

# Spirituality as Protective Factor of Health Risk Behaviors among Adolescents

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## Abstract

*Health behaviours are the behaviours that are practised by people for the enhancement and maintenance of their health. These behaviours are common in all age groups, but adolescence, as the most vulnerable age, has a higher proclivity to engage in risky behavior. Among the protective factors, increasing research in the area documents that spirituality and spiritual practises serve as the protective agent for health-risk behaviors. The present study makes an attempt to explore spirituality as a protective factor against health-risk behaviours among adolescents. The study aims to see the relationship between the two facets of spirituality, namely, spiritual intelligence and spiritual personality, with respect to health risk behaviours among adolescents. The sample comprised of 600 adolescents from various colleges and universities in the state of Haryana, India. The Spiritual Intelligence Self-Report Inventory (SISRI) by King (2008), the Spiritual Personality Inventory by Husain et al. (2012), and the Revised Health Risk Behavior Inventory by Irish (2012) were used. The descriptive statistics and Pearson's product moment coefficient of correlation were applied to explore the relationship among the variables, and simple linear correlation was applied to look for the effect size of the variables. The study's findings show a significant negative correlation between spirituality and health risk behavior, and spiritual intelligence and spiritual personality both appear to be significant protective factors against health risk behaviours in adolescents. The findings suggest the cultivation and nurturance of spiritual beliefs and spiritual practises in individuals right from the early age of life span for the prevention of health risk behaviours during adolescence.*

**Key words:** Spirituality, Spiritual intelligence, Spiritual personality, Health Risk Behaviors, Adolescent

## Introduction

Health behaviors are the behaviors that are practiced by the people for enhancement and maintenance of their health. Health-related behaviors are broadly classified as health promoting behaviors and health compromising behaviors. Health-compromising or risk behaviors include tobacco use, alcohol intake, risky sexual behavior, road rage, physical inactivity, unhealthy food diet, unhealthy eating habits, and drug abuse etc., (Lim et al., 2012). World Health Organization (2009) has defined health risk behavior as “a factor that raises the probability of adverse health outcomes”.

Health risk behaviors are the habitual behaviors that are very difficult to break and harm people's current or future health. These behaviors are prevalent among

all the age groups but adolescence being the tender age has more propensity to get engaged in risky behavior (Jessor & Jessor, 1977). Health risk behaviors including unhealthy diets and physical inactivity (Waxman, 2004), use of illicit drugs, tobacco smoking, and alcohol consumption, as well as a lack of exercise elevates the risk of developing chronic diseases and early death in adulthood (Malak, 2015; Vaillant & Mukamal, 2001) contributing to majority of the morbidity and early mortality among adolescents (CDC, 2017; Eaton et al., 2012; Ruchiwit, 2013; Quinn et al., 2014)

Various factors determine the health of adolescents. Increasing epidemiology of health risk behaviors among the adolescents could be attributed

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to transition from adolescence to adulthood (Jessor, 1987), egocentrism and thrill-seeking behavior (Elkind, 1985), their willingness to be free and independent, tendency to explore and experiment with new things (Miles et al., 2001), peer pressure, hormonal surge, emotional predominance, less parental supervision and failure of protective factors. While deliberating upon the protective factors of health risk behaviors particularly among adolescents; parental supervision, cultural values, being in the company of mature and good peers, religious practices at home, spirituality and spiritual practices could be considered.

Among the protective factors, increasing research in the area documents that spirituality and spiritual practices serve as the protective agent for health risk behaviors. Spirituality is the personal relationship of the individual to the cosmos. It can be defined in terms of the direction or mission of one's life towards belief in super consciousness, transcendence, need for belongingness, connectedness and a search for purpose and meaning of life. Decker (1993) defines spirituality as the "search for purpose and meaning involving both transcendence (the experience of existence beyond the physical/psychological) and immanence (the discovery of the transcendent in the physical/psychological), regardless of religious affiliation." According to Zohar (2000) "Spiritual intelligence is access to the use of meaning, vision and value in the way that we think and the decision that we make". Spiritual personality takes a holistic view and Husain, et al. (2012) says that: "it is a process by which an individual who knows how to anchor is lifestyle around his noble attitude toward others and follow the path of moral rectitude."

The researchers have focused more on the adults while studying spirituality (Cheon & Canda, 2010). The studies conducted in the area of spirituality have primarily focused on the adults and extending the spirituality research to adolescents is still a matter of debate among the researchers as some of them consider adolescents too young to practice spirituality (Fitzgerald, 2005). However, Ritt-Olson et al. (2004) concluded spirituality and Health-as-a-Value (HAV) as two potential protective factors against alcohol and substance abuse among adolescents. Moreover, significant negative association has been found between spirituality and alcohol use in various studies (Knight et al., 2007; Michelle et al., 2009).

Braam et al. (2001) concluded spirituality to have healing powers on the individual's health and

furthermore established significant relationship of spirituality with less or substance abuse, increased social support, better mental health and quick stress management. Chamrathirong et al. (2010) investigated the impact of parent's and teen's spiritual beliefs and practices upon substance use and sexual risk behaviors on the basis of their findings the researchers suggested significant negative correlation between spiritual practices and alcohol use, tobacco use, drug use and pre-sexual behaviors. The researchers concluded that teen spiritual practices serve as a protective factor against problem behaviors.

Spiritual practices are associated with decrease in smoking practices (Bansal & Sharma, 2003). Cotton et al. (2005) conducted a study to examine spirituality as a meaningful construct in adolescents' lives, and to examine the contribution of spirituality to depressive symptoms and health-risk behaviors. The findings revealed that adolescents with higher levels of spiritual well-being had fewer depressive symptoms and fewer risk-taking behaviors. Higher levels of spirituality were associated inversely with the likelihood of using marijuana or hard drugs (Hodge et al., 2001).

Health risk behaviors have become an important public concern worldwide among adolescents and India is also no exception. World Health Organisation (WHO, 2013) estimates that two-thirds of premature deaths and one-third of the disease burden among adults are due to behavioral patterns that develop during adolescence. According to WHO (2016), 72% males and 76% females aged 11-17 years reported insufficient physical activity, 6% males and 2% females smoked cigarettes during the past 30 days, 25% males and 4% females reported heavy alcohol drinking. Furthermore, according to a global study, nearly 1 in 5 boys (17.9%) and more than 1 in 10 girls (11.5%) around the world consumed tobacco at least once, over a month-long period, between 2010-2018 (Ma et al., 2021). Like other developing countries, cities in India are also reporting a higher prevalence of risky behaviors among its youth (Sharma et al., 2008; UNICEF, 2019, WHO, 2016).

It is important to understand and study the health aspects of this unique and sensitive age group separately because their behaviors and lifestyle have a tremendous impact on their family and future lives. Most of the past researches have focused on the relationship between religion and health risk behaviors, studies regarding spirituality in the context of adolescence are limited.

**Objectives of the present study**

1. To study the relationship between spiritual intelligence and health risk behaviors among adolescents.
2. To study the relationship between spiritual personality and health risk behaviors among adolescents.

**Hypotheses of the present study**

1. There will be a significant relationship between spiritual intelligence and health risk behaviors among adolescents.
2. There will be a significant relationship between spiritual personality and health risk behaviors among adolescents.

**Method**

**Participants**

The target population of the present research study was adolescents with the age group of 18-21 years. The sample of the present study comprised of six hundred adolescents (N= 600). The sample was randomly selected from different colleges and universities located in the state of Haryana, India. Only the participants who volunteered to take part in the study were included in the sample.

**Measures**

Tools used in the study are as follows:

**Spiritual Intelligence Self-Report Inventory (SISRI):** SISRI developed by King (2008) is a 24 items self-report inventory which is devised to measure spiritual intelligence. Items are scored on 5-point scale. Positive items are scored as 4 to 0 and the reverse items are scored as 0 to 4 respectively. The higher score is the indicator of high spiritual intelligence. The tool possesses sound psychometric properties with split-half reliability of 0.94 and test also possesses good criterion and predictive validity.

**Spiritual Personality Inventory (SPI):** SPI developed by Husain et al. (2012) is a 32 items inventory

which is devised to measure the spiritual personality of an individual. The inventory possesses good psychometric properties. The test possesses good split half reliability (0.82) and Cronbach alpha was .86. The test possesses sound factorial and content validity.

**Revised Health Risk Behavior Inventory:** This is a self-report inventory developed by Irish (2011) consisting of 28 items and 7 subscales which is devised to measure health risk behavior. Items are scored on 5-point scale. The Item range from point 1 to 5 (indicates minimum to maximum level of health risk behavior). The inventory possessed good psychometric properties.

**Procedure**

To achieve the objectives of the present study, the data was collected after establishing the rapport and clearing their doubts regarding the study with the help of respective tools. The informed consent was taken beforehand. The tests were administered individually as well as in the small group of 2 to 3 participants as per the convenience. The completed questionnaires were collected and responses of the respondents on various scales were scored according to the scoring instruction provided in the respective manuals. The obtained data was further put to statistical analysis and inferences were made.

**Results**

The data obtained from the study was analyzed with the help of SPSS 16.0. The descriptive statistics (mean and standard deviation) and Pearson’s product moment coefficient of correlation was applied to explore the relationship among the variables of the present study. Considering the findings of the correlational analysis, regression analysis was further applied to explore the effect size of the variables. The findings of the present study are presented in Table 1, 2 & 3.

**Table 1**  
**Descriptive Statistics and Inter-correlation Matrix between spiritual intelligence, spiritual personality and health risk behaviors among adolescents (N= 600)**

Variables	Mean	SD	SI	SP	HRB
SI	50.48	11.46	1	.493**	-.262**
SP	121.94	15.99		1	-.247**
HRB	56.35	10.29			1

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

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**Note:** SI-Spiritual Intelligence, SP-Spiritual Personality, HRB-Health Risk Behaviors, M- Mean, SD- Standard Deviation

The outcomes obtained from the present study as depicted in Table 1 shows the relationship between spiritual intelligence, spiritual personality and health risk

behaviors. The findings of the present study depict the significant negative correlation ( $r=-.262, p<.01$ ) between spiritual intelligence and health risk behaviors. The findings further establish the significant negative correlation ( $r=-.247, p<.01$ ) between spiritual personality and health risk behaviors.

**Table 2**  
Simple Linear Regression analysis of health risk behavior and spiritual intelligence (N= 600)

Predictors	B	SE B	$\beta$	T	Sig.(p)
Constant	68.223**	1.834		37.206	.000
SI	-.235**	.035	-.262	-6.637	.000
R <sup>2</sup>	.069				
F	44.055**				.000

### Dependent Variable: HRB

**Predictors:** (constant): SI- Spiritual Intelligence  
As presented in the Table 2 spiritual intelligence appeared as the protective factor against health risk behaviors with  $F= 44.055, p<.01, R^2 = .069$ . The effect

size caused by spiritual intelligence against health risk behaviors is 6.9%.The findings indicate that the spiritual intelligence is found to be a significant predictor of health risk behaviors with 6.9% variance.

**Table 3**  
Simple Linear Regression analysis of health risk behavior and spiritual personality (N= 600)

Predictors	B	SE B	$\beta$	T	Sig.(p)
Constant	75.733**	3.133		24.173	.000
SI	-.159**	.025	-.247	-6.239	.000
R <sup>2</sup>	.061				
F	38.922**				.000

### Dependent Variable: HRB

**Predictors:** (constant): SP- Spiritual Personality  
Table 3 shows that spiritual personality appeared as the protective factor against health risk behaviors with  $F= 38.922, p<.01, R^2 = .061$ . The effect size caused by spiritual personality against health risk behaviors is 6.1%. The findings indicate that the spiritual personality is found to be a significant predictor of health risk behaviors with 6.1% variance.

depict the significant negative correlation between spiritual intelligence and health risk behaviors. The findings also establish significant negative correlation between spiritual personality and health risk behaviors among adolescents. Thus, it is inferred from the findings that higher the level of spirituality, lower will be the propensity to get engaged in the health risk behaviors such as drugs and tobacco use, unhealthy eating, alcohol intake, risky sexual behavior, road rage etc.

### Discussion

The principal objective of the present research study was to explore the relationship between spirituality and health risk behaviors among adolescents. To study the spirituality, the spiritual intelligence and the spiritual personality were taken up as two facets. Coherent with the hypotheses, the findings of the present study

The present findings are in agreement with the studies conducted by Nelms et al., 2007; Park et al., 2009; Wills et al., 2003 where they established spirituality to have protective effect for health risk behaviors. The present findings are also supported by the research study conducted by Dev et al. (2018) wherein on a sample of university students they found

significant relationship between spiritual intelligence, self-efficacy and health risk behaviors. Researchers concluded self-efficacy to have mediating effect on spirituality and health risk behaviors consequent to which health behaviors get promoted and health compromising risk behaviors stay at a bay. Furthermore, the present findings are in congruence with the findings of the Simak et al. (2019) which suggest that high levels of spirituality among adolescents serve as protective factor leading to avoidance from health risk behaviors including risky sexual behavior etc.

Considering the above findings, the present research provides the understanding that spirituality possibly serves as the protective factor for health risk behaviors and boosts health promoting behaviors which act as the inhibitor toward health risk behaviors. In light of the above discussion, the present hypotheses stand accepted.

#### Limitations and Future Directions

Health risk behaviors have become a worldwide concern particularly during adolescence. The present

study documented the significant negative relationship between spirituality and health risk behaviors and also concluded spirituality as a protective of health risk behaviors. This research study has contributed to the field, but still there are some limitations. The present research study could also be conducted with gender differences. More complex studies, particularly with mediation analyses, longitudinal designs, and studies with representative samples (drop out school adolescents, orphans), are needed. Intervention based researches are required in this field.

The present findings suggest that there is need to carry out researches which use qualitative approaches such as focus groups, interviews so as to better understand the perspective of spirituality and its impact on the adolescents. On the basis of the present findings, the study also suggests that there is need for proper spiritual training or spiritual interventional programs to modify the compromising behaviors among adolescents. This indicates the need to promote strategies in schools and homes that support the development of spirituality among adolescents, as it can play an important role in decreasing the prevalence of health-risk behaviors.

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