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Relationship between Spirituality, Health-related Behaviour and Psychological Well-being of Residents in AMAC Area Council, FCT, Nigeria

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Abstract

This is a study of the "Relationship between spirituality, health-related behaviour and psychological well-being of residents in AMAC Area Council, FCT, Nigeria". The study utilised a survey design among a sample of residents in AMAC Area Council of FCT, Nigeria (N100) comprising 47 males (47.0%) and 53 females (53.0%). The Spiritual Sensitivity Inventory, Health Behaviour Scale and Psychological Wellbeing Questionnaire were administered. Three hypotheses were tested at 0.05 level of significance. Pearson Correlation results of the analysis revealed that increase in spirituality will not lead to a significant decrease in psychological wellbeing (r (98) = -0.114, P > 0.05NS); increase in health-related behaviour will lead to a significant increase in psychological wellbeing (r (98) = 0.313, P < 0.05); the Independent Sample t-test on the mean difference between male (M = 31.40; SD = 8.777) and female scores (M = 28.19; SD = 9.007) on psychological wellbeing revealed a no statistically significant t (98) = 1.803, P > 0.05NS difference between male and female residents. Male and female residents in AMAC did not significantly differ in their psychological wellbeing. The researchers recommended psychological intervention to residents of AMAC, FCT in other to improve their psychological wellbeing and policy implementation to promote health-related behaviours of residents.

Keywords: *Spirituality, Health-related Behaviour, Psychological Wellbeing, AMAC.*

Introduction

Psychological Well-being (PWB) covers a wide range of welfare including positive assessments of oneself and one's past life (Self-Acceptance), a sense of continued growth and development as a person (Personal Growth), the belief that one's life is purposeful and meaningful (Purpose in Life), the possession of quality relations with others (Positive Relations With Others), the capacity to manage effectively one's life and the surrounding world (Environmental Mastery), and a sense of self-determination (Ryff and Keyes, 1995).

The concept of PWB corresponds to the WHO definition of health as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity, formulated in 1948 (WHO, 1948). A high level of PWB is associated with a lower risk of depression (Ryff and Keyes, 1995; Fava, 1999), a lower possibility of displaying risk behaviour (Yonker et al., 2012), and a decreased immune cell expression of a conserved transcriptional response to adversity (CTRA; Fredrickson et al., 2015).

Lifestyle and lifestyle-related health behaviours are some of the determinants of health potential (Binkowska-Bury et al., 2010). Health behaviour is any activity undertaken to prevent or detect disease or to improve health and well-being (Conner and Norman, 1996). In studies on health behaviour and behavioral change, health behaviours are usually divided into those associated with physical activity, diet, and the use of psychoactive substances (Norman et al., 2008). However, there are currently other more popular approaches that consider multiple lifestyle-forming health behaviours, between which different interactions take place.

Whatever people perceive to promote their health and wellbeing, they are most likely to do; whether it be an action or inaction, if it is seen to lead to healthier living condition, people are more likely to do them. This is not merely as a result of their inability to make

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otherwise choices, but an attempt to avoid any form of conflict with their desired true state of health and wellbeing. In a conservative society like Nigeria for example, choosing a path to health occurs on various levels of understanding what health is and what it is not, what is more likely to be a beneficial health practice and what brings less value in terms of overall wellbeing. For many, attaining balance diet may be a good attempt toward health but may be a more expensive option if weighed economically; many families in Nigeria struggle financially and individuals have to manage scarce resources to survive; food and medicine may be very costly and maintaining diet could be a dream farfetched; residents in urban areas like the FCT are in constant fear of running out of supplies because of the heavy demands of work and social life on their lean purse. Less expensive health related behaviour may be turning to spirituality; spiritual means avails people the belief other than the act of spending so much resources and money on seeking health. The belief that a higher order exists to heal, and cure diseases without spending one's money on medicine or even playing so much physical role to attain sound health seems to be a more viable means to health than others.

According to Joseph et al. (2017), spirituality should be understood as "a more general, unstructured, personalized, and naturally occurring phenomenon, where a person seeks closeness and/or connectedness between him/herself and a higher power or purpose." Other authors define spirituality in terms of search for universal truth and as an activity enabling people to discover meaning and significance in the surrounding world (Woods and Ironson, 1999). Spirituality can also be perceived as a dynamic reality, constantly exploring something new; it may also involve the learning of the ultimate boundaries of existence and seeking a broader meaning of life. Hart (1994) defined spirituality as a way in which an individual experiences his or her faith in everyday life and style "in which the individual refers to the final conditions of individual existence."

Studies demonstrated the positive impact of spirituality on physical health and mental health as well as on other positive health outcomes such as subjective well-being, health-related quality of life, coping skills, recovering from mental illness, or less addictive or suicidal behaviours (Mueller et al., 2001; Miller and Thoresen, 2003; Kharitonov, 2012; Unterrainer et al., 2014). However, we must bear in mind that spirituality is a complex construct and as such it is defined in multiple ways and measured with different tools (Lun and Bond, 2013).

Statement of the Problem

Psychological well-being has been widely studied in different areas and contexts. Literatures suggest its nexus to spirituality. Researchers, psychologists, and mental health professionals, however, are still puzzled how these two concepts work. In the Nigerian context especially, data is not sufficiently available regarding studies conducted on spirituality and psychological wellbeing; this problem makes the constructs look vague because of the lack of empirical evidence. Hence, the following research problems are identified and are of interest to the present study:

i. Sparse empirical study of the relationship between spirituality and psychological wellbeing.
ii. Difficulty in assessing the link between health-related behaviours and psychological wellbeing.
iii. Little attention has been paid to the role of demographic variables linking the constructs (persons' spirituality, health-related behaviour and psychological wellbeing).
iv. A major problem the researcher has identified also, is not the complete lack of evidence, rather the ambiguity of previous studies in clearly defining what spirituality is, and separating it from other concepts that are sometimes interchanged (e.g., religiosity) thereby leading to contradiction or otherwise weak empirical evidence.
v. Previous studies suggest that spirituality plays a significant role in shaping an individual's overall health and well-being. However, the extent to which spirituality influences health-related behaviour and psychological well-being is not fully understood.

Objectives of the Study

The study is aimed at achieving the following objectives:

i. To examine the relationship between Spirituality and Psychological Wellbeing among residents of AMAC Area Council, FCT, Nigeria.
ii. To examine the relationship between Health-related Behaviours and Psychological Wellbeing among residents of AMAC Area Council, FCT, Nigeria.
iii. To determine the gender difference on Psychological Wellbeing among residents of AMAC Area Council, FCT, Nigeria.

Research Hypotheses

The following hypotheses are formulated for the study:

i. There will be a significant relationship between Spirituality and Psychological Wellbeing among residents of AMAC Area Council, FCT, Nigeria.
ii. There will be a significant relationship between Health-related Behaviours and Psychological Wellbeing among residents of AMAC Area Council, FCT, Nigeria.
iii. Male residents will significantly report better Psychological Wellbeing than female residents of AMAC Area Council, FCT, Nigeria.

Literature Review

Spirituality

Spirituality has largely been defined in literatures as a search for universal truth and as an activity enabling people to discover meaning and significance in the surrounding world (Woods and Ironson, 1999). Provision of a sense of meaning in life, especially during adverse life circumstances, is widely considered to be a central function of spirituality (George and Park, (2017). When it comes to health, an individual's identity of a belief in meaning can inform their perception of the circumstance to have presented itself as either a test of their belief or an avenue to express genuine devotion to that belief. Spirituality can also be perceived as a dynamic reality, constantly exploring something new; it may also involve the learning of the ultimate boundaries of existence and seeking a broader meaning of life. Hart, (2002) defined spirituality as a way in which an individual experiences his or her faith in everyday life and style in which the individual refers to the final conditions of individual existence.

Spirituality consists of the following:

i. Religious Attitudes (religious experiences, their importance in everyday life, their influence on moral choices and behaviour, and relationship to God).
ii. Ethical Sensitivity (high place of ethical values in the hierarchy of values, compliance with them, and tendency toward ethical reflection)

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iii. Harmony (seeking harmony with the world, internal consistency, and cohesion of various forms of one's own activity).

Studies have demonstrated the positive impact of spirituality on the following:

i. Physical health and mental health.
ii. Positive health outcomes such as subjective well-being.
iii. Health-related quality of life.
iv. Coping skills.
v. Recovering from mental illness, or less addictive or suicidal behaviours.

Health-related Behaviour

Health behaviors, sometimes called health-related behaviors, are actions taken by individuals that affect health or mortality. These actions may be intentional or unintentional, and can promote or detract from the health of the actor or others. Actions that can be classified as health behaviors are many; examples include smoking, substance use, diet, physical activity, sleep, risky sexual activities, health care seeking behaviors, and adherence to prescribed medical treatments. Health behaviour is any activity undertaken to prevent or detect disease or to improve health and well-being (Conner and Norman, 1996). Health behaviours are usually divided into those associated with physical activity, diet, and the use of psychoactive substances (Norman et al., 2008).

Categories of Health-related Behaviours

i. Proper nutrition habits (eating proper food and keeping a well-balanced diet).
ii. Prophylaxis (obeying health recommendations and obtaining health and disease information).
iii. Positive attitude (avoiding emotional overload, stress, or depressing situations).
iv. Pro-health practices (good sleeping habits, relaxation, and physical activity.

An individual cannot live healthily without proper health-seeking behaviour before or during illness; According to Rickwood (2005), there are four stages to pursuing health:

i. The ability to recognize symptoms and recognize that you have a problem that may require assistance from others is known as awareness and evaluation of difficulties.
ii. Symptoms and the need for support must be able to be pronounced or communicated in words that others can understand, and the person seeking help must feel safe doing so.
iii. The availability of sources of assistance, means that sources of assistance and support in dealing with the problem must be available and accessible, and the person seeking assistance must know where and how to acquire such assistance.
iv. Willingness to seek out and disclose to sources, which means the person seeking assistance must be willing and able to reveal his or her inner state to the source of assistance.

Social determinants of Health-related Behaviours

Health behaviours are associated with a multitude of health and well-being outcomes at the individual and general levels. There is always interplay between the social determinants and biological and psychological processes that lead to health behaviours. Social determinants include societal institutions, ideologies, and inequalities.

Psychological Wellbeing

Psychological well-being is simultaneously the absence of the crippling elements of the human experience – depression, anxiety, anger, fear – and the presence of enabling ones – positive emotions, meaning, healthy relationships, environmental mastery, engagement, and self-actualization. Psychological wellbeing is above and beyond the absence of psychological ill-being and it considers a broader spectrum of constructs than what is traditionally conceived of as happiness (Seligman and Csikszentmihalyi, 2000; Seligman, 2011). Psychological wellbeing includes the absence of disorders, such as major depression or schizophrenia. An individual suffering from mental disorders can hardly experience psychological wellbeing. However, absence of those disorders does not guaranty psychological flourishing.

Subjective well-being (SWB), ―good mental states, including all of the various evaluations, positive and negative, that people make of their lives and the affective reactions of people to their experiences, is part of psychological wellbeing (OECD, 2013). It is often conceptualized as a set of two interrelated elements:

i. Life evaluation – a reflective assessment on a person's life or some specific aspect of it.
ii. Affect – a person's feelings or emotional states, typically measured with reference to a particular point in time.

The notion of subjective wellbeing (SWB) is the currently dominant conception of happiness in psychological literature. Bradburn, (1969) found SWB to be a function of the independent dimensions of general positive and negative affectivity. This definition of SWB has since been extended and SWB is currently considered to be a multidimensional construct, referring to several distinct, but related aspects treated as a single theoretical construct. SWB encompasses how people evaluate their own lives in terms of both affective (how we feel) and cognitive components (what we think) of well-being (Diener et al., 1999; Diener et al., 2003; Veenhoven, 1994).

Factors that contribute to Psychological Wellbeing

(i) Frequent and intense positive affective states; (ii) the relative absence of negative emotions; and (iii) global life satisfaction; Research has shown that the affective and cognitive components of SWB are separable (Lucas et al., 1996) but there is some debate over the relative contributions of these two factors, with cognitive elements being seen as primary by some authors (Diener and Seligman, 2004), something which is refuted by others (Davern, at al., 2007).

Psychological well-being goes beyond the three domains of subjective wellbeing; it integrates hedonic and eudaemonic well-being. Psychological wellbeing considers both subjective and objective measures of a broader set of domains. Psychological well-being is attained by achieving a state of balance affected by both challenging and rewarding life events (Dodge and Rachel, 2012; Muttaqin and Darmawan, 2022).

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Self-acceptance: High scores reflect the individual's positive attitude about his or her self. An example statement for this criterion is "I like most aspects of my personality".

Positive relationships with others: High scores reflect the individual's engagement in meaningful relationships with others that include reciprocal empathy, intimacy, and affection. An example statement for this criterion is "People would describe me as a giving person, willing to share my time with others".

Autonomy: High scores indicate that the individual is independent and regulates his or her behavior independent of social pressures. An example statement for this criterion is "I have confidence in my opinions, even if they are contrary to the general consensus".

Environmental mastery: High scores indicate that the individual makes effective use of opportunities and has a sense of mastery in managing environmental factors and activities, including managing everyday affairs and creating situations to benefit personal needs. An example statement for this criterion is "In general, I feel I am in charge of the situation in which I live".

Purpose in life: High scores reflect the individual's strong goal orientation and conviction that life holds meaning. An example statement for this criterion is "Some people wander aimlessly through life, but I am not one of them".

Personal growth: High scores indicate that the individual continues to develop, is welcoming to new experiences, and recognizes improvement in behavior and self over time. An example statement for this criterion is "I think it is important to have new experiences that challenge how you think about yourself and the world".

Theoretical Framework

Theory of Spirituality (Boswell et al., 2006)

Spirituality forms a multidimensional theoretical construct. In essence, it constitutes transcendence understood as going beyond or above "the real I." In this context, spirituality is defined as experiencing transcendence through inner peace, harmony, or connectedness to others (Boswell et al., 2006). Transcendence can take place both within the person (self-realization, self-improvement, and personal development) and outside the person. "External" transcendence may be directed to a higher entity or energy; to another person, claimed to be of particular value, whose good is more important than one's own good; or to the universe (Heszen-Niejodek and Gruszyńska, 2004). Spirituality differs from religion as the latter is rather linked with specific rituals, institutional dependencies, and social relationships, whereas the former is more about personal experience of what is unseen and recognized as greater than ourselves (Tovar-Murray, 2011). Thoresen (1998) claims that religion is perceived mainly as a social phenomenon while spirituality is usually considered at the individual level and within a specific context; despite their common transcendence-related roots, spirituality and religiosity may not be treated interchangeably. These are different areas, however, overlapping in their meaning (Krok, 2009). Heszen-Niejodek and Gruszyńska, (2004) understand transcendence as a common denominator for many concepts of spirituality. The two-way understanding of transcendence described above as self-improvement and as a turn toward a higher-being makes it possible to examine the phenomenon of spirituality using the methodology of psychological sciences, without questioning theological and philosophical perspectives.

The Health Belief Model (Irwin et al., 1954)

Irwin et al., (1954) Health Belief Model explained individuals' preventive and illness behaviours (Becker and Maiman, 1975; Rosenstock, 1990). Individuals with high perceptions of susceptibility to and severity of a disease or condition, low barriers and high benefits to engaging in a related precautionary behaviour, a cue to act, and a high motivation for health behaviour, in general, are more likely to engage in preventive or illness behaviour, according to the model. As a result, an individual's health-seeking behaviour is influenced by his or her perception of disease or condition susceptibility and severity, as well as low obstacles and high advantages to participating.

In other words, a negative perception of health services will lead to negative health-seeking behaviour, and vice versa. The Health Belief Model-guided study has not given consistent support for the model variables, and this model's drawback is that it is not explicit and appears abstract. For example, when combined with other variables, perceived severity has regularly been linked to disease behaviour (Janz and Becker, 1984), but less frequently with preventative behaviour (Janz and Becker, 1984; Becker and Maiman, 1975; Champion, 2008; Rimer, 1990). Tests of the Health belief model factors' correlations with breast self-examination (BSE) performance indicated no consistent relationships between the variables and BSE performance (Champion, 2008). According to this theory, adolescents who have high perceptions of susceptibility to and severity of a disease or condition, low barriers and high benefits to engaging in a related preventive behaviour, a cue to act, and a high motivation for health behaviour, in general, are more likely to engage in health-seeking behaviour.

Broaden-And-Build Theory of Positive Emotions (Fredrickson, 1998)

The broaden-and-build theory of positive emotions (Fredrickson, 1998) suggests that positive emotions lead to an expansion of an individual's momentary thought-action repertoire and create opportunities for personal growth. The Broaden and Build theory of positive emotions defends that positive emotions broaden individuals momentary thought and behaviour repertoire, allowing them to think and behave flexibly when required. This lays the foundation of social, cognitive, physical and psychological resources for individuals. On the other hand, negative emotions narrow individual's momentary thought and behaviour repertoire, inciting them to decide and act swiftly. Positive emotions such as joy, interest, contentment, pride, and love broaden individual's thought and action repertoire and help them discover more ideas and actions. For instance, as positive emotions, interest and curiosity encourage individual's research, gain new knowledge and experience and use these for personality development. Contentment helps individuals enjoy the present moment and develop new perspectives of self and the world by integrating what they gain at that moment. Pride arising after success urges individuals to share other experience with others, aid by doing so, lays the ground for their achievements (Fredrickson, 2001).

The broaden and-build theory (Fredrickson, 1998; 2001) suggests that each positive emotion has a unique evolutionary purpose, and a discrete function. At the most general level, negative emotions serve to narrow attention to facilitate dealing with specific problems. In contrast, positive emotions broaden thought to encourage cognitive and behavioral activities that will build resources that can be utilized during the next stressful period such

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as creativity, curiosity, planning, or various enjoyable activities that build resources.

Empirical Review of Literature

Spirituality and Psychological Wellbeing

In a study that hypothesized that spirituality can influence psychological well-being through pessimism, Basileyo, (2019) utilize descriptive and explanatory correlational method through Hayes Process Macro 3.0, to examine 222 undergraduate students; results were derived from the study revealed that spirituality acted as a significant positive predictor of psychological well-being (β = 0.64, t = 9.80, p< 0.00). It showed that spirituality acted as a significant negative predictor of pessimism (β = -0.80, t = -7.66, p < 0.00) and pessimism was found to be a significant negative predictor of psychological well-being (β = -0.17, t = -4.11, p < 0.00). The study also showed support that the relationship between spirituality and psychological well-being cannot be fully explained by the influence of pessimism (β = 0.51, t = 7.13, p < 0.00). Pessimism slightly affects the relationship between spirituality and psychological well-being rendering partial mediation. The results of the study support previous assumptions on the relationship between spirituality and psychological well-being.

Iqbal and Khan, (2020) in a study that aims to investigate the impact of spirituality on the psychological well-being of the consumers involved in reusing as sustainable consumption behavior (SCB) of 286 clothing industry consumers concluded that spirituality has a positive and significant effect on psychological well-being. Further, reusing (SCB) was found to be a significant mediator, also the moderating effect of religiosity on the relationship between spirituality and reusing was significant and high.

Also, Tiwari et al., (2016) conducted a research to assess and compare the level of spirituality and psychological wellbeing of elderly from institutionalized and non-institutionalized settings. The sample of the study comprised of 200 respondents whose level of spirituality and psychological wellbeing were assessed through standardized questionnaires. The findings of the study highlighted significant differences between the levels of spirituality and psychological wellbeing of institutionalized and non-institutionalized elderly. Institutionalized elderly had higher levels of spirituality but lower levels of psychological wellbeing as compared to non-institutionalized elderly. Spirituality and psychological wellbeing were found to be positively correlated thus it can be concluded that elderly who have higher levels of spirituality have higher levels of psychological wellbeing.

Villani, et al., (2019) in a study aimed to investigate the relationship of spirituality and religiosity with subjective well-being (operationalized as both life satisfaction and balance between positive and negative affect) and to test whether differences exist according to individuals' religious status (religious, non-religious, and uncertain). Findings showed that spirituality had a positive impact on subjective well-being (except for the dimension of Interconnection) and that this relation is unaffected by the individual's religious status. The models concerning religiosity were instead tested only on religious and uncertain, finding that the relationship between religiosity and subjective well-being changes across religious status.

Health-related Behaviour and Psychological Wellbeing

Stranges et al., (2014) in a survey for England major health-related behaviours and mental wellbeing in the general population, examined behavioral correlates of high and low mental wellbeing in the Health Survey for England. Participants were 13,983 adults, aged 16 years and older. Results of the study showed that low mental wellbeing were increased in obese individuals (up to 1.72, 95% CI 1.26 to 2.36 in BMI 40+ kg/m^2). They increased in a linear fashion with increasing smoking (up to 1.98, 95% CI 1.55 to 2.53, >20 cigarettes/day) and with decreasing fruit and vegetable intake (up to 1.53, 95% CI 1.24 to 1.90, <1 portion/day); whereas reduced for sensible alcohol intake (0.78, 95% CI 0.66 to 0.91, ≤4 units/day in men, ≤3 units/day in women). High mental wellbeing was not correlated with categories of BMI or alcohol intake. They were reduced among ex-smokers (0.81, 95% CI 0.71 to 0.92), as well as with lower fruit and vegetable intake (up to 0.79, 95% CI 0.68 to 0.92, 1 to <3 portions/day). Along with smoking, fruit and vegetable consumption was the health-related behaviour most consistently associated with mental wellbeing in both sexes. Alcohol intake and obesity were associated with low, but not high mental wellbeing

Brown et al., (2021) surveyed the Negative impact of the first COVID-19 lockdown upon health-related behaviours and psychological wellbeing in people living with severe and complex obesity. 543 adults (16–80 years) with obesity (BMI ≥ 30 kg/m^2) participated in the survey by completing an online survey regarding the impact of the first COVID-19 lockdown upon, mental health, well-being, health-related behaviours, risk mitigating behaviours, access to WMS and weight stigma. Results of the study showed that during the first COVID-19 lockdown, the majority of people living with obesity (PLWO) reported deterioration of their mental health and health-related behaviours such as diet, physical activity (PA) and sleep. With 55% reporting an unhealthier diet, 61% reduced PA and 80% worsening of their sleep. Higher depression and lower wellbeing scores were found to associate with the greatest adverse impact upon health-related behaviours. PLWO who were attending WMS prior to the first lockdown reported a greater deterioration of their diet, with nearly 50% reporting worsening of their diet and PA worsening compared to PLWO who were not attending WMS. Most participants took two or more risk mitigating actions (73%). PLWO attending WMS reported reduced access (44%) with insufficient information (49%) from their clinical service providers. The majority of participants reported no change in perceived weight stigma.

Further, Hassen and Kibret, (2015) study examined the health consciousness, health-related behaviours and psychological wellbeing of a sample of 110 teaching faculty at Jimma University. A structured questionnaire was used to generate primary data. Descriptive statistics, multiple regression and partial correlation analysis were conducted to determine the independent and combined contributions of health-related behaviours and health consciousness in predicting psychological wellbeing. It was found most participants had proper health-related behaviours, paid attention to their personal health and had a high sense of psychological wellbeing. Furthermore, it was noted that health-related behaviour was a statically significant independent predictor of psychological wellbeing. It looks that health-related behaviour and health consciousness were influencing optimal functioning and development at one's true and highest potential during adulthood.

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Gender and Psychological Wellbeing

In Matud et al., (2019) study to examine the relevance of gender to the psychological wellbeing of adult individuals, a cross-sectional study with a sample of 1,700 men and 1,700 women from the general Spanish population was conducted; their ages ranged from 21 to 64 years, and they were assessed with Ryff's Psychological Wellbeing Scales and the Bem Sex Role Inventory. Men scored higher than women in self-acceptance and autonomy, and women scored higher than men in personal growth and positive relations with others. The most relevant variable in the psychological well-being of both women and men was high masculinity. Other relevant variables in women's wellbeing were high femininity, not having a manual occupation, not being homemakers, and professional occupation. Men´s wellbeing also was higher in professional men and in men with a skilled non-manual occupation, men with high femininity and men who were not single, divorced or widowed. The study concluded that adherence to traditional gender roles is relevant to the psychological wellbeing of women and men, and women and men whose self-concept includes both masculine-instrumental and feminine-expressive characteristics have greater wellbeing.

Salleh and Mustaffa, (2016) in a research to determine whether male and female differ with regard to aspects of psychological well-being among flood victims carried out study based on a quantitative approach using cross-sectional survey. The research sample consisted of 300 flood victims who were moved to shelters in the state of Kelantan. Using Ryff's Psychological Well-being Scale, the results showed that there was no significant difference between male and female in psychological well-being ($t=1.194$, $p>0.05$). Besides that, no gender differences were found in term of all the dimensions in psychological well-being (autonomy, environmental mastery, positive relations with others, self-acceptance, and personal growth) among flood victims. It implies that there was no dissimilarity in term of perception toward psychological well-being for those male and female respondents.

Okeke and Okeke, (2018) study examined gender as a predictor of psychological wellbeing of Nurses in Enugu Metropolis using a population of 250 nurses. Using Warwick Edinburgh Mental Wellbeing Scales, results show that gender did not predict psychological wellbeing among Nurses. Result indicated that gender did not predict psychological wellbeing with ($\beta= -0.2$, $t= -0.31$). This clearly agrees with the hypothesis that gender will not significantly predict psychological wellbeing among Nurses

Methods

Design

The design for this study was survey design. This is because the study involves the use of questionnaires that sample the opinion of the respondents in order to get necessary information from them on the relationship between spirituality, health-related behaviour, and psychological well-being of residents in AMAC Area Council of FCT, Nigeria.

Participants

Participants used in this research were made up of residents in AMAC Area Council of FCT, Nigeria. 100 participants comprising of males and females participated in the study; Participants demographics also included age, job, religion and level of education. Participants were randomly selected through Random Sampling Method.

Instruments

Three instruments were used in the study.

Spiritual Sensitivity Inventory (SSI) - Heszen (2004)

The self-report questionnaire was developed by Heszen-Niejodek and Gruszczyńska (2004) and Metlak (2002) to measure the level of spirituality. It consists of 20 statements assessed on a 5-point Likert scale (from 1 – definitely not to 5 – definitely yes). The results are calculated separately for the whole scale as well as for three individual subscales: Religious Attitudes (sample item: "I feel God's love for me directly or through other people"), Ethical Sensitivity (sample item: "When making decisions, I wonder if I'm acting morally"), and Harmony (sample item: "I feel deep inner peace"). The reliability indicator for the spirituality scale was $\alpha = 0.90$

Health Behaviour Scale - Bloemen-Vrencken et al., (2007)

The Health Behaviour Scale (22 Items) is adapted from Bloemen-Vrencken et al., (2007). The self-report questionnaire is designed to assess the frequency of behaviours specific to health maintenance and behaviours that promote general health. The original scale was adapted from Spinal Cord Injury Lifestyle Scale (SCILS) of Pruitt *et al., (1998) (25 Items)* as some items were formulated rather generally (i.e., 'I am aware of and try to reduce my risk for heart disease'), and some items were not applicable for all persons with SCI (ie 'I change my catheters as often as I have been directed to'). Also some adaptations were needed to suit the scale to Dutch SCI rehabilitation practice. The Cronbach's alpha coefficients for the entire scale were 0.82 which confirmed very good internal consistency of the questionnaire

Psychological Wellbeing Questionnaire – Ryff and Keyes, (1995)

The Psychological Wellbeing Questionnaire (PWQ) was designed by Ryff and Keyes, (1995) measures six aspects of wellbeing and happiness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The scale has good psychometric properties and have been used over the years in various studies. The items are measures in a likert scale format from 1 = Strongly agree; 2 = Somewhat agree; 3 = A little agree; 4 = Neither agree or disagree; 5 = A little disagree; 6 = Somewhat disagree; 7 = Strongly disagree.

The Autonomy subscale items are Q15,Q17, Q18. The Environmental Mastery subscale items are Q4, Q8, Q9. The Personal Growth subscale items are Q11, Q12, Q14. The Positive Relations with Others subscale items are Q6, Q13, Q16. The Purpose in Life subscale items are Q3, Q7, Q10. The Self-Acceptance subscale items are Q1, Q2, and Q5.

Procedure

Participants for this study were randomly selected; the respondents were given equal opportunity of being part of the research process. The researcher ensured that participants had privacy. Participants were duly informed of the purpose of research and instructed to tick only where appropriate. Participants were not under duress and researcher assured them that their information will be treated with confidentiality. The participants were also informed that no answer provided is right or wrong.

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Data Analysis

Descriptive statistics of simple percentage were used to analyse participant's demographic data which includes gender, age, job, religion and level of education. Pearson Moment Correlation was used to test hypotheses one and two while hypothesis three was tested using Independent t test.

Table 1: Demographic Characteristics of Participants

Demographic Factors		Frequency	Percentage
Gender:	Male	47	47.0
	Female	53	53.0
Total		**100**	**100%**
Age:	20-24 years	23	23.0
	25-28 years	14	14.0
	29-32 years	15	15.0
	33-36 years	30	30.0
	37-40 years	18	18.0
Total		**100**	**100%**
Religion:	Christianity	55	55.0
	Muslim	45	45.0
Total		**100**	**100%**

Table 1 shows the demographic characteristics of 100 residents of AMAC Area Council Abuja (Males = 47 and females = 53). Age: 20-24 years (N= 23; 23%), 25-28 years (N= 14; 14%), 29-32 years (N= 15; 15%), 33-36 years (N= 30; 30%) and 37-40 years (N= 18; 18%). Religion: Christianity (N= 55; 55%) and Muslim (N= 45; 45%).

Results

Hypothesis One

There will be a significant relationship between spirituality and psychological wellbeing among residents of AMAC FCT, Nigeria. This hypothesis was tested using Pearson Product Moment Correlation in table 2.

Table 2: Relationship between Spirituality and Psychological Wellbeing of Residents of AMAC FCT Nigeria

Variables	M	SD	df	r	Sig.
Spirituality	88.60	6.549	98	-.114	.258
Psychological Wellbeing	29.70	9.000			

R (98) = -0.114, $P > 0.05$NS

Table 2 shows the summary results of the relationship between spirituality and psychological wellbeing of residents of AMAC, FCT. The results revealed the mean and standard deviation scores for spirituality (M= 88.60; SD= 6.549) and psychological wellbeing (M= 29.70; SD= 9.00). Furthermore, the Pearson Correlation results revealed a no statistically significant negative relationship r (98) = -0.114, $P > 0.05$NS between spirituality and psychological wellbeing of residents of AMAC, FCT. In other words, this hypothesis was not confirmed significant in this study. Thus, implies that increase in spirituality will not lead to a significant decrease in psychological wellbeing.

Hypothesis Two

There will be a significant relationship between health-related behaviour and psychological wellbeing among residents of AMAC FCT, Nigeria. This hypothesis was tested using Pearson Product Moment Correlation in table 3.

Table 3: Relationship between Health-Related Behaviour and Psychological Wellbeing of Residents of AMAC FCT Nigeria

R =	Variables	M	SD	df	r	Sig.	98
	Health-related behaviour	48.40	15.635	98	.313	.002	
	Psychological Wellbeing	29.70	9.000				

0.313, $P < 0.05$

Table 3 shows the summary results of the relationship between health-related behaviour and psychological wellbeing of residents of AMAC, FCT. The Pearson Correlation results revealed a no statistically significant negative relationship r (98) = 0.313, $P < 0.05$ between health-related behaviour and psychological wellbeing of residents of AMAC, FCT. In other words, this hypothesis was confirmed significant in this study. Thus, implies that increase in health-related behaviour will lead to a significant increase in psychological wellbeing.

Hypothesis Three

Male residents will significantly report better psychological wellbeing than female residents of AMAC, FCT-Nigeria. This hypothesis was tested using Independent Sample t-test in table 4.

Table 4.4: Difference between Male and Female Residents of AMAC, FCT on Psychological Wellbeing

	Gender	N	M	SD	df	t	Sig.
t(98)	Male	47	31.40	8.777	98	1.803	.074
	Female	53	28.19	9.007			

1.803, $P > 0.05$NS

Table 4 shows the summary results of the Independent Sample t-test on the mean difference between male and female scores on psychological wellbeing among residents of AMAC, FCT-Nigeria. The results revealed that males scored (M = 31.40; SD = 8.777) and female scored (M = 28.19; SD = 9.007). Further analysis of the results revealed a no statistically significant t (98) = 1.803, $P > 0.05$NS difference between male and female residents in AMAC. In other words, this hypothesis was not confirmed significant in this study. This implies that male and female residents in AMAC did not significantly differ in their psychological wellbeing.

Discussion

The study aims to empirically examine the relationship between spirituality, health-related behaviour and psychological well-being of residents in AMAC area council, FCT, Nigeria while hypothesis one states that there will be a significant relationship between spirituality and psychological wellbeing among residents of

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AMAC FCT, Nigeria, results for the hypothesis was not confirmed as statistically significant; therefore, it was concluded that there is no significantly positive relationship between spirituality and psychological wellbeing among residents of AMAC FCT, Nigeria. This result does not support the findings of Basileyo (2019) who found that spirituality acted as a significant positive predictor of psychological well-being ($\beta = 0.64$, $t = 9.80$, $p < 0.00$) among 222 undergraduate students in his study. It did not also support the result of Iqbal and Khan (2020) who concluded that spirituality has a positive and significant effect on psychological well-being in a study that aims to investigate the impact of spirituality on the psychological well-being of the consumers involved in reusing as sustainable consumption behavior (SCB) of 286 clothing industry consumers.

Hypothesis two states that there will be a significant relationship between health-related behaviour and psychological wellbeing among residents of AMAC FCT, Nigeria returned confirmed to be statistically significant; therefore it was concluded that there is a significantly positive relationship between health-related behaviour and psychological wellbeing among residents of AMAC FCT, Nigeria. This result was found to support Hassen and Kibret (2015) who examined the health consciousness, health-related behaviours and psychological wellbeing of a sample of 110 teaching faculty at Jimma University. It was found most participants had proper health-related behaviours, paid attention to their personal health and had a high sense of psychological wellbeing. Furthermore, it was noted that health-related behaviour was a statically significant independent predictor of psychological wellbeing.

On the third hypothesis, it was stated that male residents will significantly report better psychological wellbeing than female residents of AMAC, FCT-Nigeria. The hypothesis was not confirmed to be statistically significant; therefore, it was concluded that male residents did not significantly report better psychological wellbeing than female residents of AMAC, FCT-Nigeria. This result seems to support Salleh and Mustaffa (2016) in a research to determine whether male and female differ with regard to aspects of psychological well-being among flood victims carried out study based on a quantitative approach using cross-sectional survey. They found that there was no significant difference between male and female in psychological well-being ($t=1.194$, $p>0.05$). Besides that, no gender differences were found in term of all the dimensions of psychological well-being (autonomy, environmental mastery, positive relations with others, self-acceptance, and personal growth) among flood victims.

Also, the result is in line with Okeke and Okeke (2018) study which examined gender as a predictor of psychological wellbeing of Nurses in Enugu Metropolis using a population of 250 nurses. Results showed that gender did not predict psychological wellbeing among Nurses. Result indicated that gender did not predict psychological wellbeing with ($\beta= -0.2$, $t= -0.31$).

Conclusion

It was concluded that:

i. That there is no significantly positive relationship between spirituality and psychological wellbeing among residents of AMAC FCT, Nigeria.
ii. There is a significantly positive relationship between health-related behaviour and psychological wellbeing among residents of AMAC FCT, Nigeria.
iii. Male residents did not significantly report better psychological wellbeing than female residents of AMAC, FCT-Nigeria.

Recommendations

The study therefore recommends the following:

i. There should be psychological intervention to residents of AMAC, FCT in other to improve their psychological wellbeing.
ii. More emphasis effort should be put into advancing spirituality of residents of AMAC so as to increase wellbeing.
iii. Different aspects of gender of residents of AMAC should be studied further to understand the possible limitations of gender in psychological wellbeing.
iv. Results from this study should be considered by policy makers so as to introduce policies that promote health-related behaviours of residents of AMAC.
v. More research should be conducted to account for other variables not accounted for in this study.

Suggestions for Further Study

This study therefore suggests that:

i. Future studies consider using a larger sample size.
ii. Researchers should consider other variables not accounted for in the present study.

Researchers should ensure adequate time is allocated to further study as current study was time bound. This will enable researcher gather more data.

APPENDIX

Frequencies

[DataSet1] C:\Users\my pc\Documents\Analysis\AINOKO data.sav

Frequency Table

Sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	47	47.0	47.0	47.0
	Female	53	53.0	53.0	100.0
	Total	100	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-24 years	23	23.0	23.0	23.0
	25-28 years	14	14.0	14.0	37.0
	29-32 years	15	15.0	15.0	52.0
	33-36 years	30	30.0	30.0	82.0

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	37-40 years	18	18.0	18.0	100.0
	Total	100	100.0	100.0	

Religion

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Christian	55	55.0	55.0	55.0
	Muslim	45	45.0	45.0	100.0
	Total	100	100.0	100.0	

Correlations

[DataSet3] C:\Users\my pc\Documents\Analysis\AINOKO data.sav

Descriptive Statistics

	Mean	Std. Deviation	N
Spirituality	88.60	6.549	100
Psychological Well-being	29.70	9.000	100

Correlations

		Spirituality	Psychological Well-being
Spirituality	Pearson Correlation	1	-.114
	Sig. (2-tailed)		.258
	N	100	100
Psychological Well-being	Pearson Correlation	-.114	1
	Sig. (2-tailed)	.258	
	N	100	100

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Health Related Behaviour	48.40	15.635	100
Psychological Well-being	29.70	9.000	100

Correlations

		Health Related Behaviour	Psychological Well-being
Health Related Behaviour	Pearson Correlation	1	.313**
	Sig. (2-tailed)		.002
	N	100	100
Psychological Well-being	Pearson Correlation	.313**	1
	Sig. (2-tailed)	.002	
	N	100	100

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

T-Test

Group Statistics

	Sex	N	Mean	Std. Deviation	Std. Error Mean
Psychological Well-being	Male	47	31.40	8.777	1.280
	Female	53	28.19	9.007	1.237

Independent Samples Test

		Levene's Test for Equality of Variances	t-test for Equality of Means							
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Psychological Well-being	Equal variances assumed	4.820	.030	1.803	98	.074	3.216	1.783	-.323	6.754
	Equal variances not assumed			1.806	97.112	.074	3.216	1.780	-.318	6.749

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