Impact Of Religious Traditions On Health-Promoting Lifestyle In Kerala

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Abstract

Health Promoting Lifestyle (HPL) and Religious Practices: A Comparative Study

Health Promoting Lifestyle (HPL) and religious practices represent two important dimensions of human behavior, each contributing uniquely to overall well-being. HPL encompasses various actions and habits that foster physical, mental, and emotional health. While religion primarily focuses on spiritual growth, moral guidance, and providing an existential purpose, HPL emphasizes practical, health-oriented activities that enhance physical and mental well-being. This study aimed to compare the Health Promoting Lifestyle Profile (HPLP) across different religious groups in Kerala.

Methodology: The study sample consisted of 610 participants, including 353 Hindus, 143 Muslims, and 114 Christians, aged between 14 and 19 years. Data were collected using the Health Promoting Lifestyle Profile II (HPLP-II) developed by Walker, Sechrist, and Pender (1987). Statistical analysis was conducted using SPSS, employing descriptive statistics and one-way ANOVA.

Results: Significant differences were found among religious groups in specific HPL dimensions, including Nutrition, Physical Activity, and Interpersonal Relations. However, no significant differences were observed in Health Responsibility, Spiritual Growth, and Stress Management. Hindus exhibited higher levels of physical activity compared to Muslims. Hindus and Christians scored higher in nutrition than Muslims. Hindus demonstrated better interpersonal relations compared to Muslims. These findings highlight variations in health-promoting behaviors across religions, suggesting that cultural and religious practices may influence specific aspects of lifestyle and well-being.

Introduction

Health Promoting Lifestyle (HPL) and religious practices are two distinct yet influential aspects of human behavior, each contributing uniquely to overall well-being. HPL encompasses a range of actions and habits that enhance physical, mental, and emotional health. These include regular exercise, balanced nutrition, effective stress management, fostering social relationships, and taking responsibility for one's health (Walker, Sechrist, & Pender, 1987). On the other hand, religious practices are rooted in beliefs, values, and rituals that aim to connect individuals to spiritual or divine principles, offering moral guidance and a sense of purpose (Koenig, 2012). While both can influence health and well-being, they differ significantly in their goals, methods, and scope.

Religious practices often promote behaviors that unintentionally support health and well-being. For instance, many religions advocate moderation, abstinence from harmful substances, and practices like meditation or prayer, which are known to reduce stress and enhance emotional stability (Ellison & Levin, 1998). Rituals such as fasting, observed during Ramadan in Islam or Lent in Christianity, can foster self-discipline and reflection, potentially encouraging positive health behaviors (Trepanowski & Bloomer, 2010). Additionally, religious teachings often cultivate strong social support networks and community engagement, which are linked to improved mental health outcomes (George, Larson, Koenig, & McCullough, 2000). However, the central focus of religious practices remains spiritual, moral development rather than the promotion of health as defined by modern medical frameworks.

Conversely, HPL is an organized science-based approach directed towards prevention of illness and enhancement of quality of life (Pender, Murdaugh, & Parsons, 2011). It focuses on measurable health behaviors, including regular physical activity, proper nutrition, and effective stress management. Research shows that those engaging in HPL also have lower risks of chronic diseases, increased psychological strength, and increased life satisfaction (WHO, 2020). Unlike religious practices, HPL is not tied to cultural or spiritual contexts, making it universally applicable across diverse populations (Myers, Sweeney, & Witmer, 2000).

While religion and HPL do overlap in some respects, they also diverge in other ways. For example, religious beliefs can be at odds with current health practices, such as not getting vaccinated or undergoing specific medical procedures due to religious beliefs (Padela et al., 2011). Some religious diets are not compatible with the recommended healthy eating practices. However, religion can complement HPL in the realms of stress management and spiritual well-being. Now many religious-based practices such as mindfulness and meditation are used within the frameworks of HPL (Büssing et al., 2007)).

The core difference between religion and HPL is their central purpose. Religion focuses on spiritual and moral aspects: an existential purpose in life and ethical direction. On the other hand, HPL centres on practical, health-oriented practices that contribute to physical and mental improvement. Knowing this difference is critical for developing comprehensive health promotion programs, especially in multicultural contexts where religious belief strongly affects health practices (Idler & Kasl, 1997). Future studies will be focused on ways to Health Promoting Lifestyle (HPL) in Hindu Muslim and Christian in Kerala.

Methodology

Objectives of the study

The main objectives of the study are to compare Health Promoting Lifestyle Profile across religions in Kerala.

Participants

The sample comprised 610 (353 Hindus, 143 Muslims, 114 Christians) students from Malabar region of Kerala. Age between 14 and 19 years.

Measures

The Health Promoting Lifestyle Profile II (HPLP-II), developed by Walker SN, Sechrist KR, and Pender NJ (1987), consists of 52 items rated on a four-point Likert scale, with responses ranging from 1 (Never) to 4 (Routinely). To calculate an overall health-promoting lifestyle score, the mean of an individual's responses across all 52 items is computed. Additionally, six subscale scores are obtained by averaging the responses to the items within each subscale. Using means instead of sums is recommended to maintain the 1 to 4 scale metric and enable meaningful score comparisons. The subscales included in the profile are: Health Responsibility, Physical Activity, Nutrition, Spiritual Growth, Interpersonal Relations, and Stress Management.

Statistical Analysis

SPSS 26.0 software was used for data analysis in this study. The statistical analysis includes 1) Descriptive statistics; 2) one-way ANNOVA;

Result

Before calculating differences among religions, the researcher calculates the descriptive statistics of the data. The result is shown in Table 1.

Table 1: descriptive statistics of the Health Promoting Lifestyle Profile among religions.

		N	Mean	Std. Dev	Std. Error	95% Confidence Interval for Mean	
						Lower Bound	Upper Bound
HR	Hindu	353	20.74	5.064	.270	20.21	21.27
	Muslim	143	20.53	4.043	.338	19.86	21.20
	Christian	114	19.82	4.742	.444	18.94	20.70
	Total	610	20.52	4.788	.194	20.14	20.90
PA	Hindu	353	20.29	4.761	.253	19.80	20.79
	Muslim	143	19.08	5.023	.420	18.25	19.91
	Christian	114	20.32	5.048	.473	19.39	21.26
	Total	610	20.01	4.897	.198	19.63	20.40
N	Hindu	353	23.82	4.539	.242	23.35	24.30
	Muslim	143	22.54	3.753	.314	21.92	23.16
	Christian	114	24.68	4.116	.386	23.92	25.45
	Total	610	23.68	4.341	.176	23.34	24.03
SG	Hindu	353	27.60	3.957	.211	27.18	28.01
	Muslim	143	26.83	3.772	.315	26.20	27.45
	Christian	114	27.93	3.362	.315	27.31	28.55
	Total	610	27.48	3.823	.155	27.17	27.78
IR	Hindu	353	28.75	3.832	.204	28.35	29.15
	Muslim	143	27.66	4.257	.356	26.96	28.37
	Christian	114	28.39	3.724	.349	27.69	29.08
	Total	610	28.43	3.935	.159	28.11	28.74
SM	Hindu	353	23.17	3.389	.180	22.82	23.52
	Muslim	143	22.52	3.160	.264	22.00	23.05
	Christian	114	22.92	2.631	.246	22.43	23.41
	Total	610	22.97	3.213	.130	22.72	23.23

HR- Health Responsibility, **PA**- Physical Activity, **N**-Nutrition, **SG**-Spiritual Growth, **IR**-Interpersonal Relations, **SM**-Stress Management.

Table 1 shows the mean, standard deviation of health-promoting lifestyle variables. From the table, it can be explained that the Health Responsibility variable obtained in Hindu religion a mean of 20.74± 5.064, Muslim religion 20.53± 4.043, Christian religion 20.52± 4.742 and total mean score shows that 20.52 ± 4.788. Physical Activity variable obtained in Hindu religion a mean of 20.29± 4.761, Muslim religion 22.54± 3.753, Christian religion 24.68± 5.048 and total mean score shows 20.01± 4.897. Nutrition variable obtained in Hindu religion a mean of 23.82± 4.539, Muslim religion 22.54± 3.753, Christian religion 24.68± 4.116 and total mean score shows 23.68± 4.341. Spiritual Growth variable obtained in Hindu religion a mean of 27.60± 3.957, Muslim religion 26.83± 3.772, Christian religion 27.93± 3.362and total mean score shows 27.48± 3.823. Interpersonal Relations variable obtained in Hindu religion a mean of 28.75± 3.832, Muslim religion 27.66± 4.257, Christian religion 28.39± 3.724 and total mean score shows 28.43± 3.935. Stress Management variable obtained in Hindu religion a mean of 23.17± 3.389, Muslim religion 22.52± 3.160, Christian religion 22.92± 2.631and total mean score shows 22.97± 3.213.

Religious Differences

We used One-way ANNOVA to explore the religious differences in health-promoting lifestyle variables. The results are shown in Table 2.

Table 2: One-way ANNOVA Differences among Religious on the health-promoting lifestyle variables.

		Sum of Squares	df	Mean Square	F	Sig
HR	Between Groups	71.703	2	35.852	1.567	.21
	Within Groups	13888.598	607	22.881		
	Total	13960.302	609			
PA	Between Groups	164.362	2	82.181	3.454	**.03**
	Within Groups	14440.505	607	23.790		
	Total	14604.867	609			
N	Between Groups	308.656	2	154.328	8.389	**.00**
	Within Groups	11167.281	607	18.397		
	Total	11475.936	609			
SG	Between Groups	89.277	2	44.638	3.075	.06
	Within Groups	8810.946	607	14.516		
	Total	8900.223	609			
IR	Between Groups	120.358	2	60.179	3.923	**.02**
	Within Groups	9310.968	607	15.339		
	Total	9431.326	609			
SM	Between Groups	42.771	2	21.385	2.079	.12
	Within Groups	6243.756	607	10.285		
	Total	6286.526	609			

HR- Health Responsibility, **PA**- Physical Activity, **N**-Nutrition, **SG**-Spiritual Growth, **IR**-Interpersonal Relations, **SM**-Stress Management.

In Table 2, there is a significant difference among religions in Nutrition ($p<0.01$) and Physical Activity & Interpersonal Relations ($p<0.05$). There were no significant differences among religions in Health Responsibility, Spiritual Growth and Stress Management ($p > 0.05$). turkey's post hoc test was used to find the difference among religion. The result shows in the table 3.

Table 3: Turkey's Post hoc test result among religions

	Religions			Mean difference	Significance
	Hindu	Muslim	Christion		
Physical Activity	20.29	19.08		1.22	.03
Nutrition	23.82	22.54		1.29	.01
		22.54	24.68	-2.15	.00
Interpersonal Relations	28.75	27.66		1.09	.01

In Table 3 there is a significant in difference among Physical Activity in Hindu and Muslim the result shows that Hindus are higher Physical Activity. while comparing Nutrition the result shows that Hindus and Muslim, Christians and Muslim score higher in Hindus and Christians score compare than Muslim. Interpersonal Relations in Hindu and Muslim the result shows that Hindus scored higher in Interpersonal Relations.

Discussion

Differences in various dimensions of health-promoting lifestyle variables among individuals with different religious backgrounds formed the basis of this study. It showed significant differences in Nutrition, Physical Activity, and Interpersonal Relations, whereas there were no significant differences found in Health Responsibility, Spiritual Growth, and Stress Management. The difference was significant in the physical activities of Hindus and Muslims; though Hindus have a higher score. This may relate to cultural and lifestyle factors typical for the Hindu population, perhaps because of age-old practices supporting physical labour or ritualistic physical activity as integral to daily behaviour. Other investigations have shown that religiosity and ethnicity play a role in shaping physical activity (e.g., Kim et al., 2014). With respect to nutrition, scores for Hindus and Christians were also greater than that of Muslims. Dietary restrictions or religious traditions could explain the variations, as the diet primarily followed in Hinduism is vegetarian, while some sects of Christianity address the subject of balanced eating in observance of religious activities may indicate better nutrition. Cultural practices or perhaps certain socioeconomic factors in the populations represented within the Islamic faith could be contributory. These results are in agreement with previous studies on the influence of religion in dictating dietary behaviors (Ahmed et al., 2017). In interpersonal relations, Hindus scored higher than Muslims. It may be that Hindus have different social and family structures, involvement in their communities, or interpersonal values as embedded within religious beliefs. For instance, communal living and harmonious interpersonal relationship might form the nucleus of principles in Hinduism, which could translate to stronger interpersonal relationships. Such findings fall in line with work on how religious ideologies can impact social connectedness (Smith et al., 2013). Interestingly, health responsibility, spiritual growth, or stress management were not reported to differ based on religion. Thus, it appears that there is an underlying influence beyond religion - personality traits of the individual, education levels, or access to health resources - affecting these aspects of health-promoting lifestyle behavior (Patel & Kumar, 2020).

Conclusion

- Significant differences were observed among religions in Nutrition, Physical Activity, and Interpersonal Relations.
- No significant differences were found among religions in Health Responsibility, Spiritual Growth, and Stress Management.
- In terms of Physical Activity, Hindus demonstrated higher levels compared to Muslims.
- Regarding Nutrition, Hindus and Christians scored higher than Muslims.
- For Interpersonal Relations, Hindus also scored higher compared to Muslims.

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