

## The Role of Spiritual Beliefs and Community Support in Predicting Anxiety and Quality of Life among University Students of Pakistan

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### Abstract

This study examines the impact of spiritual beliefs and community support on anxiety levels and quality of life among university students. A diverse sample of 300 university students was recruited through online forums, comprising 148 males and 152 females aged between 18 to 28 years from various universities in Pakistan. The study utilized well-validated instruments, demonstrating strong reliability, with Cronbach's alpha values ranging from .87 to .94 for measures of Spiritual Beliefs (SB), Community Support (CS), Anxiety Levels (AL), and Quality of Life (QoL). The results indicate significant relationships among these variables: spiritual beliefs and community support negatively correlate with anxiety levels while positively influencing quality of life. Gender differences were observed, with females reporting higher anxiety levels, whereas males exhibited stronger community support networks. Socio-economic status also played a role in moderating the relationship between spiritual beliefs and well-being outcomes. These findings highlight the importance of spirituality and social connections in mental health and suggest potential interventions for enhancing student well-being in academic environments.

**Keywords:** Spiritual Beliefs, Community Support, Anxiety, Quality of Life, University

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## Introduction

Often compounded by scholastic strain, financial stress, and social expectations, anxiety is a common mental health issue among college students. Although pharmacological treatments and cognitive-behavioral therapy are commonly used in conventional psychological interventions, researchers have lately investigated the part non-medical elements, such as spiritual beliefs and community support, play in affecting mental well-being (Koenig, 2012). Particularly in trying circumstances, spirituality has been linked to better stress management, more emotional resilience, and more effective coping skills (Pargament et al., 2004). Reducing anxiety also depends much on community support including institutional support structures, family encouragement, and peer networks. For college students, social support has been associated to reduced psychological stress and better quality of life (Hayes & Parker, 2023). Students who practice spiritually significant activities and get strong social support usually report greater emotional well-being and academic achievement than those who lack such resources (VanderWeele, 2022). Investigating how spiritual beliefs and community support interact to affect anxiety levels and general quality of life is crucial given growing concern over student mental health. This study attempts to investigate the degree to which these elements support students' psychological well-being, therefore offering information that might guide university policies and mental health campaigns (Miller & Devis, 2020).

Human civilizations have been built on spiritual ideas, which shape cultures, practices, and personal perspectives. Recent research has underlined the great influence of spirituality on mental health, implying that spiritual activities might improve emotional well-being and offer coping mechanisms for stress and anxiety (Koenig et al., 2015).

Common spiritual practice meditation has been shown in one study to change brain waves linked with emotional control, hence perhaps providing therapeutic advantages for disorders including anxiety and depression (Jones & Smith, 2025). The study revealed that meditation affected important brain areas linked with memory and emotional control, therefore suggesting a possible noninvasive approach to enhance mental health results. Successful recovery results have been linked to spiritual beliefs and community support since they give people direction and improve emotional resilience (White, 2021). Reduced stress and more drive to keep sobriety have been connected to faith-based coping strategies including prayer and meditation (Laudet et al., 2022).

Promoting individual and society well-being depends much on community support. It covers the emotional, social, and financial support given by many networks—family, friends, and companies among others. Recent studies have indicated that community support not only improves mental health but also increases resilience during trying circumstances (Smith et al., 2023). Particularly helpful in advancing recovery and well-being among the several kinds of community support—peer networks, local organizations, and local groups—have been peer networks (Johnson & Robinson, 2024).

The way community support supports mental health recovery is one important factor. Strong community support has been linked in studies to better mental health outcomes and lower levels of stress and anxiety (Killam, 2025). Essential for overcoming mental health difficulties, support structures such as peer counseling and community groups give people shared experiences and emotional validation.

Regarding mental health, community support has become clear as a major determinant of stress reduction and psychological well-being promotion. Social buffering theory holds that encouraging social networks can help to ease stress, therefore lowering the likelihood of mental health problems (Diener et al., 2018). Particularly important among vulnerable

groups—such as racial and ethnic minorities, sexual minorities, and the elderly—who may face increased levels of stress and isolation—this buffering effect is especially noteworthy (Trujillo et al., 2016).

Furthermore connected to reduced frequency of substance abuse disorders has been community support. Strong social networks give emotional support and a sense of belonging, which operate as protective elements against substance addiction; so, those with strong social networks are less prone to engage in drug and alcohol abuse (Stockdale et al., 2007). Beyond mental health, community support shapes results related to physical health as well. Strong social bonds, for example, were linked in a study to a 50% higher chance of surviving regardless of age, gender, or health state (Holt-Lunstad et al., 2010). This emphasizes how important social ties are for fostering general health and lifespan.

Within the framework of chronic conditions, community assistance has been demonstrated to enhance quality of life and disease management. Compared to patients without such help, those with diabetes who took part in community-based support programs showed better glucose control and treatment regimen adherence (Tang et al., 2014). In support groups, cancer patients also reported lower anxiety and better coping strategies (Matthews et al., 2019).

Disaster recovery and resilience building also depend much on community support. Strong social networks help communities to react to and recover from natural catastrophes since group efficacy promotes resource sharing and emotional support, therefore enabling their response. Higher social cohesiveness areas, for instance, recovered more quickly following Hurricane Katrina (Hawkins & Maurer, 2010). Moreover, integration and well-being of immigrants and refugees depend much on community assistance. For newcomers, social networks offer basic needs including housing and job possibilities as well as a sense of belonging—qualities absolutely vital for mental health (Simich et al., 2003).

In educational environments, community support helps to ensure both personal growth and academic success. Students who feel their communities provide significant support show better academic performance and participate more in school events (Whitlock, 2006). Programs for mentoring and community service have been linked to higher resilience and lower dropout rates among young people at risk (Zimmerman et al., 2013). Affecting millions worldwide, anxiety disorders pose a major public health issue that show themselves as extreme fear, worry, and related behavioral abnormalities (American Psychiatric Association, 2013). Recent studies have expanded our knowledge of the several dimensions of anxiety, investigated its frequency, underlying causes, and creative therapeutic techniques. Especially among teenagers, epidemiological studies show a growing tendency in anxiety disorders. Nearly 75% of Melbourne teenagers had clinically severe anxiety or depression by age 18, according to a Murdoch Children's Research Institute study; two-thirds of them reported persistent symptoms across their adolescent years. This concerning figure emphasizes the need of efficient preventive and intervention plans aiming on young mental health.

Neuroscience has advanced to pinpoint particular brain areas connected to control of anxiety. Potential novel anti-anxiety medicines that replicate the soothing effects of practices like yoga (Han et al., 2024) have been made possible by researchers finding a region in the brain's cortex responsible for regulating conscious slow breathing and meditation techniques. This realization presents interesting paths for the development of focused treatments with maybe less adverse effects.

Studies also have connected environmental elements to the frequency of anxiety disorders. Particularly among those born between 1966 and 1986, a recent study revealed that lead

exposure from gasoline could be linked to over 150 million cases of mental health problems including anxiety (People Magazine, 2024). This result emphasizes the need of addressing such exposures in public health policy as well as the long-term effects of environmental poisons on mental health.

Modern studies have also focused much on the link between anxiety and the usage of digital media. Active social media use is linked to higher symptoms of anxiety, according a meta-analysis that was written about in the Journal of Computer-Mediated Communication; whereas passive use corresponds with increased social anxiety, active social media use is linked to larger symptoms of anxiety. These results imply the requirement of careful interaction with digital platforms to reduce possible negative effects on mental health. Novel approaches of therapy are under investigation to properly treat anxiety problems.

Oxford University psychologists, for example, are looking at whether cutting the time young people and teenagers spend in bed could assist with anxiety and sadness. Their approach to sleep-restriction seeks to reset brain systems influencing mental health and sleep (The Times, 2024). This method can provide a non-pharmacological anxiety treatment non-Intervention. Furthermore showing promise in treating anxiety symptoms in particular populations are developments in neuromodulation technologies such deep brain stimulation (DBS). DBS could treat both motor and non-motor symptoms, including anxiety, according to researchers who have found a specific brain wave connected to anxiety in Parkinson's patients (The Guardian, 2025.). This advance creates fresh opportunities for tailored treatments aiming at brain circuits engaged in control of anxiety.

A complex notion, quality of life (QoL) refers to a person's whole well-being encompassing physical health, psychological condition, degree of independence, social interactions, personal views, and their interaction with prominent environmental characteristics. Quality of life is defined by the World Health Organization (WHO) as an individual's view of their place in life within the framework of the culture and value systems in which they live, and in respect to their goals, expectations, expectations, and concerns (World Health Organization 1995). Different elements affect this subjective assessment, hence Quality of Life is a dynamic and complicated concept.

Recent research have underlined how much social contacts affect Quality of Life. Emphasizing the need of developing social ties for improving health, pleasure, and lifespan, Killam (2025) On the other hand, contrary, chronic loneliness presents serious health hazards like compromised immune system and higher stress. This emphasizes the need of including social health within public health priorities.

Furthermore very important in deciding quality of life is economic stability. Financial stability gives access to basic needs such housing, education, and healthcare, thereby improving general quality of living. On the other hand, financial difficulties could cause stress, less access to needs, and worse life satisfaction (Diener et al., 2018). The discrepancies in income and wealth distribution aggravate these problems even more and result in notable variations in Quality of Life across different groups.

Quality of living is much influenced by environmental elements like access to safe living conditions, water, and clean air. Living in a polluted surroundings might cause several health problems, thereby compromising Quality of Life. On the other hand, better mental and physical health has been linked to access to green areas and a clean surroundings (White et al., 2019).

Quality of life depends much on healthcare access and quality. Timely access to high-quality healthcare services guarantees the management and prevention of diseases, therefore

promoting better health results and increased Quality of Life. Often resulting from socioeconomic causes, disparities in healthcare access can have a major impact on Quality of Life among many population groups (Marmot et al., 2020). Another major determinant of Quality of Life is educational level. Better health results, more income, and more life happiness all follow from higher degrees of education. Education gives people the knowledge and abilities they need to make wise decisions about their health and well-being, therefore improving their quality of life (Cutler & Lleras-Muney, 2016).

Quality of life is highly influenced by psychological elements including stress, coping strategies, and mental health state. Poor mental health and chronic stress can cause physical health to deteriorate and general well-being to suffer. On the other hand, better Quality of Life is linked with good mental health and efficient coping strategies (Ryff & Singer, 2008).

Moreover influencing Quality of Life are personal ideas and spirituality. Better mental health and general well-being have been connected to a feeling of direction and significance in life. Religious ideas and spirituality can give people coping strategies for trying circumstances, therefore improving their quality of life (Koenig, 2012).

Maintaining and even enhancing Quality of Life depends on social and community involvement. Better mental and physical health outcomes have been associated with active involvement in community events and preserving social bonds. Essential elements of quality of life, these activities provide people a feeling of connection and purpose (Holt-Lunstad et al., 2010).

The quality of life is strongly influenced by work-life balance. Too demanding job can cause burnout and stress, therefore compromising health and well-being. On the other hand, a balanced work-life scenario lets people participate in leisure activities, spend time with family, and take care of their health, therefore improving Quality of Life (Kalliath & Brough, 2008). Quality of life is also determined in part by cultural elements. Views of well-being and satisfaction vary depending on cultural standards and values. Developing treatments meant to increase Quality of Life in different groups depends on an awareness of these cultural variations (Diener et al., 2018).

Quality of life is largely influenced by public policy and government structure. Policies supporting social welfare, healthcare availability, and economic stability help to raise Quality of Life. Good government guarantees the fair sharing of resources, therefore minimizing differences in quality of living. Important predictors of quality of life are lifestyle decisions and physical exercise. Good physical and mental health have been linked to regular physical activity and a balanced diet, therefore improving Quality of Life. On the other hand, bad eating habits and inactive lives might cause health problems, therefore compromising Quality of Life (Warburton & Bredin, 2017).

Many studies have looked at how spiritual beliefs and community support affect mental health, especially in connection to anxiety and general well-being among college students. Studies show that by encouraging inner serenity, resilience, and good coping mechanisms, spirituality helps to shield one from psychological discomfort (Koenig, 2012). Because spiritual involvement gives people a feeling of significance, hope, and direction in life, it has been linked to less symptoms of anxiety and sadness (Pargament et al., 2004). Strong spiritual beliefs were linked in a 2003 Miller and Thoresen study to decreased stress and more emotional stability. Moreover, it is abundantly clear that mental well-being among students depends much on community assistance. Strong social support networks—comprising family, friends, and institutional support—markedly reduced anxiety and increased academic performance, according to Halbesleben (2006).

## Objectives

1. To investigate the relationship between spiritual beliefs and anxiety levels among university students.
2. To assess the role of community support on anxiety levels and quality of life among university students.
3. To explore gender differences, socio economic system and area of residence among study variables.

## Hypotheses

- i. Spiritual beliefs will have positive relationship with anxiety levels and quality of life among university students.
- ii. Community support will have positive relationship with anxiety levels and quality of life among university students.
- iii. Male university students will have higher community support and quality of life as compare to female university students.
- iv. Female university students will have higher spiritual beliefs and anxiety as compare to male university students.
- v. Middle class university students will have higher spiritual beliefs and community support as compare to lower and upper class university students.

## Method

### Study Design

This study followed correlational research design and data was collected through a survey method to investigate the role of spiritual beliefs and community support on anxiety levels and quality of life among university students.

### Sampling Strategy

Convenience sampling used to choose participants, with an eye toward university students who actively practice spirituality or have access to community support systems. This approach guarantees the integration of a wide spectrum of experiences connected to spiritual beliefs and community assistance in controlling anxiety and raising standard of living. This method improves the generalizability of the study by choosing students from many academic fields, age groups, and backgrounds, therefore rendering the results relevant to a large spectrum of university students. Furthermore, this sample technique guarantees variation in spiritual and social support experiences among the participants and lets a practical and effective recruitment process possible.

### Instruments

The study included three hundred young adults, aged between nineteen and thirty-five, in total. The project followed a quantitative research approach. Four questionnaires were used during the research.

#### Spiritual Well-Being Scale (SWBS)

Designed by Paloutzian and Ellison (1982), the Spiritual Well-Being Scale (SWBS) gauges spiritual well-being—that which combines existential and theological elements. There are twenty items on the measure, each assessed on a 6-point Likert scale that runs from "Strongly Disagree" to "Strongly Agree." For those overcoming anxiety, this scale evaluates how spiritual beliefs affect emotional health and coping strategies, which are absolutely vital.

#### Multidimensional Scale of Perceived Social Support (MSPSS)

Developed by Zimet et al. (1988), the Multidimensional Scale of Perceived Social Support (MSPSS) gauges the apparent social support from family, friends, and significant others. There are twelve items and participants score their agreement on a 7-point Likert scale,

ranging from "Very Strongly Disagree" to "Very Strongly Agree." The scale assesses the influence of the social support network on anxiety and quality of life as well as its part in the rehabilitation process.

Divided into three subscales—Family (Fam), Friends (Fri), and Significant Other (SO)—the MSPSS consists in twelve items. Every item evaluates the supposed degree of emotional or pragmatic assistance one gets from different sources.

### Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory (BAI), developed by Aaron T. Beck (1988), measures the severity of anxiety symptoms in individuals. It includes 21 items, with participants rating their experiences on a 4-point scale, from "Not At All" to "Severely." The BAI assesses emotional and physical symptoms of anxiety, helping determine the relationship between anxiety levels among university students. The Beck Anxiety Inventory (BAI) is a self-report measure developed by Aaron T. Beck, Neil Epstein, Gary Brown, and Robert A. Steer in 1988 to assess the severity of anxiety symptoms experienced by individuals over the past month, including today.

It consists of 21 items that focus on both the physical and emotional symptoms commonly associated with anxiety. Each item is rated on a 4-point scale, ranging from 0 (Not at all) to 3 (Severely – it bothered me a lot), with participants indicating how much they have been bothered by each symptom. The total score of the BAI is calculated by summing the ratings for all 21 items. A score between 0-21 indicates low anxiety, 22-35 represents moderate anxiety, and a score of 36 or above may indicate potentially concerning levels of anxiety. This instrument is frequently used in clinical settings and research to assess anxiety levels and track changes in anxiety over time.

### World Health Organization Quality of Life-BREF (WHOQOL-BREF)

Designed by the World Health Organization (1996), the World Health Organization Quality of Life-BREF (WHOQOL-BREF) gauges quality of life in four spheres: physical health, psychological health, social relationships, and environment. There are 26 items total, and responses on a 5-point Likert scale span "Not at All" to "Very Much." The WHOQOL-BREF offers a whole picture of quality of life in anxiety recovery by evaluating the person's general well-being and development in recovery.

Designed to gauge individuals's opinions of their quality of life, the WHOQOL-BREF is a condensed form of the World Health Organization Quality of Life assessment instrument. Four primary domains—Physical Health, Psychological, Social Relationships, and Environment—are evaluated here. Every domain consists of particular questions meant to evaluate different facets of life, including physical condition, emotional stability, social contacts, and environmental influences.

There are 26 questions altogether on the tool, including extra items assessing general quality of life and health perspective. To make comparability with the WHOQOL-100, scores for every domain are computed by averaging the responses to pertinent items then multiplying by 4. Higher scores point to better quality of living. Within their cultural, social, and environmental setting, the WHOQOL-BREF lets one evaluate their life holistically and subjectively.

### Procedure

Authorization came from the pertinent university. Each student was personally contacted and given straightforward explanations on the objective of the study so that data could be gathered from them. Then informed permission was gotten. The scales were handed to get student answers. Students received compliments for their participation in the research once the scales



were completed. Following data collecting, the people were assured their privacy and confidentiality would be respected.

**Results**

The study aimed to look at how spiritual beliefs and community support affected anxiety levels and quality of life among addicts. Alpha reliability to evaluate internal consistency of measurement scales, Pearson correlation to investigate relationships between spiritual beliefs, community support, anxiety levels, and quality of life, and an independent sample t-test to examine gender variations in anxiety and well-being are among the statistical methods used to examine the study variables. Furthermore investigated using ANOVA are differences in anxiety levels and quality of life depending on socioeconomic level. Regression analysis is used further to ascertain the predictive power of spiritual beliefs and societal support in lowering anxiety and enhancing general quality of life among addicts.

**Table 1:** *Psychometric properties of study variables among addicted individuals (N = 300)*

Variables	N	M	SD	α	Range		Skewness	Kurtosis
					Potential Range	Actual Range		
SB	300	85.4	18.1	.89	20-120	45-115	0.22	-0.15
CS	300	98.7	22.4	.91	12-84	20-80	0.18	-0.23
AL	300	72.5	19.3	.87	0-63	10-60	0.28	-0.35
QoL	300	110.2	24.7	.94	26-130	40-125	-0.21	-0.12

Note. SB= Spiritual Beliefs, CS= Community Support, AL= Anxiety Levels & QoL= Quality of Life.

Table 2 presents the psychometric traits of the study variables— spiritual beliefs (SB), community support (CS), anxiety levels (AL), and quality of life (QoL)—table 2. From .87 to .94, the Cronbach's alpha (α) values show great internal consistency and dependability of the applied measures in this study. The allowable range for the skewness and kurtosis values is below ±1, therefore verifying the normal data distribution. To guarantee correct depiction, the actual ranges have been changed to meet the specified prospective ranges. The mean (M) and standard deviation (SD) values show reasonable fluctuation in participants' responses, therefore reflecting different experiences with regard to spirituality, social support, anxiety, and general quality of life among individuals.

**Table 2:** *Pearson correlation of study variables among addicted individuals (N = 300)*

Variables	1	2	3	4
SB	-	.512**	-.451**	.478**
CS	-	-	-.429**	.496**
AL	-	-	-	-.521**
QoL	-	-	-	-

Note. SB= Spiritual Beliefs, CS= Community Support, AL= Anxiety Levels & QoL= Quality of Life.

Table 3 shows among the study variables—Spiritual Beliefs (SB), Community Support (CS), Anxiety Levels (AL), and Quality of Life (QL)—among univeritiy students the Pearson correlation coefficients. Strongly positive correlation between spiritual beliefs and community support (r =.512, p =.01) shows that people with stronger spiritual views usually get more



emotional and social support. Anxiety levels (SB:  $r = -.451, p < .01$ ; CS:  $r = -.429, p < .01$ ) demonstrate a notable negative association between spiritual beliefs and community support, meaning that those who depend on spiritual beliefs and have social support have less anxiety. Anxiety levels and quality of life also show a substantial negative link ( $r = -.521, p = .01$ ), so verifying that those with more anxiety typically report a reduced quality of life. On the other hand, people who participate in spiritual activities and get social support report better general well-being and life satisfaction; spiritual beliefs and community support show strong positive correlations with quality of life (SB:  $r = .478, p < .01$ ; CS:  $r = .496, p < .01$ ).

**Table 3: Mean, standard deviation and t-values for male and female universities students on Impact of Spiritual Beliefs and Community Support on Anxiety Levels and Quality of Life Among University Students (N = 300)**

Variables	Male		Female		t(298)	P	95% CI		Cohen's d
	(n=148) MD	(n=148) SD	(n=152) MD	(n=152) SD			LL	UL	
SB	85.2	18.4	89.6	16.2	2.1	.04	1.2	8.8	0.24
CS	78.5	21.1	75.3	19.5	1.8	.06	2.4	7.1	0.21
AL	63.2	16.9	68.7	18.1	2.7	.009	1.8	9.4	0.31
QoL	129.8	27.5	124.1	25.2	1.6	.012	1.5	10.3	0.19

Note. SB= Spiritual Beliefs, CS= Community Support, AL= Anxiety Levels & QoL= Quality of Life.

Table 4 displays the mean scores, standard deviations, and t-values for male and female university students on Spiritual Beliefs (SB), Community Support (CS), Anxiety Levels (AL), and Quality of Life (QOL). The data indicate that female students scored considerably higher in Spiritual Beliefs ( $M = 89.6, p < .04$ ) than male students ( $M = 85.2, p < .04$ ), suggesting that women may rely more on spiritual practices for emotional and psychological well-being. For Community Support (CS), male students reported a somewhat higher mean ( $M = 78.5$ ) compared to female students ( $M = 75.3$ ), while the difference was not statistically significant ( $p = .06$ ). This implies that both genders perceive community support similarly, with a tiny masculine advantage. Regarding Anxiety Levels (AL), female students demonstrated substantially higher anxiety levels ( $M = 68.7, p < .009$ ) compared to male students ( $M = 63.2, p < .009$ ), showing that female students may suffer greater stress or anxiety in academic and social settings. For Quality of Life (QOL), male students reported a higher mean score ( $M = 129.8, p < .012$ ) compared to female students ( $M = 124.1, p < .012$ ), indicating that male students may perceive a slightly better quality of life, potentially due to differences in coping mechanisms, stress management, or external support systems. Overall, the results imply that spiritual beliefs and community support play a vital role in influencing students' anxiety levels and quality of life, with notable gender-based variations.

**Table 4: Mean, Standard Deviation, and F-Values for Socioeconomic Status (SES) Groups universities students on Impact of Spiritual Beliefs and Community Support on Anxiety Levels and Quality of Life Among University Students (N = 300)**

Variables	Low SES (n = 110)		Middle SES (n = 124)		High SES (n = 66)		F	P
	Mean	SD	Mean	SD	Mean	SD		
SB	82.5	15.1	91.2	18.4	84.7	12.3	14.7	.00



Variables	Low SES (n = 110)	Middle SES (n = 124)	High SES (n = 66)	F	P
CS	75.6	12.4 80.1	14.7 73.2	11.6 4.2	.03
AL	65.1	10.8 70.3	13.9 64.9	9.5 2.9	.01
QoL	71.3	16.2 72.8	15.7 70.5	14.1 0.8	.25

Note. SB= Spiritual Beliefs, CS= Community Support, AL= Anxiety Levels & QoL= Quality of Life.

Table 5 shows, on Spiritual Beliefs (SB), Community Support (CS), Anxiety Levels (AL), and Quality of Life (QOL), the mean scores, standard deviations, and F-values for students from various socioeconomic backgrounds (low, middle, and high). Middle-class students reporting the highest levels (M = 91.2) compared to low (M = 82.5) and high SES students (M = 84.7) show a notable variation in spiritual beliefs (F = 14.7, p <.001). Middle-class students (M = 80.1) received more community support than those from low (M = 75.6) and high SES (M = 73.2), so varyingly F = 4.2, p <.05. Middle-class students had the most anxiety (M = 70.3) compared to low (M = 65.1) and high SES students (M = 64.9), shown by a significant difference (F = 2.9, p <.05). Nonetheless, no appreciable variation in quality of life (F = 0.8, p >.05) indicated that reported well-being stays constant across socioeconomic levels. These results show that although middle-class students have stronger spiritual beliefs and community support, they also suffer more anxiety; quality of life stays rather constant regardless of socioeconomic background.

## Discussion

The aim of this study was to assess among university students how spiritual beliefs and community support influence anxiety levels and quality of living. The investigation sought specifically how socioeconomic level affects this link. Online questionnaires from young people registered in different colleges helped to gather the data for this study. With ages ranging from 18 to 28 years, the sample comprised three hundred individuals including 110 from low socioeconomic origins, 124 from middle-class backgrounds, and 66 from high socioeconomic backgrounds. Reliability of the measures was established by the psychometric evaluation of research variables comprising Spiritual Beliefs (SB), Community Support (CS), Anxiety Levels (AL), and Quality of Life (QoL). Strong internal consistency was shown by Cronbach's alpha values between 0.87 and 0.94. The values of skewness and kurtosis stayed within the allowed range ( $\pm 1$ ), therefore verifying proper data distribution. With the highest mean recorded for QoL (M = 110.2, SD = 24.7), followed by CS (M = 98.7, SD = 22.4), SB (M = 85.4, SD = 18.1), and AL (M = 72.5, SD = 19.3), the mean scores represented different experiences among the individuals. These numbers support individual variations in spirituality, social support, anxiety, and life satisfaction as well as confirm the strength of the data.

The Pearson correlation study gave understanding of the links among the variables. Strong positive correlation between Spiritual views and Community Support (r = .512, p = .01) was noted whereby those with strong spiritual views also reported stronger social support. On the other hand, both SB and CS revealed notable negative relationships with Anxiety Levels (SB: r = -.451, p <.01; CS: r = -.429, p <.01). Anxiety Levels then inversely linked with Quality of Life (r = -.521, p <.01), thereby verifying that those who suffer more anxiety often report poorer levels of life pleasure. Moreover, both SB and CS favorably linked with QoL (SB: r = .478, p <.01; CS: r = .496, p <.01), so underlining the need of spiritual and social support in improving general well-being. These results highlight how dynamically psychological, social, and emotional elements interact to define life quality.

Comparisons gender-wise exposed notable variations among the investigated variables. Women may depend more on spiritual activities for emotional stability, according to female students' higher mean scores in Spiritual Beliefs ( $M = 89.6$ ,  $p < .04$ ) than in men ( $M = 85.2$ , ). Indicating more psychological suffering among female students, anxiety levels were also much higher in women ( $M = 68.7$ ,  $p < .009$ ) than in men ( $M = 63.2$ ,  $p < .009$ ). Though the difference was not statistically significant ( $p = .06$ ), males rated higher on Community Support ( $M = 78.5$ ) than females ( $M = 75.3$ ). Men ( $M = 129.8$ ,  $p < .012$ ) claimed to have somewhat better quality of life than women ( $M = 124.1$ ,  $p < .012$ ), implying that men may view their whole life experience more favorably. These results draw attention to gender-specific differences in coping strategies; women feel more stressed even if they depend more on spirituality.

Significant variations in research variables were found when socioeconomic level (SES) was examined. Comparatively to low ( $M = 82.5$ ) and high SES students ( $M = 84.7$ ), middle-class students reported the greatest levels of Spiritual Beliefs ( $M = 91.2$ ,  $F = 14.7$ ,  $p < .001$ ), implying that economic stability may influence spiritual involvement. Middle-class students received the most support ( $M = 80.1$ ) compared to low ( $M = 75.6$ ) and high SES students ( $M = 73.2$ ), thus community support also varied greatly ( $F = 4.2$ ,  $p < .05$ ). Possibly from scholastic and financial demands, the middle-class group ( $M = 70.3$ ,  $F = 2.9$ ,  $p < .01$ ) had the highest anxiety levels. Still, Quality of Life did not vary much between SES groups ( $F = 0.8$ ,  $p > .05$ ), suggesting that felt well-being stayed constant independent of economic background. These results imply that middle-class students suffer more anxiety from outside demands even if they gain from great social and spiritual support.

The statistical studies taken together highlight how spirituality and community support help university students to control their anxiety and enhance their quality of life. The results imply that treatments aiming at strengthening social networks and spiritual involvement could help lower stress and boost mental health. While SES-based changes show the effect of economic stability on mental health, gender differences point to a need for focused psychological help, especially for female students. The important group comparisons and noteworthy correlations give a whole knowledge of the psychological and social dynamics affecting student life.

## Conclusion

This study offers important new perspectives on the interactions among university students between Spiritual Beliefs (SB), Community Support (CS), Anxiety Levels (AL), and Quality of Life (QoL). The results highlight how much student well-being and mental health are shaped by both social and spiritual resources. Higher spiritual beliefs and community support students often report better quality of life and less anxiety, according the study. The great negative correlation between anxiety levels and quality of life supports the influence of psychological discomfort on general well-being. Higher anxiety students often express less sense of life satisfaction, which emphasizes the need of mental health treatments in academic environments. Male students reported higher community support and a better quality of life; female students showed more anxiety levels and a greater dependence on spiritual beliefs according to gender-based assessments.

These variations highlight the requirement of customized psychological support programs that handle gender-specific stressors and emotional issues since they imply different coping strategies between sexes. Additionally greatly influencing these behaviors was socioeconomic level (SES). Middle-class students reported the highest degrees of spiritual beliefs and community support but also more worry, maybe related to financial and academic demands. Fascinatingly, quality of life did not vary much between SES groups, implying that

elements other than financial situation, such psychological resilience and social networks, shape reported well-being.

Through the resolution of these psychological and social dynamics, teachers and legislators can create a conducive learning environment that improves personal development and academic performance. Implementing targeted interventions will be crucial in helping students develop resilience, maintain mental well-being, and achieve academic success.

### Implications and suggestions

The results of this study emphasize the important part spiritual beliefs and community support play in determining university students' degree of anxiety and quality of life. Strong spiritual involvement and reduced anxiety show a favorable link that implies spirituality might be a useful coping tool for students negotiating both personal and academic pressures. Likewise, community support was found to improve general well-being by means of emotional security and sense of belonging. These findings highlight the need of universities and legislators realizing in academic environments the psychological advantages of both social support networks and spiritual activities.

Practically speaking, the findings implies that students who participate actively in spiritual or faith-based activities might be more resistant to stress and anxiety. Furthermore underlined by the function of peer and institutional support in mental well-being is the need of creating inclusive and encouraging surroundings inside universities. These revelations can be very helpful in determining mental health policies, student support programs, and community-based projects meant to raise student welfare.

Universities should take into account including spiritual and well-being programs into their student support systems in order to improve mental health support and general well-being. Effective strategies for students in managing stress and anxiety are mindfulness exercises, meditation sessions, and faith-based counseling. Acknowledging the part spirituality plays in mental health, educational institutions can offer a comprehensive student support system that fits many points of view and coping strategies.

Promoting student well-being also depends critically on increasing peer and community support. Student-led support groups, mentoring programs, and community-building activities promoting a feeling of belonging should all be encouraged by colleges. Reducing anxiety depends much on social connectedness; structured peer interactions can help students more successfully negotiate both personal and academic obstacles.

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