSDS	Brief Social Desirability Scale

Abstract

The intent of this study aimed to see if there was a relationship between Religion, Prosocial Behavior, and Psychological Well-being among Muslim undergraduate students. A total of 310 (Male= 176, Female= 134) students from government, semi-government, and private universities were included in the study whose ages ranged from 18-27 years (M=20.87 & SD= 1.648). A convenient sampling technique was used to obtain data from Islamabad. This data was acquired using three scales: The Centrality of Religiosity Scale (CRS), Prosocialness Scale for Adults (PSA), and Oxford Happiness Questionary (OHQ). The findings of this study indicated that Religion and Prosocial Behavior both are positively correlated with psychological well-being. There was a positive impact of Religion on Prosocial Behavior and Psychological wellbeing. moreover, the findings revealed the mediating role of prosocial behavior along with differences among gender in Religion.

Keywords: Religion, Prosocial Behavior, Psychological Wellbeing, Undergraduate Students

Chapter 1

Introduction

The Mixed feelings of students are often evident on their faces as they step through the gates of prestigious educational institutes. The beginning of university is a major transition in a student's life. They not only start to take part in academic, and extracurricular activities and join different clubs but they also feel the grind of academic pressure. Plenty of quizzes, assignments and finals put stress on the developing mind of these youngsters. A fall in the mental well-being of such students can be seen from the transition of what we call "College Freshman" to "College Seniors". With some of them carrying the unprecedented financial burden as well as struggling through other problems in life. Differentiating from the preceding educational system now the students have to meet parental and societal expectations more than ever. They now feel the overwhelming pressure of forming the stepping stone that is going to define their professional career, responsibilities and compulsions which affects their psychological well-being even to the extent that they think to end their lives. The present study aims to explore the relationship between Religion, Psychological Well-being and Pro-Social Behavior among Muslim Undergraduate students.

Mental health issues in third world countries like Pakistan are increasing with each passing day. Stress and anxiety are common conditions among students as well as symptoms of depression. There are multiple factors which lead to mental health problems in students but some of the key factors are the competitive environment among students in the educational institutions, students pressurized to achieve high grades by parents, teachers, and society as a whole. It becomes a problem when there is a lack of coping strategies among students when they are unable to cope with such issues. (Khalily, 2011)

Psychological Well-being

Psychological well-being means to the extent to which an individual feels that they have purposeful control and command over their life and activities. However, psychological well-being problems are on the rise among college students these days (Yang, 2010). Same as other undergraduates of various departments in higher institutions of learning, a high rise in mental distress had appeared among undergraduate students (Gallagher, 2008; Mackenzie, 2011).

To the most fundamental degree, psychological well-being is similar to the phrases which are defined as positive mental conditions, such as pleasure and containment, and in numerous ways, it's not essential, useful to think regarding the excellent divergence between such phrases. There are two crucial facets to psychological well-being. The first is the range to which individuals encounter worthwhile sentiments and feelings of happiness. Most of the time psychological well-being is referred to as subjective well-being (Diener, 2000). Mental health (wellbeing) commonly contains two main components, that are cognitive (they include life satisfaction) and an effective component (frequent positive emotions and seldom negative emotions (Diener, Suh, Lucas, & Smith, 1999)

The rate of mental distress is elevated among undergraduates as compared to the common residents of the community (Sarokhani, 2013).) Entering university life is a crucial time of transformation for youth. Due to this change, university pupils deal with different obstacles, like deciding about their studies and life, confirming the institutional requirements of unregulated studying conditions, and cooperating & interconnection with multiple arrays of different individuals. In extension, most of the students travel far from their homes, for the first time leaving behind their foundation (Cleary, 2011). These issues can have a negative impact on the mental health and well-being of university students. There is no doubt that students

experience mental health stress as they begin their academic careers, even if this reduces over time. (Macaskill, 2013; Mey, & Yin, 2015).

Psychological Well-being Importance Worldwide Among Students

The interest in mental health and well-being among university students has risen considerably in recent years. This is due to three interconnected issues. First, while university students' mental health is comparable to that of non-university students (Blanco, Okuda, Hasin, Grant, Liu, & Olfson, 2008), recent studies show an increase in the severity of mental problems and help-seeking behaviour in universities around the world (Wong et al., 2006; Hunt and Eisenberg, 2010; Verger et al., 2010; Auerbach et al., 2018; Lipson et al., University students had poorer levels of psychological well-being, according to several research. When the COVID-19 pandemic hit, mental health disorders were more prevalent among pupils. People's activities are no longer the same as they were before the COVID-19 pandemic.Several studies have revealed that university students had lower psychological well-being than non-university students. When the COVID-19 pandemic hit, mental health disorders were more prevalent among pupils. People's activities have changed as a result of the COVID-19 epidemic. to be able to study at home COVID-19 has had a big impact on students, teachers, and education all throughout the world (Mailizar, Abdulsalam, & Suci, 2020). Universities around the world have closed their doors due to the epidemic, and students are compelled to observe health regulations.(Toquero, 2020).

Pakistan-a Context

The psychological well-being of any person is a concrete framework that can influence many aspects of life. In Pakistan, mental issues are on an appalling rise due to past violent terrorist activities, the younger population, domestic violence, poverty and disruption in its social structure and health issues. Pakistan is one of the youngest countries in the region.

Pakistan's young are between the ages of 15 and 29. Pakistan has been through several big crises in the recent two decades.in addition to having limited resources to invest in education and health. A major earthquake struck the country in 2005, followed by heavy floods in 2010. Even schools and colleges were not spared during a long period of terrorism and militancy (2000–2014). In 2014, a terrorist attack on an Army public school in Peshawar killed more than 100 children, making it the world's deadliest single terrorist attack. Terrorists attacked a university in the north-western province in 2016, killing 19 students and teachers (Khan, Akhtar, Ijaz, & Waqas, 2021)

An entire generation in Pakistan has grown up in an unstable and unpredictable atmosphere. Nearly 70 percent of the population lives in rural areas. Meanwhile, during the previous 20 years, higher education enrolment has risen dramatically, with 10–15 percent of the eligible age group of 18–24 enrolled in universities or professional institutions. Higher education is being pursued by young individuals from less wealthy families. The majority of these students are attending college for the first time in their families. (Khan et al., 2021)

University students in Pakistan face a highly competitive environment, financial constraints, future uncertainty, and parental and societal pressures to succeed in school and find good jobs, and the Pakistani education system has almost no career counselling and mental health services on campuses. All of these factors raise the risk of university students acquiring common mental health issues, especially depression. For a developing country like Pakistan, youth health and well-being are vital because they are the country's future human capital. Anxiety and depressive disorders were found to be 34 percent prevalent in the community population, according to a systemic evaluation (Mirza & Jenkins, 2004). This means that people's psychological well-being in our society is significantly impacted, resulting in a financial burden.(Malik & Khan, 2016).

Psychological Well-Being Model by Carol Ryff

Carol Ryff created a theoretical model of psychological well-being that includes six dimensions of positive functioning: autonomy, environmental mastery, personal growth, life purpose, healthy relationships with others, and self-acceptance. This approach was developed using considerable human behaviour research. It's been used in a number of research projects.

Given that Ryff's model was created to represent adults' good functioning, the evidence for its application to adolescents appears to be lacking. The positive functioning of an adult is perfectly described by this psychological model.

Self Acceptance. Individuals' level of self-acceptance has a significant impact on their level of life satisfaction. Accepting yourself entails acknowledging and accepting all of your facets, flaws, personality, strengths, and weaknesses. A lack of self-acceptance leads to dissatisfaction with oneself, one's past, or certain aspects of oneself.

Environmental Mastery. This dimension is concerned with ensuring the opportunities and demands of the environment in order to meet your capabilities and needs. It entails being able to handle and deal with your environment as well as any situations that may arise. Knowing how to select and take advantage of new opportunities that arise is also part of mastering your environment.

Autonomy. Maintaining your independence and convictions is what autonomy entails. It means having the confidence to make your own decisions, even if they contradict the opinions of others. People who lack autonomy are susceptible to social pressure. They readily accept instructions from others.

Personal growth. Personal development is the process of constantly growing and developing oneself. It is the pursuit of new experiences, new knowledge, and the realisation of one's full

potential. Boredom, disinterest, and stagnation are the results of insufficient personal development or growth.

Positive social relations. The fifth dimension is our interpersonal relationships. It is about the significance of developing satisfying relationships based on quality, trust, and closeness. It also includes your capacity for affection and intimacy. People who score low on this dimension have a limited number of close and trusting relationships. They struggle with expressing affection, being open, and caring for others.

Life purpose.Carol Ryff's psychological well-being model concludes with the dimension of life purpose. This means having a sense that your life has meaning in the past, present, and future. You have beliefs that give meaning to your life. You, too, have dreams and goals for which you strive. You have a strong sense of direction as well. People who lack a sense of purpose believe their lives have no meaning. They see no reason to live in the past, present, or future. They most likely lack dreams and goals to strive for.

Along with important protective factors like nationality and education confirming to spirituality or religion has been persistently associated with higher wellbeing (Koenig 2012)

Religion

Religion is derived from the beliefs people have concerning the principles of life, their faith in supernatural powers and the afterlife. We can say religion is like a moral principle or code of conduct that decides how will its followers spend their lives. There is a wide diversity of cultures in the world and religion determines their moral and ethical values.

Religion serves as the basis for making sense of one's self, other people, this world and the interaction among each other. Till today many studies have been done to uncover the crucial characteristics of religion, some essential findings revealed that individuals who're more

religious are generally positive and optimistic about their future, which guides their mental health and well-being (George, Ellison, & Larson, 2002).Religious and spiritual engagement improve forgiveness as a significant attitudinal and behavioural component of well-being, especially in adult relationships, and are substantially correlated with the idea that forgiveness is an important ability and value in life Gorsuch and Hao (1993) being culturally diverse (Francis & Kaldor, 2002; Mcintosh & Spilka, 1990)

Religion Worldwide

It is a phenomenon that touches every single thing in the world all over, from the formation of this world and we look for explanations about our meaning in life to the mystery behind the existence of a higher power above us that controls everything happening in this world. We seek the explanation of human behavior, we treat each other, and we communicate within our society by acting upon the principles, values and beliefs that rule us. It doesn't matter if you're a faithful person or a skeptical individual or lie something in between the conceptualization of organized religion, spirituality and death affects all of us. They can put together cultural constructs, firsthand accounts, and power dynamics. Without a doubt, religion is the most powerful belief system that has existed for many years. It is, in so many ways, a code of conduct, a set of guidelines that enable believers to live in a non-primitive or civilized way. Social scientists have long acknowledged religion as a significant determinant on human behaviour, society, and economic and political phenomena (Marshall, 1997; Smith, 2003).

Fundamentally, the major religious traditions of the world, Human dignity, equality, freedom, peace, and unity are values preached by Hinduism, Buddhism, Judaism, Christianity, and Islam. Religion is a universal phenomenon that can be found in all cultures. Religions differ according to the number of gods worshipped, the number of gods represented, and the representations of these god (Little, 2016)

A significant aspect of a culture is religion. Aside from ritual behavior, it gives individuals a narrative system to overcome transformation which helps them to see life incidents more meaningfully, and this meaning can be defined in terms of goal management along with a sense of safety. Meaning is not only an affair of cognitive resources. People who identify as religious and practice a specific religion have higher self-esteem, less depression (Keyes & Reitzes 2007; Schnittker, 2001), and more successful coping skills (Keyes & Reitzes 2007; Schnittker, 2001), high cheerfulness (Ellison, 1991), greater contentment with life (Gautherier, 2006) as well as improved physical health (Wink et al., 2005). Religion's cognitive elements have also been inspected as potential declarative processes for the connection between religion and well-being. Approving religious views can aid in developing a sense of inclusion, belongingness, and meaning, which can lead to greater happiness (Park, 2005). Many researchers have done several studies in this context and they discovered that the most crucial aspect of religion is the optimism and positivity of individuals regarding their future which automatically leads them towards better psychological health than less religious individuals. George, Ellison, and Larson (2002) Religiosity appeared as an important indicator of overall well-being, and this predictor significantly affects the psychological and subjective well-being of today's generation (Wani & Khan, 2015). The majority of women (97 percent) reported that spirituality or God, as well as turning to their religion, provided them with strength or comfort (Gillum, Sullivan, & Bybee, 2006). Another important factor that protects people from stressful events is self-compassion.

Durkheim Theory

The religion theory of Durkheim demonstrates how functionalists look into sociological phenomena. People, according to Durkheim, perceive religion as aiding to society's overall health and survival. Émile Durkheim (1858–1917) saw the concept of the divine as the fundamental quality of religion, rather than confidence in the supernatural. Religion, he

believed, was a reflection of societal concerns. He formed his opinion based on recent research on Australian aborigines' totemism (worship of spirit creatures). Each of the various clans, according to Durkheim, had a different sacred object, plant, or animal that signified the clan. Totemism was the first and most fundamental form of religion, according to Durkheim. Durkheim argued that researching this rudimentary kind of religion could pave the way for more complicated religions to be studied. Moralism and religion, he came to the conclusion, are intimately intertwined. The sacred, or religion, supports social interests that frequently clash with individual ones. Durkheim felt that religion serves the function of bringing people together, which is typically accomplished through communal rituals. He said that these group sessions produced a special kind of energy he called effervescence. A time in a society's life when a group of people meet to execute a religious ceremony is referred to as collective effervescence.During these periods, the group joins together and shares the same thinking and activity, which serves to connect a group of individuals while also causing group members to lose their individuality and feel joined with the gods and therefore with the group. Magic, according to Durkheim, is a human instrument for achieving goals, not a religious one. The functionalist school of thought in sociology and anthropology arose from Durkheim's methodology. Functionalism is a sociological approach that tries to characterise social structures as collective methods to address individual biological requirements, with an emphasis on how social institutions meet those needs, social needs, and especially social stability. As a result, Durkheim saw society as an "organismic analogue of the body, wherein all the components work together to maintain the balance of the whole," with religion serving as the "glue" that held society together. Each religion, according to Durkheim, has three basic components: sacred objects, a system of ideas and rituals, and the presence of a moral community (Carls, 2007)

Descriptive Models

Koenig in 2008 coined the term "classical model" for the relationship between religiousness, spirituality & health sequel. According to his model spirituality is the tiny inner core part of religiosity and mental health is acting as a mediator between them. Religiosity and spirituality (R/S) can enhance positive results including meaning, well-being, and relatedness and they help in the reduction of negative psychological states such as depression, addictions, anxiety and suicidality. These then affect the PNI (psychoneuroimmunology) factors. Which in turn decreases the issues related to cardiovascular disease, cancer and death toll. Koenig gave certain different models, one of which is called the "modern" one, in this model the connection between religiosity and spirituality interchanged, religion being the smaller core part of spirituality, which is acting as a larger construct. He also presented criticism related to these models including spirituality with well-being and those that contain agnostics and atheists inside the spiritual model. In conclusion, he said that Religiosity/ spirituality (R/S) impacts psychological health, which affects the PNI factors and thus has an impact on health. Without a doubt, this model clearly and completely makes way for the research on R/S and health outcomes (Aldwin, Park, Jeong, & Nath, 2014)

Religion in Pakistan

According to the Pakistan Bureau of Statistics, Muslims account for 96.47 percent of Pakistan's population, with Hindus accounting for 2.14 percent, Christians for 1.27 percent, Ahmadis for 0.09 percent, and others accounting for 0.02 percent. population. If a majority of the population relies on religion and considers it their core aspect of life then it would not be wrong that it may have any correlation with mental health issues.

Islam is the main religion of 26 countries some of North Africa, the Middle East, Sub-Saharan Africa, and Asia are all part of this region. The international religion of Islam evolved from the

teachings of the last Prophet Muhammad (P.B.U.H) in 6th century. All Muslims believe that Muhammad's (PBUH) religion is the final religion of all prophets, beginning with Abraham. Along with that Islamic scripture of the Quran was revealed as the last prophet by God. Conformity and obedience to God is the main theme of the Islamic religion. Muslims believe that Allah is above all humankind who is the master of this universe and controls everything that happens. From the falling of a leaf to the destruction of a mountain all lies in the will of God. He is viewed as the whole source of good and evil. In today's world, the followers of Islam comprised the world's second-largest religious group. Sunni and Shia are the two main offshoots of Islam (Lugo & Cooperman, 2011)

Sunni is the majority of the Muslim population in Pakistan; they make up 87 to 90% of the worldly Muslim population. (BBC News, 2016)

Shia is considered the minority of Muslims in Pakistan and they make up roughly 10 to 15% of the Pakistani Muslim population which can be seen as around about 180 to 230 million people (BBC News, 2016)

Over the last 20 years, several empirical research have focused on the relationship between religion, health, and well-being. The majority of studies show that numerous sorts of religious experiences are linked to enhanced psychological and physical health in the United States. In studies on religion, health, and well-being, the presence of religious services is the most common feature of religious experience that is analyzed. In big studies, the frequency with which a person attends religious services has been associated to greater psychological well-being. (Keyes & Reitzes 2007; Francis & Kaldor 2002; Ellison et al. 2001; Strawbridge et al. 2001; Ellison et al. 1989), but not all studies (Keyes & Reitzes 2007; Francis & Kaldor 2002; Ellison et al. 2001; Strawbridge et al (Dezutter et al. 2006; Schnittker, 2001).

Many studies have investigated different processes through which religion is theorized to affect a person's wellbeing (Hayward & Krause, 2014).

In a study by Koenig and Larson (2001) in which several links between psychological well-being and connection between religion were established. The result showed that 80 per cent of them showed high life satisfaction with greater faith in religion. It was also stated that a cross-cultural point of view highly impacts the connection between good mental health and religion (Klanjsek, Vazsonyi, & Trejos-Castillo, 2012; Nunez, Moral, & Moreno, 2010).

Many research has been conducted, and it has been revealed that the most important attribute of religiosity is that religious individuals are usually hopeful and positive about their future, which causes mental and psychological well-being (George, Ellison, & Larson, 2002).

According to a study, people who identify as more religious are more likely to have better physical and psychological health, because stronger religious identities have previously been linked to higher capacity to work well under pressure, higher self-esteem, and overall happiness, as well as better physical health. Religious coping is associated with a sense of control over adversity, which leads to better health outcomes (Pargament et al. 1990; Pargament et al. 1988).

A well-known scientist at Harvard University concludes that prayers aid to reduce a person's stress and various religious practices highly improve health (George et al., 2002) and people's wellbeing (Levin & Chatters, 1998). Another study found that meditative prayer, regardless of religious tradition, appears to reduce anger, anxiety, and aid in relaxation (Carlson, Bacaseta, & Simanton, 1988) Religion has also been shown to increase empathy and moral sensitivity (Day, 2007).

Mature people are more likely than adolescents to pray, attend church, and derive significant life satisfaction from religion (Firori et al. 2006; Francis & Kaldor 2002), though

they are more presumably prone to functional restrictions than young people, which can limit their ability to participate in religious services (Benjamins & Finlayson2007; Fry 2000). Ghazali (1909) proposed that sorcery of happiness relies on the journey to know Allah. According to Ghazali understanding acquired through that que is not sufficient until it is supplemented with the love of Allah, which is proved to be the builder of real happiness and contentment. It guides a person to readily construct his behavior, character, and intentions under the boundaries of God's law. Inadequacy in doing that could result in moral ills which are defined as pridefulness, enviousness, jealousy and prejudice. (Ament et al., 1998). Self-reports such as "When I meet a crisis in life, I seek Allah's love and care" were determined to be positive Islamic Coping Factors. "When I meet a challenge in life, I study the Holy Qur'an to find consolation," for example, was an example of extra prayer dedication. "I read the Holy Qur'an because I sense Allah speaking to me when I do so," says the speaker exemplified the Islamic identity (Khan, Watson, & Chen, 2011). Islamic practices and components of belief and value include praying (five times a day), Fasting in Ramadan, Giving charity, pilgrimage & Testimony of faith. (Hamdan, 2010). This culture includes many advantages for the followers or believers, for instance, it has been discovered that Islamic prayer or namaz serves as a shield again stress, protecting a person against distress and increasing his wellbeing, promoting problem-solving skills, cultivating a sense of nearness to God and lastly boost self-decline of believers (Sayeed, & Prakash, 2013).

Pro-social Behavior

According to Blau (1986), the purest form of pro-social behavior is helping people without any return benefit. It has been observed that individuals showing pro-social behaviors help without any cost or benefit (Blasi, 1980). Meanwhile, it is also being noted that most people help those who are somewhat related to them either genetically or socially. Recent reviews show that the ventral striatum, a key area of reward circuitry in the brain is activated through dopaminergic pathways when a person expresses pro-social behavior (Goetz et al., 2010; Preston, 2013). This supports the idea that helping others can bring a feeling of reward through the cocktails of hormones in the brain. According to Altemeyer (1996), A person's deliberate or suggested activities to aid or support others without any greed or selfishness is classified as pro-social behaviour. Individuals engage in prosocial acts at no cost or advantage to themselves (Blasi, 1980). In various situations, people have been found to assist persons who are connected to them in some manner. Gender role beliefs signify contrasting prosocial behaviors for women and men. Following the thought introduced by Bakan (1966), we can summarize the beliefs about men and women in two possible aspects which are referred to as communion (connection with others) and agency (i.e., Self-assertion). In general, women are more communal than men, they are concerned about others, friendly and caring towards others, and along with these, they're more emotionally expressive. Men are more assertive, commanding, powerful, and assertive. (Newport, 2001; Spence & Buckner, 2000).

Types of Pro-social Behavior

The following were the five forms of prosocial behavior:

Defending the right to speak up for a buddy who is being bullied.

Emotional support for the relief of bad feelings and/or the promotion of positive emotions, such as assisting someone who is not a part of an in-group to feel accepted.

Physical aid refers to acts of service that primarily use the physical body as a tool for assisting others.

Returning the favor by donating material resources. Given the varied degrees of cost associated with each form of prosocial conduct, the influence on friendship quality, and hence adolescent mental health and well-being, was expected to vary. (Son & Walker, 2019)

Negative state relief model

The negative-state relief (NSR) model is an attempt to explain how one situational factor, sadness, relates to willingness to help others. This theory specifically predicts that, under certain conditions, a temporary feeling of sadness will result in an increased willingness to help others. This is for selfish reasons, according to this theory. People have been socialised in such a way that they are rewarded for helping others. People internalise the Negative-State Relief Model over time and find it rewarding to help others. When a person is depressed, he or she is motivated to improve his or her mood and believes that helping others will accomplish this. Simply put, people who are depressed are more likely to help others because they believe it will make them feel better. Without the existence of helping behaviour, humans would have been unlikely to survive their early history as a species. Humans frequently require assistance from others, even in modern times. Occasionally, such aid is provided; at other situations, it is not. Understanding why people help or don't help others in various situations is critical for a comprehensive understanding of human social behaviour as well as informing initiatives to enhance helping behaviour. In social psychology, helping behaviour research has a long history, and the NSR model is an early hypothesis of such conduct. People in a negative mood are more inclined to help others if the helping behaviour is not too aversive and they have internalised the rewarding nature of helping others, according to this notion.If it is excessively expensive to help another person, it is unlikely to increase one's mood. Furthermore, sadness is unlikely to result in increased assistance if a person does not expect that assisting another

individual will enhance one's mood (Batson, Batson, Griffitt, Barriesntos, Brandt, Sprengelmeyr, & Bayly, 1989)

Prosocial behavior in Pakistani culture

Prosocial behavior is a selfless act that is admired by every individual. Pakistani culture is a true representative of collectivism and here every person is closely knit with another individual in deep-rooted family systems. Islamic religion, social conditioning, and moral commands have been instilled into every person since childhood but despite that, some situation has led to conclude that people of our region are snowed with "apathy". There is much need for an empirical study to see the relation between prosocial behavior, religiosity, and psychological wellbeing in Pakistan.

Every religion asks its believers to express prosocial behavior this is the common thing found in every religion. Evidence suggests that prosocial behavior declines in those who are disconnected from one another, community, and volunteerism. Pro-social behavior is a predetermined action aimed at helping others genuinely and selflessly (Brief & Weiss, 2002).

Penner, Dovidio, Piliavin, and Schroeder (2005) define prosocial behavior as any act that benefits another person. It can range from tiny acts of compassion, like giving food to an elderly relative, to major attempts to better the world, like volunteering at a local nursing home on a regular basis. Given the diverse degrees of cost associated with each form of prosocial action, different types of prosocial Behaviour were expected to have different effects on friendship quality, and hence on adolescent mental health and well-being. (Son & Walker, 2019).

Religious membership, belief, and practices are linked to pro-social attitudes like empathy, care for others, helping, valuing compassion, and a willingness to help those in need, according to experimental study. (Pichon et al., 2007; Saroglou, 2006) Other studies in Jewish,

Christian, Muslim, and Buddhist populations have been conducted. Other studies in Jewish, Christian, Muslim, and Buddhist populations have also been conducted by Batson, Anderson, and Collins (2005) support this claim.

Many experiments studies by Ahmad and Salas (2008) have been conducted to investigate the relationship between pro-social behavior and religion; the findings support a fundamental premise in most religious theories: religion has an effect on enhancing prosocial behavior. It would be interesting to see how consistent the relationship between religion and prosocial behavior is across religions, countries, and cultures.

It has always been hypothesized that pro-social behaviour is an effective coping strategy for an individual who experiences mental stress for multiple reasons. It can buffer the negative effects on mental health by several psychological pathways. Prosocial behaviour can boost one's sense of meaning, existence, purpose, and self-efficacy. Helping others, on the other hand, can divert an individual's attention away from the major stressors in their lives. (Midlarsky, 1991)

In other prospective studies, pro-social behaviour has been demonstrated to lessen the detrimental effects of stress on both emotional and physical health. It is so effective that it has the potential to lower the rates of physical sickness and mortality. (Krause, 2006; Poulin, Brown, Dillard, & Smith, 2013), and engage in active helpful behaviour with chronic patients to increase their chances of survival. (Krause, 2006; Poulin, Brown, Dillard, & Smith, 2013). (Poulin, Brown, Ubel, Smith, Jankovic, & Lang, 2010). According to three studies on pro-social spending and well-being, pro-social spending is a key factor that creates greater happiness in events that promote social connection (Aknin, Barrington-Leigh, Dunn, Helliwell, Burns, Bisws-Diener, & Norton, 2013). A lower level of social issues is associated with a higher level of psychological well-being. Individuals who have high level of psychological

well-being are less likely to commit crimes or abuse drugs and alcohol, according to one study. Furthermore, higher earnings and more prosocial or helpful behaviours, such as volunteering, are linked to greater psychological well-being. (Kubzansky LD, Huffman J, Boehm J, Hernandez R, et al, 2018).

People who are more psychologically well-adjusted live healthier and longer lives. They also enjoy a higher standard of living (Weinstein& Ryan, 2010; Williamson & Clark, 1989). There is a substantial body of evidence indicating that helping others increases one's happiness (Chancellor et al., 2015; Layous et al., 2013; Lyubomirsky, Sheldon, et al., 2005; Nelson et al., 2015; Otake et al., 2006; Sheldon et al., 2012; Weinstein & Ryan, 2010). For example, in one study, Japanese participants were asked to write down all of the things they did for others, and the results showed an increase in happiness over the course of one week.

Friendships of any kind are important in many aspects of an adolescent's social and emotional development, including the development of prosocial behaviour (Hartup and Stevens 1999). (Eisenberg, Eggum-Wilkens, & Spinrad, 2015). Friendship experiences allow teenagers to collaborate, share, and treat their peers with compassion (Newcomb & Bagwell, 1998), and these prosocial behaviours help adolescents maintain positive connections.(Barry & Wentzel, 2006).

Need to belong theory of Baumeister

It asserts that human behavior, emotion, and cognition are driven by humans' basic needs for forming and maintaining social relationships. To feel accepted and incorporated into the community, people adhere to social norms and conduct in accordance with social standards. Excluded people are more likely to be hostile, non-cooperative, and disruptive, according to multiple research. For example, excluded minorities do worse in school, are more prone to engage in violence and crime, and engage in fewer prosocial activities (Baumeister, 2012).

Furthermore, Baumeister claims that as a result of increasing individualism, declining social connections, and the persistence of small families and partnerships, the government is responsible for creating more social connections. As a result, the need to belong idea may suggest that people are more likely to act in a pro-social manner (Baumeister,2012)

Conceptual Framework
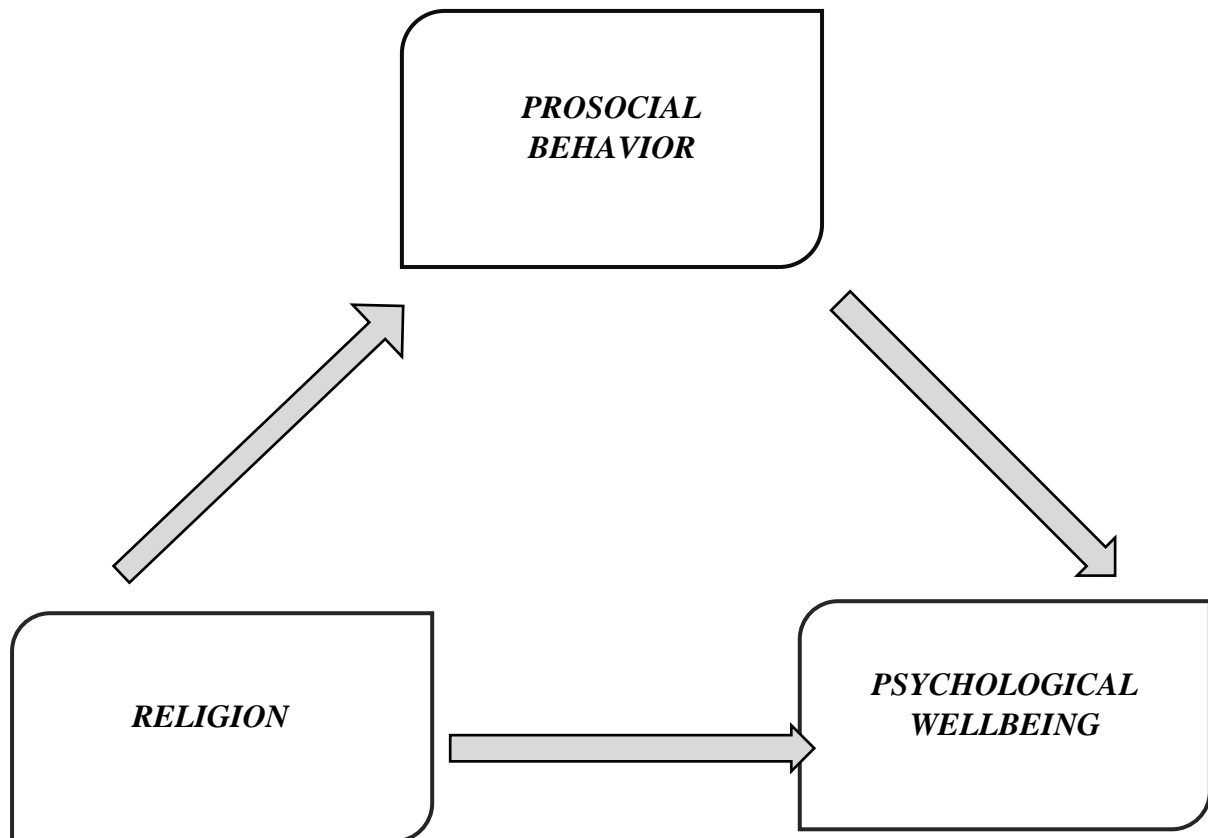
Literature Review

A study on Religiosity, Personal Meaning, and Psychological Well-being was conducted. The goal of the research was to investigate the perception of Muslim students who follow religious guidance in order to look at the connection between religious, personal meaning, and psychological health. A total of 60 Muslim students from the Universities of Southampton and Birmingham in England participated in this study. Muslim students thought their lives were significant, according to the conclusions of this survey. In addition, there was a favourable association between several dimensions of personal meaning and psychological well-being, spirituality, and religion. (Aflakseir, 2012)

To design a survey-based study, the authors employed a quantitative technique and a non-experimental, cross-sectional dataset. According to the study's findings, persons who help others boost their own PWL. The study makes a contribution by recognizing that prosocial behaviour has the potential to mitigate the detrimental effects of the COVID-19 pandemic on mental health, especially subjective well being. The scientists also showed that engaging in one or more prosocial behavior (such as donating money or sharing food) enhances SWL while minimizing the impact of negative emotions like pessimism, hesitation, and impatience, which have evolved as a result of the COVID-19 pandemic. (Espinosa, Anton, & Hinestroza, 2021).

Kavussanu, Stamp, Slade, and Ring (2009) wanted to study the sex differences between prosocial and antisocial behavior among soccer players. In this research, a total of 464 people were taken, whose ages ranged from 15 to 47 years. The analysis of depicted that there's no such difference in prosocial behavior among genders.

Abdullahi, and Kumar (2016) held a study to see the differentiation between prosocial behavior among genders. The total sample size was 60 (30 males and 30 females). Even though

females' scores on moral reasoning were higher than males the findings further suggested that there's no difference in prosocial behaviors among genders

Batara, Franco, Quiachon, and Sembrero (2016) did research aimed to find the effect of religious priming on prosocial behavior between ingroup and outgroup. The findings indicated a positive correlation between religious priming and prosocial behavior, but specifically, spirituality played a major part in increasing helping behaviors in the research participants

The goal of the research is to examine the connection between Aqedah (religious belief) and psychological well-being among Muslim students. The sample of the study consisted of 209 Muslim students. The finding of the analysis depicted that there is a significant positive link between Aqedah and psychological well-being (Rohmiyatun & Muslimin, 2020)

The purpose of this study was to learn more about the importance of prosocial behavior and psychological well-being among undergraduate students at Sultan Idris Education University (UPSI). The current study found that prosocial bbehavior and psychological well-being had a positive association. Additional studies revealed that prosocial bbehaviorhas a considerable impact on the psychological well-being of undergraduate students (Rosli & Parveen, 2021)

This study by Tiliouine & Belgoumidi (2009) investigated the connection between three study variables religiosity, Meaning in Life, and Subjective Well Being. The sample consisted of 495 Muslim students. The results showed that only Religious Belief makes a noteworthy contribution to both subjective wellbeing and meaning in life.

Another study, conducted by Saleem and Saleem (2017), looked into the influence of religion in psychological well-being. The study was conducted in Islamabad at a Medical and Dental College as well as an International Islamic University. The study involved 120 medical students and 120 non-medical students from Federal Medical and Dental College. In this study, the purposive sampling strategy was adopted. Religiosity is a powerful predictor of psychological well-being, according to the findings of the study. Students' psychological well-being is predicted by both extrinsic and intrinsic religiosity.

The relationship between religious involvement, life satisfaction, and generalized anxiety was investigated in this study. The findings revealed a positive relationship between religious practices and life satisfaction, as well as a negative relationship between religious practices and generalized anxiety. Furthermore, the findings suggested that religious practices have a strong relationship with Muslims' health and well-being (Abu Raiyah & Ayten2019)

A study was conducted by Ayten & Korkmaz (2019) to investigate the relationship between religiosity, Pro-sociality, anxiety, and satisfaction with life. They also want to look into the mediating roles of anxiety and Pro-sociality on the connection between the variables of satisfaction with life religiosity. The sample included 678 Turkish Muslims, uncovering the correlation matrix depicted a positive relationship between religiosity, Pro-sociality, and satisfaction with life, and the findings also showed that anxiety has a negative link to religiosity and life satisfaction.

Ahmed (2009) did a quasi-experimental study with Madrasah students in a rural Indian community. This experimental study was guided in Utter Pradesh's small town called Nowganwan. In this study, he took a total of 102 male participants Out of these forty-two were the students of theology and religion or doing Training to become imams. And these religious students were taken from two religious Muslim schools or Madrassahs. While the remaining

60 participants were social science students assembled from a local college for men. After collecting the data from participants, it was examined and analysed to see the contrast, which was put up in the public good games. It also examined the gap between the number of donations in dictator games among religious and non-religious students. The result of this study depicted that religious students contributed more to public good games than non-religious students or they showed more prosocial behaviour than non-religious college students.

A study was conducted by Raza, Rasheed, and Yousaf (2016) on Religiosity concerning psychological distress and mental well-being among Muslims. The findings revealed that religiosity is a significant positive predictor of mental well-being, but it is a non-significant predictor of psychological distress.

The association between religiosity and psychological well-being was investigated in a study of Pakistani Muslims. Religion and life satisfaction were found to have a strong positive relationship. As a result, the findings of this study supported the link between religiosity and various dimensions of psychological well-being (Ismail & Desmukh, 2012).

Von Dawans, Fischbacher, Kirschbaum, Fehr, and Henrichs (2012) recruited male students at the University of Zurich to be target participants in a study on the effects of different types of stress on social interaction. Participants who experienced acute social stress caused by a standardized laboratory stressor engaged in significantly more prosocial behavior (trust, trustworthiness, and sharing) than participants in a control condition.

Religious participation, on the other hand, contributes to narrowing the gender difference. In other words, women are more likely than males to engage in religious activities, giving them an edge over men who do not. (Firori et al. 2006; Gautherier et al. 2006; Francis & Kaldor 2002; Ellison 1991). Independent of religion, psychological well-being and physical health have a positive relationship with education (Lyons & Yilmazer, 2005). Married people

have better physical health and psychological well-being than unmarried people. (Kamp Dush & Amato 2005; Suhail & Chaudhry, 2004; Ellison et al. 1989). Longitudinal research studies show that people who have worked full-time have a lower decline in health and physical functioning than people who are unemployed (Ross & Mirowsky, 1995)

A full-timeime job is a greater predictor of improved health than part-time employment, according to another scholar (Lewchuk, Dewolff, King, & Polani, 2003). Nonetheless, job happiness has a role in excellent employment outcomes. People who are happier in their jobs are in better mental and physical health. (Suhail & Chaudhry, 2004)

Gender is a significant influencer of anxiety, depression, and stress. Female students report higher levels of anxiety and stress on average than their male counterparts. Age, gender, education, income, employment position, and marital status are all included in most research as demographic factors that are linked to both physical and mental health. Women's happiness levels are lower than men (Piccinelli & Wilkinson, 2000).

In recent years the number of publications concerning religion has grown considerably. they indicate an increasing recognition that research concerning religion needs to include prosocial behaviour. Further, studies that investigate connections between psychological well-being and religion have also increased, but the study that includes prosocial behaviour, religion, and psychological well-being all in one to find out the relationship between them has not been done. The current study explores the relationship between these three variables. The study will also explore differences based on different demographic variables i.e., age, gender, and socioeconomic status. The study will contribute to finding out the relationship between religion, pro-social behaviour, and psychological well-being. This will help address the current shortage of research done using these three variables together in a study on students. Many types of research have been done on religion and psychological well-being, Pro-social

behaviour, and well-being worldwide. In Pakistan, research on these three variables together in a study has not been done. Through the findings of this research, people will be able to know if poor psychological well-being in today's generation is a product of low religiosity and less prosocial behaviour. It will also give information on how many students participate in prosocial activities in their daily lives As a result, religious people exhibit more prosocial behaviour. (Stamatoulakis,2012). Other settings were kept constant, and no direct interaction with the recipient of prosocial behaviour was allowed, providing more direct evidence that it was the acts' kind nature that increased well-being. To summarise, the current study adds to the growing body of data that prosocial behaviour can increase well-being and energy levels even when the beneficiary is not present.(Martela & Ryan, 2016). In this area, a lot of research has been done, and the most essential aspect of religiosity has been proven to be that religious individuals are generally hopeful and positive about their future, which contributes to mental and psychological wellness. (George, Ellison, & Larson, 2002). One of the most powerful religious predictors of happiness is attendance at religious services (George et al., 2002). Another study of about 200 studies produced several results. First, in a variety of areas, a favourable association between religion and positive functioning in terms of psychological well-being has been identified. (Gartner, Larson, & Allen, 1991).

Problem Statement

Mental health issues in third world countries like Pakistan are increasing with each passing day. Students commonly experience stress and anxiety. symptoms of depression. There are multiple factors which lead to mental health problems in students but some of the key factors are the competitive environment among students in the educational institutions, students pressurized by parents, teachers, and the entirety of society to achieve high grades. It becomes a problem when there is a lack of coping strategies among students when they are unable to cope with such issues. The present study is about that how de-escalation between religion and

prosocial behavior is deteriorating psychological wellbeing among undergraduate Muslim students and how religion and pro-social conduct may both be used as coping mechanisms to deal with problems. The variables that are being studied in this research are Religion, Prosocial Behavior, and psychological well-being. The main reason which elicits the requirement to do this research is elevating mental health issues among students.

Rationale

Youth is a phase of life where a person goes through a series of challenging stressors whether they are emotional, psychological, financial, or family-related problems. Educational stressors and societal expectations are now higher than before, making youth more prone to mental health issues like depression, stress, and anxiety. So, it's not wrong to say that the psychological well-being of the younger generation is unstable. A subjective feeling of contentment, delight, and happiness with life experiences is referred to as psychological wellbeing and an individual's role in the world and no stress, misery, concern, etc. (Shek, 1997; Sastre & Ferriere, 2000; VanWel, Linssen & Abma, 2000).

Our society is adapting western trends and forgetting its unique cultural practices, ethics, and values, this is a major contributory factor to the downfall of psychological well-being, especially in the younger generation. It is a phase where there is less mental stability and where youngsters become lean more toward materialistic happiness, hence it draws them away from their religion and doing something good for others. In today's world depression, stress, and other significant mental health psychopathologies of mild and severe intensities are common, especially in young people. The assumed cause is a low level of religiosity as there is a diversion of youth from their roots of religion. While some researchers feel that religion is a cause of poor mental health, scientific data demonstrates that religiosity is favourably associated to mental health. (Ellison & Henderson, 2011; Levin, 2010).

Religion is a universal phenomenon that exists in all cultures. There are various sorts of religion depending on the number of gods worshipped, the group of believers and the representations of these gods. One thing that all religions have in common is the prosocial activity that believers are expected to demonstrate. Religion has the impact of accentuating prosocial behavior. Many studies have shown that those who are deeply religious and participate in altruistic acts have good mental health. There has never been any research that has combined these variables. An individual's most deeply held beliefs and faith have a direct impact on his or her mental and physical health. Few scientists believe that faith and beliefs increase the body's resistance to psychological distress (Efficace & Marrone, 2002). Religion has a variety of effects on a person's mental health, including giving stress-relieving resources like as prayer and scripture, establishing relationships and social ties through church services and social gatherings, and stressing caring and empathizing with others. (MW & Barry S, 2015). According to a cross-national study of religion and suicide, people who are more religiously committed are more engaged with their community and have lower levels of suicide acceptability. (Steven Stack & Kposowa, 2011). Another study revealed that religion is seen as a protective factor against suicide. The reason for students living with high suicidal ideation was the strength of their religious faith (Rieger, Peter, & Roberts, 2015). Involvement in public religious practices was analogous with low previous suicide attempts and current suicidal ideation (Robins & Fiske, 2009). The suicidal rate is rising especially among university students. One of the reasons for this research is to explore if the rise in suicides among university students is because of a low level of religiosity? Which surely serves as a protective factor against suicide. In the social sciences, the universality of pro-social behavior among humans has long been a riddle (Simpson & Robb, 2008). Prosocial conduct contributes to enhanced well-being, according to several research that used experimental manipulation. (Weinstein & Ryan,2010; Williamson & Clark, 1989)

Students are becoming less religious due to various reasons including the effect of multiculturalism, diffusion of foreign culture/values, trending beliefs about religion that incites wars, being inspired by social media models (Actors), and a change in upbrings, evolving education systems(co-education). Another leading reason for religion deuteriation is the use of free thoughts and logic, people especially the younger generation place strong faith in scientific facts and figures only. They don't believe what they don't see, and that's largely pushing away most Muslim students towards being less religious and Atheism in extreme cases. They rarely participate in prosocial activities which serves as the main reason for doing this research study. One of the purposes of this study is to see if the preceding assertion is true among university students. This research is a gap analysis which will aim in to gain a better understanding of the link between religiosity, prosocial conduct, and psychological well-being among college students. So, this will investigate the relationship between these study variables and how it affects individuals. The research will help to uncover the link between religion, pro-social behavior, and psychological well-being. People will be able to determine whether poor psychological well-being in today's generation is a result of low religiosity and less pro-social behavior based on the findings of this study. It will also reveal how many students participate in prosocial activities in their daily lives. The study will also investigate variances based on other demographic variables such as age, gender, and socioeconomic position.

Objectives

1. To investigate the relationship between religion, prosocial behavior and psychological well-being.

2. To explore the impact of Religion and Prosocial behavior on psychological wellbeing.

3. To investigate the pro-social behavior as a mediating variable between Religion and Psychological Well-being.

4. To explore the demographics with study variables among university students.

Hypotheses

***Hypothesis 1*:** There is a relationship between religion, prosocial behavior and psychological well-being.

Hypothesis 2: There is a positive effect of religion on psychological well-being and Prosocial behavior.

Hypothesis 3: Pro-social behavior mediates the relationship between Religion and Psychological Well-being.

Hypothesis 4: There is difference of Religion on the variable of gender.

Chapter 2

Method

Study Design

The research is cross-sectional and quantitative in which a correlational study design has been used. This correlation was seen to investigate the relationship between religion, prosocial Behavior, and psychological wellbeing. The study did not aim to manipulate any study variables.

Sample

A sample of undergraduate students was used in this research from the government, semi-government and private universities of Islamabad. A convenient sampling technique was utilized based on accessibility and suitability. The G power of the version 3.1.9.7. was used to calculate the size of the sample (N = 310). The study was aimed at undergraduate students, that's why the data was solely collected from undergraduate university students in Islamabad.

Inclusion Criteria

- Students of bachelor's program in Islamabad.

- Students between the ages of 18 and 27 years old.

- Regular students from government, semi-government and private universities of Islamabad.

- Muslims in Islamabad.

- Both male and female genders are represented.

- Understanding of the English language

Exclusion Criteria

- Postgraduate student

- Physically challenged students.

Operational definitions

Religion

Religion is a social-cultural system that connects mankind to supernatural, transcendental, and spiritual components through prescribed behaviors and rituals, values, beliefs, worldviews, books, sacred locations, prophecies, ethics, or institutions. (Webster, 2019)

Prosocial Behavior

"Voluntary behaviors that are designed to help or benefit another individual or group of individuals" is what prosocial behavior stands for. (Eisenberg & Mussen 1989, 3)

Prosocial behavior is a broad category of behavior in which one incurs costs while benefiting others. Mutualism is defined as prosocial bebehaviorhat benefits both the recipient and the performer of the prosocial act When prosocial activity benefits others while imposing net costs on the person who engages in it, it is referred to as altruism. (Bowles & Gintis, 2011).

Psychological Well being

The simple concept of a person's wellbeing, happiness, privileges, interests, usability, and quality of life is referred to as psychological well-being. (Burris, Brechting, Salsman, & Carlson, 2009).

Social Desirability

Social desirability can be recognized as a research participant' inclination to bias their responses in surveys and questionnaires to be seen more favorable/approving light (Crowne & Marlowe, 1960)

Instruments

Demographic sheet

The demographic information that will be taken from participants includes Age, Gender, University type, Family system, Housing type, Employment status, Monthly income, and Sects.

Inform consent

Before handing out questionnaires, participants were asked to give their informed consent by signing the consent form. The right to drop out was protected, and confidentiality was guaranteed.

Measures

In this study, four scales were used namely the Centrality of Religiosity Scale, Pro-socialness Scale for Adults (PSA), Oxford Happiness Questionnaire (OHQ) and Brief Social Desirability Scale (BSDS).

Prosocial Scale for Adults

This scale was originally developed in Italy by Capara and Pastorelli in 1997. Then a revised version of the scale was developed in the year 2005 for late adolescence and adulthood which consist of 16 items, ranging from age 18 years to 92 years, The scale shows feelings and behaviors that consist of four types of actions consisting of helping, sharing, taking care, and

feeling empathic towards others' requests and needs. for the entire set of items, Cronbach's α was 0.91 (for each item). It is a five-point Likert scale. The statement is never/seldom true (coded as 1), occasionally true (coded as 2), sometimes true (coded as 3), often true (coded as 4), and almost always/always true (coded as 5) (Capara & Pastorelli, 2005)

The centrality of the Religiosity Scale

The CRS (CRS-15) was developed by Stefan Huber Odilo W. Huber in 2012. This scale has several versions but, in this study, CRS 15 will be used consisting of 15 items with an age range starting from 16 and above. The Centrality of Religiosity Scale (CRS) is a scale that assesses the importance and centrality of religious beliefs in a person's life. this scale also focused on several dimensions including Intellect, Ideology, Public practice, private practice, and Experience. Dimensions of intellects contain 3 items (1, 6, 11), ideology consists of 3 items (2, 7, 12), dimensions of public practice practices comprise of 3 items (3, 8, 13), private practice include 3 items (4, 9, 14), and religious experience encompassing 3 items (5, 10, 15), CRS can also be used to distinguish between three groups of people: highly religious, religious and non-religious. The 15 sets of times have Cronbach's α ranging from 0.92 to 0.96. while in Pakistani research CRS has an alpha reliability of 0.75. CRS is a five-point Likert type scale each item ranging from; never, rarely, occasionally, often, very often with scoring values of 1,2,3,4 and 5 respectively (Stefan Huber & Odilo 2012)

Oxford Happiness Questionnaire for measuring psychological well-being

The scale was created by Oxford Brookes University's Michael Argyle and Peter Hills in the first issue of the Journal of Personality and Individual Differences in 2002. It's one of the numerous measures of "subjective well-being" (aka happiness) constructed by scientific research psychologists. The Oxford Happiness Questionnaire (OHQ) is an improved instrument derived from the Oxford Happiness Inventory (OHI). It has 29 items and ages ranging from 13 to 68 years. Reliability is α (168) =0.9. It is a six points Likert scale. 1 =

strongly disagree 2 = moderately disagree 3 = slightly disagree 4 = slightly agree 5 = moderately agree 6 = strongly agree. If the scores are between 1-2: not happy, 2-3: somewhat happy, 3-4: not particularly happy or unhappy, 4: somewhat happy, 4-5: rather happy/pretty happy, 5-6: Very happy, 6: too happy.

Brief Social Desirability Scale (BSDS)

The scale was developed by Rehman Haghighat in 2013. It assesses the Social Desirability factor, which is the proclivity to respond to attitudinal questionnaires in a socially desirable manner, which affects the validity of attitudinal questionnaires. It consists of five items with dichotomous responses, where yes is considered a socially desirable answer, earning a score of one, and no is not a socially desirable answer, earning a score of zero."

Procedure

It was a quantitative research study involving a sample of undergraduate university students from the city of Islamabad data was collected through physical questionnaires in which the forms were handed out to students individually. The participants were fully informed about the study's nature and purpose. The subjects were requested to fill up surveys completely and truthfully. When the requisite number of responses had been collected via paper questionnaires. The data was examined in SPSS for statistical analysis to check the validity of the hypotheses.

Analytical Statistics

The Statistical Package for Social Sciences (SPSS) version 23 was used to analyze the data for this research. Partial correlation was used. The hypothesis was tested using the independent sample T-test. Also, linear regression and multiple regression analysis (matrix) were run on data to check the impact/effect between variables.

Ethical Consideration

The study was conducted after the approval of the Board of Study (BOS) of the relevant department. The research questionnaires that were used in the study was handed out after securing the confidentiality of the participant. The participant responses were recorded accurately and fairly. The research study was held after properly informing participants along with their informed consent. Confidentiality was maintained and participants' drop-out right was ensured properly.

Chapter 3

Results

Table No. 1

Frequencies and percentages of the demographic characteristics of the sample (N=310)

Characteristics of participants		*(n)*	*(%)*	*M*	*S. D*
Age	18-22	258	83.2%	20.87	1.648
	23-26	51	16.4%		
	26 and above	1	0.3%		
Gender	Male	176	56.8%		
	Females	134	43.2%		
University name	Bahria	97	31.3%		
	Comsats	118	38.1%		
	FMC	95	30.6%		
Semester	1st	4	1.3%		
	2nd	54	17.4%		
	3rd	43	13.9%		
	4th	116	37.4%		
	5th	14	4.5%		
	6th	30	9.7%		
	7th	29	9.4%		
	8th	20	6.5%		
University type	Private	15	37.1%		
		93	30.0%		

	Semi	102	32.9%		
	government				
	Government				
Family system	Joint	125	40.3%		
	Nuclear	185	59.7%		
Housing Type	Hostilities	119	38.4%		
	Day Scholars	191	61.6%		
Employment	Employed	30	9.7%		
Status	Unemployed	280	90.3%		
Monthly income	40000-70000	108	34.8%	125197.37	110536.677
	75000-125000	96	30.9%		
	130000-260000	71	22.9%		
	300000-470000	11	3.5%		
	500000 and above	13	4.1%		
Socio economic	Lower	5	1.6%		
Status	Middle	279	90.0%		
	Upper	26	8.4%		
Sect	Shia	101	32.6%		
	Sunni	209	67.4%		

Table 1. illustrates the demographics of the participants. The sample consisted of a total of 310 undergraduate students who fall in the age range of 18 to 20 years. Participants in the age range of 18-22 consisted of 258 (83.2%) participants. 22-26 compromised of 21 participants (16.4%) and 26 and above comprised 1 (0.3%) of the total participants. The mean age of the sample or data is 20.87 A huge difference was observed in the gender of the

Participants. Males have a frequency of 195 with a percentage of 62.9% while females have a frequency of 115 with a percentage of 37.1

Out of all students 4 (1.3%) were enrolled in first semester, 54 (17.4%) from the second semester, 43 (13.9%) from third semester, 116 (37.4 %) from fourth semester, 14 (4.5%) from the fifth semester, 30 (9.7%) from the sixth semester, 29 (9.4%) from seventh semester and 20 (6.5%) from the eight semesters. Out of entire candidates, 97 (31.3%) students studied in Bahria university (Semi-Government) 118(38.1%) studied in Comsat University (Government) while the rest 95(30.6%) are students of Faiza Medical College (Private)

104 (33.5%) participants belonged to a joint family system and 206 (68.5%) participants belonged to the nuclear family system. The housing type or system of the participants varied enormously; 110 (35.5) participants lived in a hostel while 200 (64.5%) were included in the category of Day scholars. Most of the participants were employed with the frequency and percentages of 30 and 9.7% and the unemployed had numbers of 280 and 90.3% respectively.

The household income of the participants compromised of 108 (34.8%) individuals with 40000-70,000, 96 (30.9%) from 75,000-125,000, 71 (22.9%) from 130,000-260,000. 11(3.5%) participants have a total household income that ranges from 300000-to 470000 while the 13 individuals have an income of 500000 and above (4.1%).

5 (1.6%) individuals have a lower socioeconomic status, 26 (8.4%) participants belong to upper status while most participants (279) had a middle-class background which makes up a frequency of 90%. The standard deviation of the sample is low which depicts those fewer values are away from the mean so the data is good/reliable.

Table No. 2

Descriptive statistics reliability analysis of CRS, PSA and OHQ.

Scales	k	M	SD	Range	Skew	Kurtosis	α
				Min- Max			
CRS	15	4.21	.5531	1.73-5.00	-1.336	1.915	0.84
Intellect	3	3.84	.79	1.33-5.00	-.539	-.263	0.67
Ideology	3	4.7	.64	1.67-5.00	-2.57	6.4	0-73
Public	3	3.8	.93	1.00-5.00	-.840	-.045	0.68
Private	3	4.4	.62	1.33-5.00	-1.58	2.620	0.53
Experience	3	4.2	.80	1.00-5.00	-1.28	1.362	0.65
OHQ	29	3.92	.6174	2.24-5.28	-.260	-.036	0.83
PSA	16	3.95	.62213	1.06-5.00	-1.162	2.396	0.88
BSDS	5	3.22	1.05	.00-5.00	-.272	-.033	0.56

Note. CRS=Centrality of religiosity scale-15, OHQ=Oxford Happiness Questionnaire, PSA=Prosocialness Scale

for Adults, BSDS=Brief Social Desirability Scale. 0.56* = Kuder Richard Reliability

Table. 2. Illustrates the descriptive and reliability analysis of Centrality of Religiosity Scale (whole scale and subscales), Oxford Happiness Questionnaire, Pro-socialness Scale for Adults and Brief Social Desirability Scale. The intellect subscale mean is 3 (SD=.79) with actual range is (1.33) and potential is (5.00), alpha reliability (0.67). The ideology subscale mean is 4.7 (SD=.64) with actual range is (1.67) and potential is (5.00), alpha reliability (0.73). The public practice subscale mean is 3.8 (SD=.93) with actual range is (1.00) and potential is (5.00), alpha reliability (0.71). The private practice subscale mean is 4.4 (SD=.62) with actual range is (1.33) and potential is (5.00), alpha reliability (0.53). The experience subscale mean is 4.2 (SD=.80) with an actual range is (1.00) and potential is (5.00), alpha reliability (0.65). The CRS whole scale means is 3.94 (SD=.51) with an actual range is (1.63) and potential is (5.00),

and alpha reliability (0.84). The Psychological Well being means is 3.92 (SD=.61) with an actual range is (2.24) potential is (5.28), and alpha reliability (0.83). The Pprosocial behavior mean is 3.95 (SD=.62) with an actual range is (1.06) potential (5.00), and alpha reliability (0.88). The BSDS scale means is 3.22 (SD=.1.05) with an actual range is (.00) and potential is (5.00).

Table 3

Partial Correlation

	1	2	3
1.CRS	-	.47**	.31**
2. PSA		-	.30**
3. OHQ			-

Note. CRS=Centrality of religiosity scale-15, OHQ=Oxford Happiness Questionnaire, PSA=Prosocialness Scale for Adults, BSDS=Brief Social Desirability Scale

Table 4 shows the partial correlation between the variables of Religion, Pro-social behavior and Psychological Well being. There is a significant positive correlation between Religion, Pro-social behavior and Psychological well being variables. Here Social Desirability is a control variable The magnitude of the relationship between Religion and prosocial behavior is moderate (r=.471), while the magnitude of the relationship of Religion with Psychological well being is low (r=.308), same trend goes for the effect between prosocial behavior and psychological well being as depicted by the value of r (.303). Furthermore, this table exhibits that when Religion increases it causes an elevation in the variables of Prosocial and Psychological wellbeing. Reason to use the partial correlation was to hold the variable of social desirability constant and calculate correlation.

Table 4

Regression analysis of Religion and Prosocial Behavior on Psychological Wellbeing.

Variables	*B*	95%CI	*SE*	β	*p*	*R²*	*ΔR²*
Step 1							
(Constant)	3.63	[3.41, 3.84]	.112		.000	0.24	0.24
BSDS	.09	[0.026, 0.155]	0.03	.155	.006		
Step 2							
(Constant)	1.96	[1.428, 2.50]	0.27		.000	0.15	0.12
BSDS	.050	[-0.012, 0.11]	0.03	0.08	0.11		
CRS	.251	[0.110, 0.393]	0.07	0.21	.001		
PSA	.203	[0.084, 0.322]	0.06	0.20	.001		

Note: β: Coefficient value; CI: Confidence Interval; LLCI: Lower-Level Confidence Interval; ULCI: Upper- Level confidence Interval; SE: Standard Error; R²: Variance; ΔR: Change in variance, CRS=Centrality of religiosity scale-15, PSA=Prosocialness Scale for Adults, BSDS=Brief Social Desirability Scale

Table No. 4 shows linear regression analysis computed to check the prediction of social desirability and whole scale of Religion and Pro-social Behavior. The R^2 value of .24 revealed the predictors explain 24% variance in the outcome variable. BSDS is significantly positively predicting p<.05 In term of psychological wellbeing BSDS is significantly positively predicting at p<.000 but CRS and PSA is significantly highly predicting at p<.01. The variance of this model accounts is 24% and model fit

Table 5

Mediation Analysis between Religion and Psychological wellbeing through Prosocial behavior (N=300)

Variables	β	SE	t	95% CI		P
				LL	UL	
Mediation variable model (Pro-social behavior)						
Constant	1.50	.243	6.17	1.022	1.980	.000
CRS→PSA	0.56	0.6	9.35	.441	.675	.000
PSA→OHQ	0.21	0.1	3.35	0.08	0.32	.001
CRS→OHQ	0.25	0.1	3.50	0.11	0.39	.001

Note: β: Coefficient value; CI: Confidence Interval; LLCI: Lower-Level Confidence Interval; ULCI: Upper- Level confidence Interval; SE: Standard Error; P: Significance. CRS=Centrality of religiosity scale-15, OHQ=Oxford Happiness Questionnaire, PSA=Prosocialness Scale for Adults, BSDS=Brief Social Desirability Scale

The mediation indicated that Religion was found to be a significant positive predictor of prosocial behavior and psychological wellbeing. In this the variable of social desirability was controlled. Whereas prosocial behavior was also significantly positively predicted psychological wellbeing. Simultaneously, prosocial behavior was found to be a significant mediator between religion and psychological wellbeing (effect= .095 BootLL=.04, bootUL=.19). That showed that an increase in Religion tends to increase prosocial behavior, while increased prosocial behavior in turns increase psychological wellbeing.

Table 6

T Test table of difference between gender on the variable of Religion, Pro-social behavior and Psychological Well-being.

Variables	Male (n=176)		Females (n=134)				CI 95%		
	M	S. D	M	S. D	t	p	LL	UL	Cohen's d
OHQ	3.9	.671	3.9	.54	.313	.077	-.11397	.15706	0.03
CRS	3.8	.58	4.0	.405	-2.294	.000	-.25211	-.01931	0.269
Intellect	3.8	.79	3.8	.79	.596	.53	-.125	.23430	0.119
Ideology	4.6	.69	4.8	.55	-2.436	.001	-.32156	-.03422	0.28
Public	3.7	1.0	4.0	.74	-2.214	.000	-.44782	-.02640	0.25
Private	4.3	.67	4.5	.53	-2.512	.013	-.31649	-.03844	0.29
Experience	4.0	.86	4.2	.69	-2.035	.037	-.36545	-.00616	0.23
PSA	3.8	.65	4.0	.54	-3.482	.067	-.37248	-.10350	0.39

Note. CRS=Centrality of religiosity scale-15, OHQ=Oxford Happiness Questionnaire, PSA=Prosocialness Scale for Adults.

This Table illustrates independent sample t-test, it shows that there is a significant difference between the males and females in the variables of Psychological wellbeing, Prosocial behavior and Religion. Males and Females both are considerably high (i.e., 3.9) in the element of psychological wellbeing (OHQ), whereas the female mean (4.0) in the whole scale of CRS is higher than males (3.8) depicting higher religiosity. Same trend is being followed by the subscales of Psychological Wellbeing except for Intellect. The mean of PSA illustrating that Females are more pro-social than Males. The standard deviation for both males and females are following the same trend i.e., it is low as compared the values of mean. The data is less dispersed, this indicates that it is more reliable. Religion is significant with the value of 0.00 with other subscales including ideology, public, private and experience except intellect (0.53). OHQ and PSA are less significant as their p values are higher than 0.05. Psychological well being is significant because its Cohen's d value is less than 0.05 while all the other

variables including CRS, intellect, ideology, public, private, experience and PSA are insignificant because they're above 0.05 Cohen's d value.

Table 7

T Test table of difference between family system on the variable of Religion, Pro-social behavior and Psychological Well-being.

Variables	Nuclear (n=185)		Joint (n=125)				CI 95%		
	M	S. D	M	S. D	t	p	LL	UL	Cohen's d
OHQ	3.9	.65	3.9	.56	-.033	.013	-.14326	.13854	0.003
CRS	3.9	.50	3.9	.53	.619	.106	-.08207	.15734	0.077
Intellect	3.7	.81	3.8	.77	1.179	.29	-.07212	.28747	0.135
Ideology	4.7	.65	4.6	.61	-0.91	.96	-.15152	.13811	0.01
Public	3.8	.87	3.9	1.02	.953	.11	-.11421	.32827	0.112
Private	4.4	.62	4.4	.62	.142	.65	-.13173	.15220	0.016
Experience	4.1	.83	4.1	.75	-.192	.64	-.19669	.16167	0.02
PSA	3.9	.57	3.9	.69	-.828	.409	-.20918	.08539	0.09

Note. CRS=Centrality of religiosity scale-15, OHQ=Oxford Happiness Questionnaire, PSA=Prosocialness Scale for Adults.

This Table illustrates independent sample t-test, it shows that there is a no difference between the nuclear and joint in the variables of OHQ, CRS and PSA. Both family system (nuclear and joint) is considerably high (i.e., 3.9) in the element of psychological wellbeing (OHQ), Religion (CRS) and Prosocial behavior (PSA). Same trend is being followed by the subscales of CRS except for Intellect, Ideology and public. In intellect mean of joint is higher than nuclear and same is for public, whereas in ideology subscale nuclear mean is higher than joint. The standard deviation for both nuclear and joint are following the same trend i.e., it is low as compared to the values of mean. The data is less dispersed, this indicates that it is more reliable. CRS is not significant with the value of 0.1 with other subscales including ideology, public, private and experience and intellect. OHQ is significant with the value (0.01) and PSA

is less significant as its value is (0.40). OHQ, ideology, private and experience are significant because its Cohen's d value is less than 0.05 except for while all the other variables including CRS, intellect, public, PSA are insignificant because they're above 0.05 Cohen's d value.

Table 8

T Test table of difference between Housing type on the variable of Religion, Pro-social behavior and Psychological Well-being (N=310)

Variables	Hostilities (n=119)		Day Scholar(n=191)				CI 95%		
	M	*S. D*	*M*	*S. D*	*t*	*p*	*LL*	*UL*	*Cohen's d*
OHQ	3.8	.60	3.9	.62	-.033	.71	-.21995	.06114	0.129
CRS	3.9	.50	3.9	.53	.619	.84	-.11090	.12523	0.013
Intellect	3.9	.72	3.7	.83	1.722	.04	-.02276	.34206	0.20
Ideology	4.6	.56	4.7	.68	-.943	.92	-.20917	.07369	0.10
Public	3.8	1.0	3.9	.86	-.503	.026	-.27152	.16097	0.05
Private	4.4	.55	4.4	.65	1.247	.10	-.05036	.22447	0.14
Experience	4.1	.80	4.2	.80	-.914	.66	-.26966	.0986	0.106
PSA	3.9	.55	3.9	.66	-.828	.05	-.12766	.14770	0.016

Note. CRS=Centrality of religiosity scale-15, OHQ=Oxford Happiness Questionnaire, PSA=Prosocialness Scale for Adults.

This Table illustrates independent sample t-test, it shows that there is a no difference in the mean of CRS and PSA between the hostilities and day scholars, but the mean of psychological wellbeing (OHQ) is higher in Day scholars than hostilities. In subscales of ideology, public and experience the mean is higher in day scholars than hostilities, whereas in intellect hostility have higher mean and in private practice they have same mean (4.4) The standard deviation for both hostilities and day scholars are following the same trend i.e., it is low as compared to the values of mean. The data is less dispersed, this indicates that it is more reliable. CRS is not significant with the value of 0.1 with other subscales including ideology,

public, private and experience and intellect. Intellect, public and PSA are significant with the value 0.04, 0.02, and 0.05 respectively other variables are less significant because their p value is greater than 0.05. CRS, public and PSA are significant because its Cohen's d value is less than 0.05 except for while all the other variables including Psychological well being, intellect, ideology, private and experience are insignificant because they're above 0.05 Cohen's d value.

Table 9

T Test table of difference between sects on the variable of Religion, Pro-social behavior and

Psychological Well-being. (N=310)

Variables	Shia (n=101)		Sunni (n=209)				CI 95%		
	M	*S. D*	*M*	*S. D*	*t*	*p*	*LL*	*UL*	*Cohen's d*
OHQ	3.9	.61	3.9	.62	-.033	.81	-.15614	.13790	0.014
CRS	3.9	.53	3.9	.51	.619	.83	-.10007	.15121	0.04
Intellect	3.8	.87	3.8	.75	-.281	.218	-.22873	.17169	0.04
Ideology	4.7	.57	4.6	.67	1.524	.076	-.03284	-25704	0.179
Public	3.9	.91	3.8	.95	1.244	.343	-.08162	.36077	0.14
Private	4.3	.66	4.4	.59	-1.319	.032	-.24729	.04876	0.15
Experience	4.1	.80	4.1	.79	.128	.672	-.17987	.20479	0.015
PSA	3.9	.73	3.9	.56	-.828	.01	-.20113	.09582	0.08

Note. CRS=Centrality of religiosity scale-15, OHQ=Oxford Happiness Questionnaire, PSA=Prosocialness Scale for Adults.

       This Table illustrates independent sample t-test, it shows that there is a no difference in the mean of Psychological wellbeing, religion and prosocial behavior between the Shia and Sunni, while in subscales of ideology and public the mean is higher in Shia than Sunni whereas in private Sunni mean is higher. In the subscale of experience and intellect, they have same mean 4.1 and 3.8 respectively. The standard deviation for both Shia and Sunni are following the same trend i.e., it is low as compared to the values of mean. The data is less dispersed, this indicates that it is more reliable. All variables are insignificant except for private and PSA are significant with the value 0.03 and 0.01 respectively other variables are less significant because their p value is greater than 0.05. All variables Cohen's d values are significant except for ideology, public and private.

Chapter 4

Discussion

The current study aimed to investigate the relationship between Religion, Prosocial Behavior, and Psychological Well-being and how Religion impacts the Helping behaviors & Psychological Well-Being of Pakistani undergraduate Muslim students. The findings of the research are in line with the literature review that represents Religion and Prosocial Behavior had a significant positive impact on psychological wellbeing. Four Scales were used to measure the variables of the present study. The centrality of religiosity scale (CRS), Prosocialness scale for adults (PSA), Oxford Happiness Questionnaire (OHQ), and Brief Social Desirability Scale (BSDS). The Centrality of Religiosity Scale developed by Huber and Odilo (2012) was utilized to measure the level of religiosity. It has many versions but, in this study, the CRS-15 English version was used. In the current study it was used to measure the religiosity among Muslim students, The Prosocialness Scale for Adults, developed by Carpara and Pastorelli (2005) measures behaviors like helping, sharing, taking care, and feeling empathetic towards others' feelings. This research, it was used to measure Prosocial behaviors among Muslim students. The Oxford Happiness Questionnaire was developed by Argyle and Hills (2002). It measured the psychological well-being of university students. The final scale in the Study developed by Haghighat (2013) was used to control the factor of socially desirable responses among students due to one of the variables (religion). Religion is a very sensitive topic so there's a high possibility that it might get socially desirable responses that could be inaccurate and have an effect on the results in a negative way.

To determine the psychometric properties of the scales, Cronbach's Alpha Reliability and Kuders Richardson (KR-20) were calculated. In the present study, the reliability of CRS

was 0.84. The reliability of the Intellect, Ideology, Public, Private and Experience subscales of CRS, was 0.67, 0.73, 0.68, 0.53 and 0.65 respectively. The reliability of PSA was 0.88. OHQ had a reliability of 0.83, and the reliability of the BSDS was 0.56. All scales possessed high reliabilities except BSDS, which had a bit less reliability than them. (Taber, 2016) in his article "The use of Cronbach's Alpha When developing reporting and research instruments science education" stated the ranges for Alpha values from low to excellent. According to his research 0.5 reliability falls under the satisfactory range. They also said that if we increase the items of the scale, we're more likely to have acceptable alpha values. Because BSDS only comprised of five items that must be a possible reason for the value.

The first hypothesis was that there would be a relationship between the variables of Religion Prosocial behavior and psychological wellbeing among university students. The results showed that there is a significant positive correlation between the above-stated variable. This hypothesis was supported by previous literature. A study was conducted by Aflakseir (2012) to examine the link between Religiosity, Personal meaning, and psychological well-being it was found that there was a positive correlation between different elements of psychological well-being and Religiosity. Another piece of literature that supported the finding was conducted by Rohmiyatun and Muslimin (2020) to explore the connection between Aqidah (Religious belief) and psychological wellbeing among Muslim students. The results showed a significant positive relation between Aqidah and psychological wellbeing. Another previous literature which proved the relation between Religion and Prosocial Behavior was done by Batara et al. (2016) which proposed that priming religious concept notably spiritual prime can increase prosocial behavior among people . The relationship between prosocial behavior and psychological wellbeing was supported by a research in which the result of study revealed that there is a positive correlation between Prosocial behavior and psychological wellbeing (Rosli & Parveen, 2021).

The second hypothesis proposed in our study was there is likely to be a positive effect of religion on prosocial behavior and psychological well-being, which was supported by a study of Ahmed (2009) on Madrassah pupils in rural communities' results showed that religious students contributed more in public good games than non-religious students which means they showed more pro-social behavior than non-religious students. The effect of religion on psychological well-being was also proved and came in line with literature published by Saleem and Saleem (2016) which took place in Islamabad, to investigate the role of religiosity in psychological well-being. The results showed Religion as a strong predictor of psychological well-being among students. More literature that holds up the same idea was done on Pakistani Muslims by Ismail and Desmukh (2012), findings of the study supported the strong positive relationship between Religiosity and Psychological wellbeing

In the Pakistani cultural context, people are more religious and are involved in religious practices like charity, fasting, and helping neighbors and even strangers. So being religious automatically makes them prosocial and kind towards others. Islam lay stress on the concept of helping others, there's the Hadith of Prophet Muhammad (P.B.U.H) "Protect yourself from hellfire even by giving a piece of date as charity" (Al-Bukhari and Muslim) Another hadith says that "And they feed for the love of Allah, the indigent, the orphan and the captive, we feed you for the sake of Allah Alone: No rewards do we desire from you, nor thanks"

Highly religious people have more faith in Islamic sayings so when they see that Allah had said that if they'll help others, they'll be free from worries or even if they do so just for the sake of getting heaven in the afterlife, which makes them more likely to be involved in prosocial behavior. That surely proves religion surely has a positive impact on helping behavior and positive psychological wellbeing.

There is a concept of different souls often referred to as *Nafs* in the Quran. The most truthful and noblest nafs is called Al-Nafs Al-Mutmainna. When a person has good intentions in life regarding everything or daily matters, and always acts rightly, then a Muslim aaeve the state of tranquility through devotion to Allah rewards him a with highly desirable and peaceful state of mind. Muslims for achieving this state get indulge in more helping behaviors.

The third hypothesis stated that Prosocial Behavior is likely to mediate the relationship between Religion and Psychological wellbeing. It was proved by the results and previous literature in which prosocial Behavior has been used as an independent variable for psychological wellbeing and dependent variable for Religion. In previous research conducted Espinosa, Anton and Hinestroza (2021). The authors found that engaging in prosocial behavior increases Subjective wellbeing. Same findings were reported by another study by Rosli and Parveen (2021) which revealed the significant positive effect on psychological wellbeing of undergraduate students. A literature in which Prosocial Behavior was acting as a depended variable for Religion was conducted by Batara, Franco, Quiachon, and Sembrero (2016) to determine the impact of religious priming on ingroup and outgroup prosocial behaviour. The findings revealed a link between religious priming and prosocial behaviour, with spirituality playing a key role in enhancing helping behaviors among the study participants. Batara, Franco, Quiachon, and Sembrero (2016) conducted research to determine the impact of religious priming on ingroup and outgroup prosocial behavior. The findings revealed a link between religious priming and prosocial behavior, with spirituality playing a key role in enhancing helping behaviors among the study participants.

These studies provide compelling evidence that Prosocial behavior acts as a mediator, accounting for a considerable amount of the variance in the other variables. In the current study the findings of the mediation analysis showed that prosocial Behavior is playing a mediation

role. Moreover, it was proved that an increase in Religion will cause an elevation in Prosocial Behavior, in turn prosocial behavior causes a raise in psychological wellbeing.

The fourth hypothesis Proposed in our study was that Females are more religious than males. the results of the current study proved it, further supported by previous literature which said that women participate more in religious activities than males, which makes them more religious. (Firori et al., 2006; Gautherier et al., 2006; Francis & Kaleor 2002; Ellison, 1991).

The final hypothesis was that Females are more Prosocial than males which lie in contrast to previous literature. Abdullahi, and Kumar (2016) conducted research to examine the gender differences in Prosocial behavior. Their result suggests that males and females are both almost equal on this variable's dimensions. Another study conducted by Kavussanu, Stamp, Slade, and Ring (2009) contradicted the hypothesis. Results showed that males and females didn't differ in Prosocial behaviors.

Thus, the importance of Religion on Pro-Social Behavior and Psychological Well being was underlined. Being devoted to Religion is crucial to both for the betterment of community and for preventing mental health problems.

Conclusion

The study aimed at exploring the Relationship between Religion, Psychological well-being, and Prosocial Behavior. It examined the positive impact of religion on Prosocial behavior and psychological wellbeing. It also studied the mediating effect of Prosocial behavior on other two variables. Results revealed that religious people are more helpful, empathetic, and kind toward others. It also depicted that people with high religiosity are less prone to mental health problems like anxiety, stress, and depression, so they enjoy greater psychological wellbeing. The comparison between males and females showed that females are more religious

than men. Additional findings revealed that there's no difference of religiosity between sects (Sunni and Shia), family systems, and housing type. Furthermore, the results provided crucial insight into the degree of religiosity and helping behaviors among today's younger generation

Limitations

Apart from the importance the research finding holds, the current study has some limitations as well.

- Limitations includes that data was only collected from Islamabad and not any other geographical areas of Pakistan which makes it less generalizable on other population.

- This study only included undergraduate students from three universities, so in future, researchers should involve all categories of students from different geographical areas.

- The focus of the study did not include people belonging to Hinduism, Christianity, Jewish and other minor religions which make it difficult to predict that all religions have a positive impact on psychological wellbeing as it was only done on Muslim students.

- The study exclusively focused on physically healthy students and not much attention was given to students who were struggling physically. More factors that could be improving psychological well-being weren't made a part of study.

- The study was conducted on literate youth falling between 18 to 27 years, and illiterate belonging to same age were not included.

- The majority of the data came from students who were in their fourth semester and had a better psychological well-being than students in their final semester. This could have had an impact on the study's findings.

Recommendations

- Future research should replicate the same study on a different religion, age group, rural areas and qualification.

- Replication might be suggested with different type of measures for quantitative and qualitative study.

- To reach in-depth information of the topic researchers should use data collecting methods such as family structure interviews, qualitative methods and implicit techniques can be utilized.

Implications

- The result findings revealed that Religion and Prosocial behavior has a positive relationship with psychological wellbeing. This demonstrates the potential benefit of focusing on Religion and prosocial behavior to cope with mental health issues and having a greater wellbeing

- This research applies those therapists and counselor have a better understanding of the one factor of poor psychological well-being that is less religiosity and Prosocialness, when they'll be able to understand the role of these factors, they can utilize it as a buffer against having mental health issues.

- Based on current findings, educational institutions will have an awareness of the buffering effect of religious beliefs on the psychological well-being of university students. So, they can do efforts to see how they can do changing the curriculum and promote activities that can increase their religious beliefs and prosocial behavior

- Educational psychologists and therapists in universities will be able to use the finding of this study to better educate the university students on the importance of Religion and prosocial behavior which could help them in coping with stress.

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Appendices

Appendix A

INFORMED CONSENT FORM

We are students of BS Psychology at Bahria University, Islamabad Campus conducting research among university students. You are being invited to take part in this research study, taking part in this study is entirely ***voluntary and anonymous (unnamed).***

If you agree to take part in this study, you will have to fill out four questionnaires. Your involvement will last approximately (*10-12 minutes).*

It is ensured that this information will be kept highly confidential and used for research purposes only. You have the right to withdraw from research study at any time. Since the responses will be kept anonymous, you are requested to answer the questions honestly.

I have read the above provided information and thus agree to participate in this research.

 I agree ☐

Date: _____

Signature: _____

Appendix B

DEMOGRAPHIC INFORMATION FORM

Age _____

Gender

☐ Male   ☐ Female

University _____

☐ Private   ☐ Semi- government ☐ Government

Education: Undergraduate ☐

Year/Semester_____

Family System

☐ Joint   ☐ Nuclear

Housing type

☐ Hostilities   ☐ Day Scholars

Employment Status

☐ Employed   ☐ Unemployed

Monthly Income in PKR (Rs.) _____

Socioeconomic Status

☐ Lower   ☐ Middle   ☐ Upper

Sect

☐ Shia   ☐ Sunni

Appendix C

Oxford Happiness Questionnaire

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. I don't feel particularly pleased with the way I am	1	2	3	4	5	6
2. I am intensely interested in other people.	1	2	3	4	5	6
3. I feel that life is very rewarding.	1	2	3	4	5	6
4. I have very warm feelings towards almost everyone.	1	2	3	4	5	6
5. I rarely wake up feeling rested.	1	2	3	4	5	6
6. I am not particularly optimistic about the future.	1	2	3	4	5	6
7. I find most things amusing.	1	2	3	4	5	6
8. I am always committed and involved.	1	2	3	4	5	6
9. Life is good.	1	2	3	4	5	6
10. I do not think that the world is a good place.	1	2	3	4	5	6
11. I laugh a lot.	1	2	3	4	5	6
12. I am well satisfied about everything in my life.	1	2	3	4	5	6
13. I don't think I look attractive.	1	2	3	4	5	6
14. There is a gap between what I would like to do and what I have done.	1	2	3	4	5	6
15. I am very happy.	1	2	3	4	5	6

16. I find beauty in some things.	1	2	3	4	5	6
17. I always have cheerful effect on others.	1	2	3	4	5	6
18. I can fit in everything I want to	1	2	3	4	5	6
19. I feel that I am not especially in control of my life.	1	2	3	4	5	6
20. I feel able to take anything on.	1	2	3	5	6	6
21. I feel fully mentally alert.	1	2	3	4	5	6
22. I often experience joy and elation.	1	2	3	4	5	6
23. I do not find it easy to make decisions.	1	2	3	4	5	6
24. I don't have a particular sense of meaning and purpose in my life.	1	2	3	4	5	6
25. I feel I have a great deal of energy.	1	2	3	4	5	6
26. I usually have a good influence on events.	1	2	3	4	5	6
27. I do not have fun with other people.	1	2	3	4	5	6
28. I don't feel particularly healthy.	1	2	3	4	5	6
29. I do not have particularly happy memories of the past	1	2	3	4	5	6

Appendix D

Centrality of Religiosity Scale-15

Regarding this one and the following questions please take your personal imagination of "god" or "something divine".	not at all	not very much	moderately	quite a bit	very much so
1. To what extent do you believe that God or something divine exists?	①	②	③	④	⑤
2. How interested are you in learning more about religious topics?	①	②	③	④	⑤
3. To what extend do you believe in an afterlife—e.g. immortality of the soul, resurrection of the dead or reincarnation?	①	②	③	④	⑤
4. How important is to take part in religious services?	①	②	③	④	⑤
5. How important is personal prayer for you?	①	②	③	④	⑤
6. In your opinion, how probable is it that a higher power really exists?	①	②	③	④	⑤
7. How important is it for you to be connected to a religious community?	①	②	③	④	⑤

8. How often do you pray?

○ several times a day	○ once a day	○ more than once a week	○ once a week	○ one to three times a month	○ a few times a year	○ less often	○ never

9. How often do you take part in religious services?

○ more than once a week	○ once a week	○ one to three times a month	○ a few times a year	○ less often	○ never

How often do you experience the following situations or events	never	rarely	occasionally	often	very often
10. How often do you think about religious issues?	①	②	③	④	⑤
11. How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?	①	②	③	④	⑤
12. How often do you experience situations in which you have the feeling that God or something divine wants to show or reveal something to you?	①	②	③	④	⑤
13. How often do you keep yourself informed about religious questions through radio, television, internet, newspapers, or books?	①	②	③	④	⑤

14. How often do you pray spontaneously when inspired by daily situations?	①	②	③	④	⑤
15. How often do you experience situations in which you have the feeling that God or something divine is present?	①	②	③	④	⑤

Appendix E

Pro-Socialness Scale for Adults

	Never/almost never	Rarely	Occasionally	Often	Always/almost always
1. I am pleased to help my friends/colleagues in their activities	1	2	3	4	5
2. I share the things that I have with my friends.	1	2	3	4	5
3. I try to help others.	1	2	3	4	5
4. I am available for volunteer activities to help those who are in need.	1	2	3	4	5
5. I am empathic with those who are in need.	1	2	3	4	5
6. I help immediately those who are in need.	1	2	3	4	5
7. I do what I can to help others avoid getting into trouble.	1	2	3	4	5
8. I intensely feel what others feel.	1	2	3	4	5
9. I am willing to make my knowledge and abilities available for others.	1	2	3	4	5
10. I try to console those who are sad.	1	2	3	4	5
11. I easily lend money or other things.	1	2	3	4	5
12. I easily put myself in the shoes of those who are in discomfort.	1	2	3	4	5
13. I try to be close to and take care of	1	2	3	4	5

those who are in discomfort.					
14. I easily share with friends any good opportunity that comes to me.	1	2	3	4	5
15. I spend time with those friends who feel lonely.	1	2	3	4	5
16. I immediately sense my friend's discomfort even when it is not directly communicated to me.	1	2	3	4	5

Appendix F

Brief Social Desirability Scale

	Yes	No
1. Would you smile at people every time you meet them?		
2. Do you always practice what you preach to people?		
3. If you say to people that you will do something, do you always keep your promise no matter how inconvenient it might be?		
4. Would you ever lie to people?		
5. Would you ever laugh at a dirty joke people may make?		

Appendix G

Permission of CRS

Mail — ☐ X

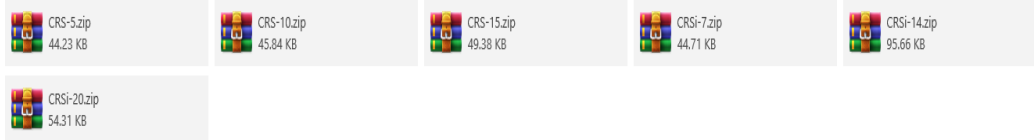**S** stefan.huber@theol.unibe.ch <stefan.huber@theol.unibe.ch>
14/01/2022 1:09 pm

To: manahilwaheed1999@gmail.com Cc: stefan.huber@ager.unibe.ch

Save all attachments

CRS-5.zip
44.23 KB

CRS-10.zip
45.84 KB

CRS-15.zip
49.38 KB

CRSi-7.zip
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95.66 KB

CRSi-20.zip
54.31 KB

Dear Manahil Waheed

I give you the permission for using the Centrality of Religiosity Scale (CRS) in your study. Enclosed you find information – including items and scoring – about all versions of the CRS. I would recommend the CRS-15.
I would advise to notice the following examples of research with the CRS in Pakistan:
https://www.mdpi.com/2077-1444/11/9/470

Further, I would strongly advise to consult the following PhD thesis that gives a good introduction in the history and logic of the CRS (see pages 13-22):
Online: https://doc.rero.ch/record/330349?ln=en
Download: http://doc.rero.ch/record/330349/files/AckertM.pdf

I'm interested in the findings of your research. So, I would be glad, if you send a copy of your completed research study. Thank you.
Good luck!

Best wishes,
Stefan

_____

Prof. Dr. Stefan Huber
Head of the Institute for Empirical Research on Religion
University of Berne, Längassstr. 51, CH-3012 Berne, Switzerland.
http://www.ier.unibe.ch/

Guest Editor of the following Special Issues
- "Inter-Religious Relations: Prejudices and Conflicts – Dialogue and Integration" – https://www.mdpi.com/journal/religions/special_issues/Inter_religious_relations
- "Research with the Centrality of Religiosity Scale (CRS)" – https://www.mdpi.com/journal/religions/special_issues/CRS

Appendix H

Permission of OHQ

Mail — □ ×

An update that has been made to your enquiry

-ServiceDesk- <brookes@service-now.com>
25/03/2022 7:38 pm

To: manahilwaheed1999@gmail.com

OXFORD BROOKES UNIVERSITY — Oxford Brookes University
Enquiry Update

Dear Guest

Please see below for an update that has been made to your Enquiry - "Permission required to use Oxford Happiness Questionnaire.".

25-03-2022 **14:37:58 GMT - Guest** Additional comments
reply from: manahilwaheed1999@gmail.com

Thank you so much for the permission. I will make sure to reference the authors in any writing.

kind regards

25-03-2022 **14:29:51 GMT - David Geoffrey Shepard** Additional comments
Hi Manahil
Thanks for your enquiry.
You are welcome to use the Oxford Happiness Questionnaire, however please be sure to reference the authors in any writing about it. Hills, P., & Argyle, M. (2002). The Oxford Happiness Questionnaire: a compact scale for the measurement of
psychological well-being. Personality and Individual Differences, 33, 1073–1082.
Kind regards
David

You can respond by replying to this email. If there are any further updates to this Enquiry, you will be notified by email.

Appendix I

Permission of PSA

Mail   — ☐ X

Fwd: Permission for PSA Scale

SK Sundas Kiran <sundaskiran378@gmail.com>
4:10 pm

To: manahilwaheed1999@gmail.com

---------- Forwarded message ---------
From: **Patrizia Steca** <patrizia.steca@unimib.it>
Date: Thu, 17 Mar 2022 at 1:29 AM
Subject: Re: Permission for PSA Scale
To: Sundas Kiran <sundaskiran378@gmail.com>

Dear Sundas
You have the permission to use the scale.

Best wishes
Patrizia

Il mer 16 mar 2022, 21:16 Sundas Kiran <sundaskiran378@gmail.com> ha scritto:
Respected Ma'am,
Hope you find this mail in the best of your health.

My name is Sundas Kiran. I am a university student doing my bachelors degree in Professional Psychology from Bahria University, Islamabad Campus, Pakistan.

I am in my final year and doing research work as a partial requirement for a bachelor's degree.

The variables of our topic are Religion, Mental well being and Prosocial behavior. We need to measure Prosocial Behavior among university students. So we are interested in using PSA Scale because it's reliable.

It would be very kind of you if you give us permission to use PSA and provide us all the tools and measures of PSA (updated version).

I shall be very thankful to you.

Regards,
Sundas Kiran

Appendix J

BS thesis

12%	8%	7%	7%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	link.springer.com Internet Source	1%
2	www.frontiersin.org Internet Source	1%
3	finnolux.com Internet Source	1%
4	Submitted to Higher Education Commission Pakistan Student Paper	<1%
5	Sadia Bano Abbasi, Farhana Kazmi, Nisha Wilson, Faria Khan. "Centrality of religiosity scale (CRS) confirmatory factor analysis", Sociology International Journal, 2019 Publication	<1%
6	journals.pu.edu.pk Internet Source	<1%
7	www.ncbi.nlm.nih.gov Internet Source	<1%