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Religious Commitment as a Predictor of Psychological Distress among Pakistani Adult Students: The Moderating Roles of Gender and Age

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ABSTRACT

This study was conducted on 300 participants to analyze the role of age and gender in religious commitment impact on psychological distress. To achieve this aim, experts used the cross-sectional correlational methodology. The authors of the study utilized Religious Commitment Inventory-10 (RCI-10), Depression, Anxiety and Stress Scale DASS-21 and demographics form. The data was analyzed using moderation analysis and Pearson coefficient. It was discovered that religious commitment has negative correlation with psychological distress ($r=-.48$; $p<.001$). Concerning gender, a moderating effect of this factor was established ($B=-0.18$; $SE=0.07$; $p=0.010$). It was also determined that religious commitment is more significant for females ($B=-0.79$; $p<0.001$) than for males ($B=-0.61$; $p<0.001$). As for the results of data analysis, age was found to have moderate effect on the relationship under study ($B=-0.11$; $SE=0.04$; $p=0.006$) and was found to be highly significant for older people ($B=-0.95$; $p<0.001$) but insignificant for younger generations ($B=-0.13$; $p<0.05$). Religious commitment would be a great protective factor towards psychological distress among Pakistani students studying in a university, with gender and age moderating that relationship. Such findings indicate the value of mental health interventions, which should be culturally sensitive and gender- and age-informed in supporting university students in Pakistan.

Introduction

Background and Problem Statement

Mental health issues in university students have become a crucial public health issue across the globe, with recent research indicating infrequent depression, anxiety, and stress rates among this demographic (Bibi et al., 2024). Pakistani university students,

especially, feel a significant psychological distress, and the research shows that they have more symptoms of anxiety and depression, as compared to their western peers (Bibi et al., 2024). Both experience and expression of psychological distress depend on the distinct sociocultural setting of Pakistan, where collectivistic value derived, familial interdependence, and a dominant role of religion contribute to the situation, and cultural barriers and stigma often act as the primary hindrances to mental health support-seeking among university students (Ali, Majeed, Faisal, Irfan, and Sadaqat, 2025).

Although the overall prevalence of these mental issues is well-reported, the culturally-specific variables that can shield psychological distress are only insufficiently determined. To a great extent, in Pakistani society, in which religious systems are present in everyday life and give general sense-making frames, psychological well-being is inextricably linked to political orientation in the spiritual sense of an individual and the practice of religious beliefs (Khan et al., 2016). This embeddedness in culture implies that generic, Western derived models of distress are not necessarily going to capture the protective processes at work in the same environment. In addition, demographic characteristics including gender and age might have a crucial moderating effect on the correlation between religious commitment and psychological distress because men and women as well as younger and older adults might exhibit and use religious resources in different ways (Butt et al., 2025). Knowledge on how religious beliefs foretell psychological distress, and in what circumstances the relationship is reinforced or eroded is necessary to create effective, culturally sensitive interventions that will meet the individual needs of Pakistani students.

Religious Commitment as a Predictor of Psychological Distress

The interdependency between religious commitment and psychological distress has been one of the issues that have received a lot of literature. Religious commitment has to do with the extent to which people do not conform to religious beliefs and practices and values in their day-to-day lives (Khan et al., 2016). Religious commitment is especially relevant in the Muslim-majority community such as Pakistan, where Muslim societies provide a feeling of purpose or social support and stress coping strategies that could help in shielding psychological suffering (Noor, 2008). Studies have proved that religious adherence relates to reduced measures of psychological suffering in a variety of cultural experiences (Butt et al., 2025; Noor, 2008). Nevertheless, little is known about the mechanisms by which religious commitment has its protective influence on psychological distress, and what demographic factors moderate this relationship is an active area of investigation.

Gender and Age as Moderators

It is possible that the degree to which religious commitment is linked to psychological distress is moderated by some demographic factors especially gender and age. It is a well-established fact that there are gender differences in religiosity, as well as in the outcomes of mental health (an earlier study has indicated that, women are more likely to state that they are more highly committed to religion, but at the same time, they are expected to report higher levels of psychological distress (Butt et al., 2025). This paradox shows the necessity to analyse whether the protective role of religious commitment has a similar strength between the two genders or whether genders mediate the role of this factor. Likewise, age can affect the relationship between commitment to religion and psychological distress, with older age groups often exhibiting intrinsic orientations to religious beliefs and perhaps gaining more out of their religion than young people (Noor, 2008). These moderating roles are especially important to consider in the Pakistani context because religious identity is interwoven with everyday life and, in turn, it can be a main asset to address the developmental issues of university life (Khan et al., 2016). Though these moderators theoretically and practically hold importance, there has been very little empirical research investigating interactive aspects of religious commitment, gender, and age on psychological distress among adult students in Pakistan.

Rationale and Significance of the Study

Although increasing evidence has been presented regarding the protective effect of religious commitment in mental health, very few studies have explored whether the relationships between religious commitment and demographic variables, especially gender and age, are mediated in Pakistani university students. University life is a high-stakes developmental phase with lots of transitions, academic and identity development, which makes students susceptible to mental health disorders (Bibi et al., 2024). The issues that buffer distress in this population need to be understood to come up with culturally sensitive interventions.

The current research fills this gap by examining the immediate linkage between religious commitment and psychological distress and examining the moderation results in this linkage posed by gender and age. This study is important in several ways. To begin with, it adds to the dearth of research on religion and mental health in Pakistan. Second, it offers empirical findings on culturally

specific protective factors, which can be used to intervene using mental health intervention. Third, the results could inform policymakers and university administrators in coming up with gender and age sensitive services to support students.

Hypotheses

The hypotheses were developed based on the theoretical framework and the identified empirical literature, as follows:

H1: Among Pakistani adult students, religious commitment will have significant negative predictors of psychological distress.

H2: There will be a significant moderating effect between gender and the relationship between religious commitment and psychological distress, with the negative predictive influence being higher in the female than in the male gender.

H3: Age will considerably moderate the association between religious commitment and psychological distress with the inverse effect being stronger on older students compared to the younger students in the age range of 18-35.

Literature Review

Religious Commitment and Mental Health

There is evidence that religious commitment is a considerable protective factor against psychological distress in various cultural settings. Religious engagement could offer cognitive systems of making meaning, social networks, and adaptive coping that may safeguard stress and misfortune (Khan et al., 2016). Religious commitment is salient as the coping resource in the context of Muslim majorities such as Pakistan in which Islamic beliefs and practices may be prevalent in everyday life. A study that has been carried out on Pakistani Muslim University students showed that religious commitments are significant in fighting psychological distress, especially when reacting to traumatic experiences (Khan et al., 2016). According to Khan et al. (2016), the importance of Muslim Experiential Religiousness interposed associations among the positive and negative religious coping and distress reactions to terrorism which implies that the quality of the religious experience might be equal significant with the measure of the religious commitment. Spirituality was found to have a negative relationship with religious coping and a positive relationship with distress when it was low; a positive relationship of religious coping and distress when it was high. Likewise, Butt et al. (2025) reported that the relationship between this social disconnectness and psychological distress in Pakistani adults was widely mediated by the religious commitment, an aspect that underscored the culturally-based mechanisms of faith-based support. These results indicate the possibility of religious commitment to be used as a psychological asset in the context of Pakistan. A study also proved religious commitment to be related to the reduced levels of psychological distress with the help of various ages. Noor (2008) discovered that religiosity mediated the connection between work experiences and well-being between Malay Muslim women and that the buffering effect of religiosity was more effective among older subjects. This implies that the defense role played by religious commitment might increase with age, possibly because of increased internalization of religious values and accumulation life experiences.

Gender Differences in Psychological Distress and Religious Commitment

In literature, there has been consistency of documentation of gender differences in psychological distress as well as in religious involvement. The research has also revealed that psychological distress can be reported to be higher by females than males (Bibi et al., 2024; Nadeem et al., 2023). Having confirmed the use of the DASS-21 as an assessment method with frontline doctors in Pakistan, Nadeem et al. found that the female respondents were substantially higher on the scales of depression, anxiety, and stress, indicating increased susceptibility to psychological distress (2023). It has also been proposed through research that religiosity can be more synesthetically related to well-being among women than among men (Khan et al., 2016) because religious commitment could then be provided as a more readily available coping tool by women experiencing culturally specialized stressors. The religious commitment might be an easier and more desirable coping mechanism among women (especially those experiencing social and economic pressures on a greater scale) in Pakistan, because of the cultural norms (religious commitment) can be more easily and readily accessible). Eschbaugh and Henninger (2013) also established more evidence of psychological distress and willingness to enlist the help of females, indicating the gender-specific processes involved in the religion-distress relationship. Nevertheless, it is observed that the gender moderating effect on the relationship between religion and stress is not explored much in the Pakistani context, which is a gap in the literature. The majority of the studies have looked at gender as a straight-forward predictor as opposed to a middleman between religious dedication and mental distress.

Age and the Religion-Distress Relationship

Age and the Relationship between age and psychological well-being in relation to religious commitment is worth consideration. Studies have revealed that age could help scientists to increase buffering impacts of religiosity on psychological distresses (Noor, 2008). Older people might be more internalized in religious values, matured coping strategies and they experience accumulated life events which can be more useful in faith-based coping. In their work, Bibi et al. (2024) discovered that Pakistani university learners have more symptoms of depression and anxiety symptoms than German students, which is why mental health assessment and intervention should be culturally sensitive. It has been found that age possibly augments the buffering impact of religiosity in psychological anguish (Noor, 2008). Equally, Abdullah, Khalily, Ruocco, and Hallahan (2023) identified that, in a study on adolescents and young adults in Pakistan, the higher the levels of religious commitment, the lower the levels of psychological distress showed, as well as that religious commitment is a protective condition that could become more salient as individuals struggle with developmental issues. Irrespective of these results, it is not clear how much age moderates the protective impact of religious commitment on the group of university students that is generally in late adolescence, and early adulthood. The proposed research is therefore filling this gap by considering age as a moderating variable between the age group of 18-35.

Summary of Literature Gap

Although, some research work has already determined the protective nature of the religious commitment against psychological distress, there is scanty research that has already investigated the moderating nature of gender and age in the context of the relationship between religious commitment and the psychological distress of Pakistani university students. The current research paper fills this gap using three hypotheses concerning the direct and moderate relationship between religious commitment and psychological distress among this group of people.

Method

Research Design

The research had a cross-sectional and correlational research design according to which it was conducted to test the relationship between religious commitment, psychological distress, gender and age in adult Pakistani students. The hypotheses were tested using a quantitative study involving the use of survey data.

Participants and Sampling Procedure

300 Pakistani adult students took part in the research. The participants were enrolled through the University of Gujrat, Pakistan, with the help of a convenient method of sampling. The inclusion criteria were as follows: (a) they enrolled in a university degree program, (b) aged between 18-35 years, and (c) volunteered to take part. Those participants who had a diagnosed psychiatric disorder or were undergoing psychological therapy were discarded. Data was collected in-person by the researchers. Students were contacted at university campuses, where they were informed about the purpose of the study, and given confidentiality and anonymity. The respondents who agreed to be part of the survey were given paper-based questionnaires and requested to fill them in the field. The survey was about 10-15 minutes. Participation was optional and participants could drop any time. The age ranged from 18 to 35 years ($M = 23.84$, $SD = 3.71$). Detailed demographic traits are given in Table 1.

Measures

Religious Commitment Inventory (RCI-10)

Religious Inventory-10 (RCI-10; Worthington et al., 2003) was used to measure religious commitment. The RCI-10 is a 10-item self-report scale which gives an insight into the extent to which the individuals support their religious values, beliefs and practices in their living lives. Questions are put in a 5-point scale on a Likert-scale level, where 1 (not at all true of me) is on one end and 5 (totally true of me) is on the other end. Sample items will consist of: I take time to develop in knowing my religion and religion matters to me since it provides numerous answers to the questions of purpose of life. The total scores can be between 10 and 50, with a higher score indicating a higher religious commitment. Psychometric properties of the RCI-10 have been reported in earlier studies to be excellent with Cronbachs alpha of between .88 and .98 (Worthington et al., 2003). The RCI-10 had an excellent internal consistency (=.91) in the current study.

Depression, Anxiety, and Stress Scale (DASS-21)

The scale used to measure psychological distress included Depression, Anxiety, and Stress Scale- 21 (DASS-21; Lovibond and Lovibond, 1995). DASS-21 is a 21-item self-report scale that measures three dimensions: depression, anxiety and stress. All subscales have 7 items measured by 4-point Likt Erik scale 0 (was never applied to me), 1 (was applied to me never or rarely), 2 (was applied with most of the time or very much), 3 (was applied without exception). Sample items are; I found it difficult to relax I felt that I was employing a lot of nervous energy, and I felt downhearted and blue. All scores are ranked between 0 and 63 with a higher score depicting a more psychological distress. DAAS-21 is a well-validated test, with its application to Pakistani samples (Nadeem et al., 2023). DASS-21 has very good internal consistency (1 =.94) in the current study.

Demographic Information

The participants were asked to give these demographic data such as age (in years) and gender (male/female). Moderation analyses were done using a continuous variable of age and 0 = Male and 1 = Female as a code of gender.

Procedure

Before data collection, it had to be given the green light by the institutional review board. The purpose of the study, voluntary participation, confidentiality, and a right of withdrawal were explained to the participants in the form of an information sheet. All the participants filled in written informed consent. The paper-based questionnaire had three parts, which include (a) demographic data (age and gender), (b) the RCI-10, (c) the DASS-21. Researchers were collecting data face-to-face in university campuses during a period of about two months.

Data Analysis Plan

SPSS version 27 was used to analyze the data. Initial tests were the general statistics, reliability analysis (Cronbach alpha) and Pearson correlations. To measure normality, skewness and kurtosis were analyzed.

Hayes utilized his PROCESS macro (Model 1) in testing the hypotheses and possible samples of 5,000 bootstraps (Hayes, 2018). There were two models of moderation:

1. The moderator of the religious commitment-psychological distress association: gender.
2. Age as a moderator of the religious commitment–psychological distress relationship.

Before the analyses, variables were mean-centered, in order to minimize the multicollinearity (Aiken and West, 1991). To explain significant interactions, simple slope analyses were done. The level of significance was $p < .05$.

Results

Table 1. Descriptive Statistics for Study Variables (N = 300)

Variable	Min	Max	M	SD	Skewness	Kurtosis
Religious Commitment	12	50	38.42	6.15	-0.48	0.31
Psychological Distress	1	52	18.67	9.04	0.42	-0.27
Age (years)	18	35	23.84	3.71	0.29	-0.56

Table 1 tables the descriptive statistics of all the study variables. The average of religious commitment (RCI-10) was 38.42 (SD = 6.15), which reflected moderate to high religious commitment among participants. The mean of the psychological distress (DASS-21) was 18.67 (SD = 9.04) indicating a mild to moderate state of psychological distress. Participants' ages ranged from 18 to 35 years (M = 23.84, SD = 3.71). The values of skewness and kurtosis of all the variables fell within a range of ±1, which is acceptable displaying univariate normality (Byrne, 2010).

Table 2. Internal Consistency Reliability Coefficients for RCI-10 and DASS-21

Scale	Items	Cronbach's α
RCI-10	10	.91
DASS-21	21	.94

Both scales showed great internal consistency according to reliability analysis (Table 2). RCI-10 proved its Cronbachs alpha of.91 and DASS-21 proved its Cronbachs alpha of.94, higher in value than the satisfactory level of 0.70 (Nunnally and Bernstein, 1994).

Table 3. Pearson Correlations Among Religious Commitment, Psychological Distress, and Age

Variable	1	2	3
1. Religious Commitment	—		
2. Psychological Distress	-.48**	—	
3. Age	.24***	-.18**	—

Note. *p* < .05, **p* < .01, ***p* < .001.

Pearson product-moment correlations were used to test the bivariate associations between the variables studied (Table 3). As hypothesized, religious commitment was found to have a significant negative relationship with psychological distress (r = -.48, p <.001), meaning that the greater the religious commitment, the less was the psychological distress. There was a significant positive association between age and religious commitment (r =.24, p =.001) and negative association between age and psychological distress (r = -.18, p =.01), which indicated that older subjects were more religious and less psychologically distressed.

Table 4. Moderating Role of Gender in the Relationship Between Religious Commitment and Psychological Distress

Predictor	B	SE	t	p
Constant	45.21	2.84	15.92	<.001
Religious Commitment	-0.61	0.08	-7.63	<.001
Gender	2.14	0.93	2.30	.022
RC × Gender	-0.18	0.07	-2.61	.010

Note. Gender coded 0 = Male, 1 = Female. *p* < .05, **p* < .01, ***p* < .001.

To test Hypothesis 1 and Hypothesis 2, however, moderation analysis was performed using Hayes PROCESS macro (Model 1) using 5,000 bootstrap samples. The primary impact of religious commitment on psychological distress was also substantial (B = -0.61, SE = 0.08, t = -7.63, p <.001), which implied that an increase in religious commitment had a significant impact on the decrease of the psychological distress. This observation is in line with Hypothesis 1.

The gender/religious commitment interaction term (B = -0.18, SE = 0.07, t = -2.61, p =.010) was also significant and shows that gender is an important mediator to the relationship between religious commitment and psychological distress. The primary gender influence was remarkable (B = 2.14, SE = 0.93, t = 2.30, p = .022), indicating that females experienced greater psychological distress, in general, in comparison with males.

A simple slope analysis showed that religious commitment had a negative impact on psychological distress for both males and females, but the effect was more in females (B = -0.79, p <. 001) than males (B = -0.61, p <. 001). This shows that, females have higher protection against psychological distress by the religious commitment as compared to males. These results validate Hypothesis 2. Figure 2 shows the pattern of interaction graphically.

Table 5. Moderating Role of Age in the Relationship Between Religious Commitment and Psychological Distress

Predictor	B	SE	t	p
Constant	47.36	3.12	15.18	<.001
Religious Commitment	-0.54	0.09	-6.00	<.001
Age	-0.21	0.08	-2.63	.009
RC × Age	-0.11	0.04	-2.75	.006

Note. Age is mean-centered. *p* < .05, **p* < .01, ***p* < .001.

Horizons testing Hypothesis 3: 5000 bootstrap samples in Hayes PROCESS Macro Model 1 were used to test Hypothesis 3 with moderation analysis. The most important organization to the psychological distress was religious commitment (B = -0.54, SE = 0.09, t = -6.00, p < .001), which also endorses the results of Table 4 and better supports Hypothesis 1.

The interaction term between religious commitment and age was significant (B = -0.11, SE = 0.04, t = -2.75, p = .006), indicating that age significantly moderates the relationship between religious commitment and psychological distress. The main effect of age was also significant (B = -0.21, SE = 0.08, t = -2.63, p = .009), indicating that older participants reported lower psychological

distress, on average. Simple slope analysis at different levels of age was conducted at one standard deviation below the mean (-1 SD = 20 years), at the mean (24 years), and at one standard deviation above the mean (+1 SD = 28 years). Results revealed that the negative relationship between religious commitment and psychological distress was strongest for relatively older students (B = -0.95, p < .001), followed by students at mean age (B = -0.54, p < .001), and weakest for younger students (B = -0.13, p < .05). These findings support Hypothesis 3, indicating that the protective effect of religious commitment against psychological distress increases with age. The interaction pattern is visually depicted in Figure 3.

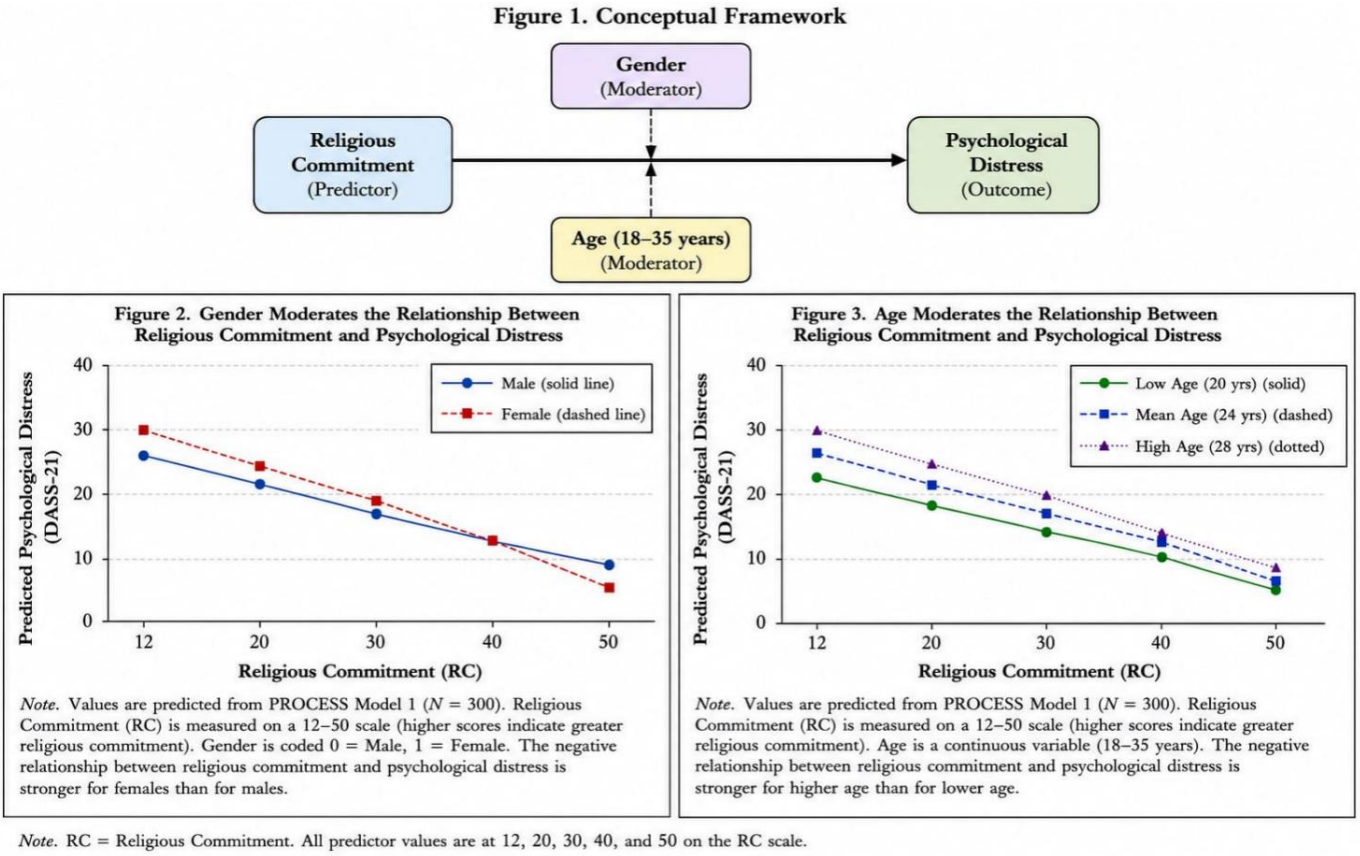

Figure 2: Gender moderates the relationship between religious commitment and psychological distress. Simple slopes are shown for males (solid line) and females (dashed line). The negative association is stronger for females (B = -0.79, p < .001) than for males (B = -0.61, p < .001).

Figure 3: Age moderates the relationship between religious commitment and psychological distress. Simple slopes are shown for low age (-1 SD = 20 years; solid line), mean age (24 years; dashed line), and high age (+1 SD = 28 years; dotted line). The negative association is strongest for relatively older students (B = -0.95, p < .001) and weakest for younger students (B = -0.13, p < .05).

Discussion

The current research explored the modulation aspects of gender and age in the correlation amid religious commitment and psychological distress among Pakistani adult learners. All the three hypotheses were supported. The psychological distress was largely predicted by religious commitment, which was stronger in female students than males, relatively older students than younger students in the range of 1835 years.

Religious Commitment and Psychological Distress

The results that religious commitment is a protective measure of psychological distress are consistent with previously existing literature on the Pakistani setting. According to a study by Khan, Watson, and Chen (2016), Muslim religious commitments are significant in helping to fight psychological distress amid Pakistani university students and especially during the response to the terrorism. On the same note, Rizwan, Shah, and Siddiqui (2023) discovered that young adults in Pakistan reported a lower rate of

suicidal behavior when they were regularly engaged in their religious practices than when irregular in their practices, attributing this characteristic to the protective nature of religious commitment as a culturally relevant source of mental health.

The average to high degree of religious commitment exhibited in our sample (M = 38.42, SD = 6.15) is in line with the past studies done on Pakistani Muslim populations in which religion is a part and parcel of life and its coping with adversity. The large negative correlation (r = -.48, p < .001) indicates that religious commitment might involve cognitive and emotive resources, including meaning-making, faith-based social support, and adaptive coping mechanisms, which alleviate psychological distress.

Gender as a Moderator

Gender differences in the strength of the protective role of religious commitment is interesting with females being more affected than males. Some of the past studies have noticed invariably gender variation in religious participation as well as psychological distress. It has also been argued that religiosity might be more related to well-being among women than men (Khan et al., 2016) because of many religious commitments that can act as a more convenient coping factor in women experiencing culturally specific stressors. Likewise, Jamali, Khan, Jamali, Shah, Jeetendar, and Kumari (2024) also discovered a markedly higher occurrence of depression, stress, and anxiety among female but not male undergraduates at a Pakistani university, which further confirms the fact that females are more prone to psychological distress.

Relation to the moderating effect of gender can be noted because in Pakistan, women have experienced increased social and economic stressors and hence a religious dedication is more readily available as a coping medium. Eschbaugh and Henninger (2013), also recreated that females displayed greater psychological suffering and showed readiness to seek assistance indicating gender distinct pathways in the religion-distress interaction.

Age as a Moderator

The result that religious commitment has a protective impact that remains stronger with age is in line with the developmental theories and coping theories. Noor (2008) established a notable complex interaction of work experience, age and religiosity in the predictability of well-being in Malay Muslim women, which evidences that age amplifies buffering influences of religiosity.

Older students (age 28+) members of our sample demonstrated the biggest negative correlation between religious commitment and distress (B = -0.95, p <.001), whereas the youngest students (age 20) demonstrated the weakest negative correlation (B =-0.13, p <5). The trend can indicate more internalization of religious values, a higher level of coping strategies, and previous experiences in life which can increase the usefulness of faith based coping behavior in older people. Likewise, Huang, Hsu and Chen (2012) discovered that religious involvement had considerable buffering effects, mediating the relationship between psychological issues (such as anxiety and depressive symptoms) and quality of life, older adults being perhaps better buffered by more internally meaningful religious systems that accrue over the years.

Theoretical and Practical Implications

Our results add to the stress-buffering model to show that religious commitment can be an effective protective variable within the framework of Pakistani Muslim culture. The moderation effects provide insight that demographic factors may be crucial to comprehending relationship between religion and distress. Butt et al. (2025) pointed out the important role that policymakers must develop culturally relevant support systems and mechanisms, including family and faith-based interventions, in developing a strategy to enhance public health outcomes.

In clinical practice, the religious commitment as a possible coping tool is to be considered by practitioners, who have to work with Pakistani university students. Interventions based on gender can be justified, as the protective effect is greater in females. Equally, age-specific methods of consideration of the developmental dynamics of faith-based coping have the potential to improve therapeutic results.

Limitations and Future Directions

There are a number of limitations that are to be made. First is that the cross sectional design does not allow causal inferences about the direction of relationships. Second, it was limited in terms of age (18-35 years), which restricts its ability to generalize to older adults. Third, using self-report measures can bring about the social desirability bias, especially on religious commitment. Fourth, the study failed to distinguish between intrinsic and extrinsic religious orientations that have been reported to have a different impact on the mental health outcome.

Future studies need to consider longitudinal designs to study how religious commitment develops and the protective impacts. Comparative studies of cross-cultural analyses of Muslim populations with other religions would shed more light on culturally peculiar mechanisms. Also further research of other possible moderators including religious coping styles, social support and socialeconomic status may offer a deeper explanation of the religion-distress relationship. Khan et al. (2016) observed that Muslim Experiential Religiousness moderated positive and negative religious coping with distresses, which implied that the quality of religious experience might be as significant as the amount of religious commitment.

Conclusion

The research problem addressed in the current study will be relevant to the increasing amount of literature on the relevance of religion and mental health in Pakistan because it proves that the religious commitment is relevant as a protective factor against psychological distress among students at the university level, moderated by gender and age. Such results may play a significant role in culturally competent mental health services and suggest that demographic variance should not be undervalued in the protective value of religious commitment.

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