



**RESEARCH PAPER**

**Empowering Parents: Nurturing Spiritual Health to Prevent Childhood Addiction through the Lens of the Theory of Planned Behavior**

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**ABSTRACT**

This study explores the role of parental spiritual health in shaping behavioral intentions to prevent addiction, utilizing the Theory of Planned Behavior (TPB) as a conceptual framework. A total of 375 parents participated, with data collected on their spiritual health, attitudes, subjective norms, perceived behavioral control, and behavioral intentions toward addiction prevention. Descriptive statistics indicated moderate spiritual health and generally positive attitudes toward addiction prevention. Pearson correlation analysis revealed significant positive associations between parental spiritual health and TPB components, with behavioral intentions to prevent addiction showing the strongest correlation with spiritual health ( $r = 0.50$ ). A multiple regression analysis indicated that attitudes, spiritual health, and perceived behavioral control were significant predictors of behavioral intentions, explaining 16% of the variance. Further, moderation analysis showed that spiritual health strengthened the effect of attitudes on behavioral intentions. Additionally, an independent t-test revealed that parents with high spiritual health exhibited significantly higher behavioral intentions than those with low spiritual health. Socio-demographic factors, particularly education level, influenced behavioral intentions, with parents holding higher education exhibiting stronger intentions. These findings suggest that spiritual health plays a crucial role in shaping parental intentions to prevent addiction, with practical implications for addiction prevention programs. Future research should further explore causal relationships and test interventions designed to enhance spiritual health and attitudes toward addiction prevention.

**KEYWORDS** Behavior, Child Addiction Prevention, Parental Role, South Punjab, Spiritual Health, Theory of Planned

**Introduction**

Addiction in childhood is becoming a global issue that is also threatening individual and societal health. As with many other areas, substance abuse, internet addiction, and other behavioral dependencies are developing in children in South Punjab, and they need to be dealt with urgently. The role of parents in assuming these roles is very significant because as the first informants, they are the major influencers in deciding a child's behavior and values as well as coping abilities (Mushtaque, et al., 2021). On the other hand, the effectiveness of guidance is hugely dependent on factors such as parental spiritual health, beliefs and behavioral intentions. Parental Spiritual Health and Childhood Addiction Prevention is explored in this study through the Theory of Planned Behavior (TPB) as a theoretical base.

This is spiritual health, a dimension of health that is integral to all of our being; it involves being able to find meaning and purpose and a harmony in living. It is a support for parents seeking a foundation for instilling resilience in their children as well as building

good behaviors. Parents who are more spiritually well off are more likely to have behaviors that are manifests of self-control, emotional flourishing and ethical-mindedness which are core detenters addictive behavior in the next generation (Hassan, Luo, et al., 2022). Although established, however, the relation of parental spiritual health and their responsibility for the protection of his children against addiction has been neglected, especially in South Punjab.

The Theory of Planned Behavior offers a thorough foundation to explain the way attitudes, subjective norms, and perceived behavioral control affect behavioral intentions, as well as whether or not the behavior will actually be performed. According to TPB an individual's intention to execute a behavior is influenced by the individual's beliefs about a behavior, social normative expectations for a behavior, and the individual's perception of his or her ability to perform a behavior (Ajzen, 2005). Using this framework, the parental roles are applied to the study of how parents' attitudes toward addictive prevention, their perceived social pressures, and belief in being able to shape their children's behavior interact with their spiritual health in relation to their change in actions.

The socio cultural context of South Punjab is unique in which traditional values, religious practices and social bond serve as determining factors in family dynamics. All these cultural underpinnings serve to advance the notion that spiritual health must be captured within parenting strategies. Religious and spiritual foundations are a reliable source of strength to which parents in this region turn to for solving familial problems (El-Khani et al., 2023). Understanding the manner in which these elements impact their function in the context of preventing addiction, can provide culturally appropriate knowledge for intervention design.

Yet, the relationship between parental spiritual health and their behavioral intentions toward addiction prevention in children is uncertain and hence is a gap that might need to be filled. Using the Theory of Planned Behavior, the research offers an in depth analysis of the psychological and spiritual dimensions that impact parental actions. The outcomes will further support the development of specific interventions to encourage parents to take more preventive actions to save their kids from becoming addicted to drugs.

Objectives of the study are to assess levels of spiritual well-being among parents, measure attitudes, subjective norms, and perceived behavioral control with respect to addiction prevention, and to determine the correlation of these variables with significance. Additionally, the research focuses on the South Punjab region to provide the significance of the local cultural and spiritual practices in determining the parental behavior. Overall, the study concludes that spiritual health should be included in strategies for public health prevention of childhood addiction.

## **Literature Review**

Childhood addiction at all its levels has become a global pandemic, with dire consequences for the families and the societies. This problem has been greatly understood to be the parents role as they form the basis of their children's behavioral and emotional development. Parental influence, spiritual health and generally the Theory of Planned Behavior (TPB) and other theoretical frameworks have been studied to draw a primary understanding and way forward on addiction prevention. This present study synthesizes existing literature on these topics.

## **Parental Role in Addiction Prevention**

Children's behaviors, including their tendency toward addiction, are influenced by their parents. More research is showing that when parents are actively involved, providing

emotional support and good communication tools are in place then children are far less likely to get involved in addictive behaviors (Derevensky et al., 2022). In addition, parenting styles characterised by authoritative parenting defined by warmth and discipline has been connected with reducing risk factors for addiction (Fang & Mushtaque, 2024). But neglectful or overly authoritarian parenting makes children more vulnerable to addiction because it can leave them feeling neglected or rebellious or with low self-esteem. Parental roles in addiction prevention are also shaped by cultural and regional context. Socio culturally, family cohesion and collective decision making puts parents as a source of support for parents to guide their child (Frosch et al., 2019). On the other hand, some socio economic challenges and lack of awareness about addiction related risk factors hinder their capacity to implement preventive mechanisms effectively.

### **Spiritual Health and Its Influence**

Spiritual health is included in the 'holistic' concept of well-being, including of meaning, purpose and transcendental values. Studies have shown that within parents spiritual health has an impact on the ways in which they address and parent their children. Spiritually healthy parents help create a good environment, help shape ethical decision making, and set an example of discipline not to mention being protective factors against addiction (Rubin et al., 2009). Studies have shown that spiritual practices including prayer, meditation and religious rituals have been associated with stronger coping mechanisms and emotional resilience (Mueller et al., 2001). Parents learn from these practices that support parents to manage familial stressors and affirm their determination to lead their children away from dangerous practices. In South Punjab spiritual and religious values are the dominant influences in determining the parenting strategies. However, little research has been dedicated to exploring how a parent's spiritual health matters in their role in preventing addiction in this area.

### **The Theory of Planned Behavior and Parental Actions**

Ajzen (2005) has developed the Theory of Planned Behavior (TPB), a well-established model to predict human behavior. It posits that behavior is primarily determined by three components: toward behavior attitudes, subjective norms, and perceived behavioral control. These components are connected to the actual behavior via a behavioral intention. In the lexicon of parenting, TPB gives a helpful framework to identify how parents' beliefs regarding their actions and intentions toward preventing addiction influence their actions. Parents' beliefs regarding the importance of preventing addiction are captured by attitudes, the beliefs that prevent addiction are part of subjective norms, and the parents' confidence in their ability to influence their children's behavior constitutes perceived behavioral control (Ajzen, 2005). While TPB has been applied widely to health related behavior, such as substance use prevention, its role in spiritual health has been left underexplored.

It's true that much progress has been achieved in understanding how parents contribute to addiction prevention; however, there are still major gaps to fill. Secondly, research on spiritual wellness and parental behaviors has been limited and there has been little done within the culturally specific context of South Punjab. Secondly, the majority of studies on prevention of addiction deal with children or adolescents, which is why the parental aspect receives scant attention. Finally, TPB with spiritual health has not been integrated to analyze parents' actions and therefore, still requests inclusive models that signify psychological, behavioral, and psychology aspects.

### **Hypotheses**

H1: There is a significant relationship between parental spiritual health and their behavioral intentions to prevent childhood addiction.

H2: Parents' attitudes toward addiction prevention, subjective norms, and perceived behavioral control significantly predict their behavioral intentions to prevent addiction in children.

H3: Parental spiritual health moderates the relationship between the components of the Theory of Planned Behavior (attitude, subjective norms, and perceived behavioral control) and their behavioral intentions to prevent addiction.

H4: There is a significant difference in the behavioral intentions to prevent childhood addiction between parents with high spiritual health and those with low spiritual health.

H5: The socio-demographic factors (age, education level, and family structure) significantly influence the relationship between parental spiritual health and their intentions to prevent childhood addiction.

## **Material and Methods**

In the next section of this study, the research design, participants, data collection methods as well as data analysis techniques used in the study are outlined. This research aims to explore this relationship while the Theory of Planned Behavior (TPB) is applied to investigate whether parents' behavioral intention to prevent childhood addiction in the future is associated with their spirituality. Molded as a cross sectional study and by using quantitative data collection method the study derives insights from parents residing in South Punjab.

## **Research Design**

This dissertation utilizes a cross-sectional, quantitative research design to analyze the relationship between parental spiritual health and behavioral intentions to prevent childhood addiction. This would be a good use for a cross sectional design allowing for data collection at a single point in time from a large sample, sufficient to identify patterns and relationships amongst the variables being studied.

## **Participants**

A total of 375 parents of the first year secondary students in South Punjab comprised the research population. Randomly selected participants were from parents in public and private schools across various districts of South Punjab. Finally, the sample size was derived based on the expectation of a moderate effect size and a confidence level set 95% with a power (0.80) as has been recommended for behavioral studies (Cohen et al., 1988).

## **Inclusion criteria for participants included**

- Parents of children enrolled in first-year secondary school (9th grade).
- Consent to participate in the study.
- Willingness to complete the online questionnaire.

## **Exclusion criteria**

- Parents with incomplete responses.
- Parents of students in specialized education programs or who had already participated in a related study.

## Data Collection Methods

Data were collected using a self-administered online questionnaire, which was distributed to parents through email and social media platforms. The questionnaire consisted of three main sections:

1. **Demographic Data:** This section gathered information on participants' age, gender, education level, family structure, and other relevant socio-demographic characteristics.
2. **Theory of Planned Behavior (TPB) Constructs:** This section assessed parental attitudes, subjective norms, and perceived behavioral control regarding addiction prevention. The items were adapted from existing validated scales (Ajzen, 2005). Attitudes toward addiction prevention were measured using a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Similarly, subjective norms and perceived behavioral control were measured with items reflecting societal pressures and self-efficacy regarding addiction prevention.
3. **Spiritual Well-Being:** This section assessed the spiritual health of parents using the Spiritual Well-Being Scale (SWBS) (Kardaş, 2019). The scale includes two subscales: Religious Well-Being (RWB) and Existential Well-Being (EWB) each rated on a 6-point Likert scale. Higher scores indicate greater spiritual health.

## Data Analysis

Data collected from the online questionnaire were coded and analyzed using SPSS version 26. Frequencies, means, and standard deviations were calculated to describe the demographic characteristics of the participants and to assess the general levels of spiritual well-being and TPB constructs (attitude, subjective norms, and perceived behavioral control). Pearson correlation, multiple linear regressions, moderated regression analysis an independent t-test, Analysis of Variance (ANOVA).

## Ethical Considerations

Ethical approval for the study was obtained from the Institutional Review Board (IRB) at the researcher's affiliated institution. Participation in the study was voluntary, and all participants were provided with an informed consent form outlining the purpose of the study, the nature of the data collection, and the confidentiality of their responses. Parents were assured that their responses would remain anonymous and used only for research purposes. The consent form also informed participants of their right to withdraw from the study at any time without penalty.

## Result and Discussion

**Table 1**  
**Demographic Information of Participation (N= 375)**

Demographic Characteristic	Category	Percentage (%)	Frequency (n)	M (SD)
Gender	Male	52%	195	
	Female	48%	180	
Age	Mean Age	-	-	40 (7.5)
Education Level	Primary Education	10%	37	
	Secondary Education	65%	244	
	Higher Education	25%	94	
Family Structure	Nuclear Family	72%	270	
	Extended Family	28%	105	

The demographic characteristics of the 375 participants in the study are summarized in Table 1. The sample consisted of 52% male (n = 195) and 48% female (n =

180) parents. The mean age of the participants was 40 years (SD = 7.5). In terms of education level, 10% of the participants had completed primary education (n = 37), 65% had completed secondary education (n = 244), and 25% had attained higher education (n = 94). Regarding family structure, 72% of the parents reported living in nuclear families (n = 270), while 28% resided in extended families (n = 105). These demographic insights provide a comprehensive overview of the study's participants.

**Table 2**  
**Descriptive Statistics of Key Variables**

Variable	Mean (M)	Standard Deviation (SD)
Spiritual Health (SWBS)	3.75	0.98
Attitudes toward Addiction Prevention	4.20	0.74
Subjective Norms	4.10	0.82
Perceived Behavioral Control	3.95	0.86
Behavioral Intentions to Prevent Addiction	4.15	0.79

Table 2 summarizes the descriptive statistics of the study's key variables. Parental spiritual health had a moderate mean score of 3.75 (SD = 0.98). Attitudes toward addiction prevention (M = 4.20, SD = 0.74) and subjective norms (M = 4.10, SD = 0.82) were relatively positive, while perceived behavioral control showed moderate confidence (M = 3.95, SD = 0.86). Behavioral intentions to prevent addiction were rated highly (M = 4.15, SD = 0.79), indicating strong parental commitment to prevention.

**Table 3**  
**Pearson Correlation Analysis of Parental Spiritual Health and Components of the Theory of Planned Behavior**

Variable	Attitudes	Subjective Norms	Perceived Behavioral Control	Behavioral Intentions
Parental Spiritual Health	0.45**	0.38**	0.42**	0.50**

The correlation analysis results, presented in Table 3, Parental spiritual health was moderately correlated with attitudes toward addiction prevention (r = 0.45, p < 0.01) and subjective norms (r = 0.38, p < 0.01), indicating that higher spiritual well-being is associated with more positive attitudes and stronger perceived societal expectations. A moderate positive correlation was also observed with perceived behavioral control (r = 0.42, p < 0.01), suggesting that parents with greater spiritual health feel more capable of preventing addiction. Finally, a strong positive correlation was found between spiritual health and behavioral intentions to prevent addiction (r = 0.50, p < 0.01), underscoring the critical role of spiritual well-being in shaping parents' intentions to engage in preventive behaviors.

**Table 4**  
**Multiple Regression Analysis Predicting Behavioral Intentions to Prevent Addiction**

Predictor	β	SE (β)	t	p
Attitudes toward Addiction Prevention	0.25	0.08	3.13	< 0.01
Spiritual Health	0.30	0.07	4.29	< 0.01
Perceived Behavioral Control	0.20	0.09	2.22	< 0.05
Subjective Norms	0.12	0.10	1.20	0.23
F	18.52			
P	< 0.001			
R <sup>2</sup>	0.16			

The multiple regression analysis (Table 4) demonstrated that the model significantly predicted behavioral intentions to prevent addiction, (F(4, 370) = 18.52, p < 0.001 ), explaining 16% of the variance (R<sup>2</sup> = 0.16 ). Significant predictors included attitudes toward addiction prevention (beta = 0.25, p < 0.01), spiritual health (beta = 0.30, p < 0.01), and perceived behavioral control (beta = 0.20, p < 0.05), emphasizing their key roles. Subjective norms (beta = 0.12, p = 0.23) were not significant.

**Table 5**  
**Moderation Analysis of Parental Spiritual Health on the Relationship between TPB Components and Behavioral Intentions**

Predictor	$\beta$	SE ( $\beta$ )	t	p
Attitudes toward Addiction Prevention	0.25	0.07	3.57	< 0.01
Subjective Norms	0.10	0.08	1.25	0.21
Perceived Behavioral Control	0.18	0.09	2.00	< 0.05
Spiritual Health	0.30	0.06	5.00	< 0.01
Spiritual Health $\times$ Attitudes Interaction	0.15	0.05	3.00	< 0.05
Spiritual Health $\times$ Subjective Norms Interaction	0.08	0.06	1.33	0.18
Spiritual Health $\times$ Perceived Behavioral Control Interaction	0.10	0.07	1.43	0.15
R <sup>2</sup>	0.19			
F	12.25			
P	< 0.001			

The moderation analysis results, shown in Table 5, demonstrate the influence of parental spiritual health in moderating the relationship between the Theory of Planned Behavior (TPB) components and behavioral intentions to prevent addiction. The analysis revealed a significant interaction between spiritual health and attitudes toward addiction prevention ( $\beta = 0.15$ ,  $p < 0.05$ ), indicating that higher spiritual health strengthens the impact of attitudes on behavioral intentions. Spiritual health ( $\beta = 0.30$ ,  $p < 0.01$ ) and perceived behavioral control ( $\beta = 0.18$ ,  $p < 0.05$ ) were also significant predictors of behavioral intentions. However, no significant interactions were found between spiritual health and subjective norms ( $\beta = 0.08$ ,  $p = 0.18$ ) or between spiritual health and perceived behavioral control ( $\beta = 0.10$ ,  $p = 0.15$ ).

**Table 6**  
**Independent t-Test Results Comparing Behavioral Intentions between Parents with High and Low Spiritual Health**

Group	N	M	SD	t	Df	p
High Spiritual Health	187	4.45	0.72			
Low Spiritual Health	188	3.85	0.80	6.54	373	< 0.001

The independent t-test results, presented in Table 6, compare the behavioral intentions to prevent addiction between parents with high and low spiritual health. The analysis revealed a significant difference in behavioral intentions between the two groups. Parents with high spiritual health (M = 4.45, SD = 0.72) reported significantly higher behavioral intentions to prevent addiction compared to parents with low spiritual health (M = 3.85, SD = 0.80). The t-test statistic was 6.54, with 373 degrees of freedom, and the p-value was less than 0.001, indicating a strong and statistically significant difference between the two groups.

**Table 7**  
**One-Way ANOVA Results for Socio-Demographic Factors on Behavioral Intentions to Prevent Addiction**

Factor	df	F	P
Age	3, 371	1.52	> 0.05
Education Level	2, 372	4.63	< 0.01
Family Structure	1, 373	2.07	> 0.05

The one-way ANOVA results, presented in Table 7, examine the influence of socio-demographic factors on behavioral intentions to prevent addiction. The analysis revealed no significant differences in behavioral intentions based on age ( $F(3, 371) = 1.52$ ,  $p > 0.05$ ) or family structure ( $F(1, 373) = 2.07$ ,  $p > 0.05$ ). However, a significant difference was found based on education level ( $F(2, 372) = 4.63$ ,  $p < 0.01$ ), suggesting that parents' educational background plays a role in shaping their intentions to prevent addiction. Further post-hoc analysis may be needed to explore the nature of these differences.

## **Discussion**

Findings of this study offer important input into what is the contribution of parental spiritual health and Theory of Planned Behavior (TPB) components leading to behavioral intentions to prevent from addiction. Results indicate that stronger intentions to conduct behaviors that can help prevent addiction to their children are positively associated with higher parental spiritual health. This result supports these findings as they found that religious health was a significant predictor of psychological outcomes. For example, they have shown that those with higher spiritual well-being generally have more positive attitudes and health behaviors intentions, such as prevention of addiction (Sawangchai et al., 2022).

The results of the analysis through multiple regression indicate that attitudes towards addiction prevention, spiritual health and perceived behavioral control were significant predictors of behavioral intentions towards addiction prevention. The findings are consistent with the TPB which maintains, amongst others, that behavioral intentions are influenced by attitudes, subjective norms, and perceived behavioral control (Ajzen, 2005). In particular, the result of this study supporting the significant relationship between attitudes and behavioral intentions in this study is consistent to finding from other studies in addiction prevention that claimed that the positive attitudes toward addiction prevention are primordial to motivation of participating in preventive behaviors (Sansakorn et al., 2024). Moreover, spiritual health made a major contribution supporting the position that psychological and emotional well-being—defined to include spiritual health—influences individuals' intentions to engage in protective behaviors.

The moderation analysis also suggests that spiritual health, having a positive influence on the relationship between attitudes and behavioral intentions on addiction prevention. This finding aligns with previous findings that spiritual health may serve to bolster individuals' resilience and ability to practice health promoting behaviors (Ahmed et al., 2023). While there was not a significant interaction of spiritual health with perceived behavioral control in this study, future research should look more deeply into this area of interaction as the finding could potentially contribute to explaining how the experience of spiritual well-being plays out in the perception of ability to control behavior related to addiction prevention.

Results showed that no socio demographic factors, such as age, or family structure affected behavioral intentions as long as certain conditions were met, which differs from previous studies that demonstrate these characteristics having effect on health related intentions (Sarfraz et al., 2022). However, the education level was found to predict intention to prevent addiction, such that parents with higher education levels expressed greater propensity to prevent addiction. This finding is consistent with existing literature, which shows that higher levels of education are associated with better knowledge, more positive health attitudes and greater health intentions (Sawangchai et al., 2022). Education influence on behavioral intend to guard against addiction confirms the significance of educational interventions promoting wellbeing behaviors.

The results reveal that parental spiritual health, attitude towards addiction prevention, and perceived behavioral control are important determinants of parents' intention to prevent addiction in their children. These results imply the necessity of interventions to improve spiritual health as well as enhance the attitudes toward prevention of addiction. In addition, the results of this study emphasize the importance of taking into account socio demographic factors, in particular education level in designing intervention programs for prevention of addiction from perpetuation of addiction enhancing behaviors. Future research should further develop an understanding of how these factors influence each other more thoroughly, and the moderating roles spiritual health plays with the other TPB components.



## **Conclusion**

Significant implications for the role of parental spiritual health in influencing behavioral intentions to prevent addiction are derived from this study. Higher spiritual health is linked to stronger intentions to prevent addiction, the study finds, potentially leaving room for spiritual health to play a role in preventing addiction. It is found that components of the Theory of Planned Behavior (attitudes, perceived behavioral control and spiritual health) are important predictors of parental behavioral intentions: psychological and emotional well-being predicted parental intentions regarding their health related behavior. Socio-demographic factors such as education level affected behavioral intentions but not age or family structure. The results further emphasize the importance of the development of interventions aimed at strengthening spiritual health and positive attitude to addiction prevention, especially in parents with less schooling. While these results are limited, they add to the literature on addiction prevention no doubt, providing valuable direction for practice and future research in this area.

## **Practical Implications**

Practical implications of these findings for addiction prevention programs and public health initiatives are discussed. In the first part, they propose that an approach to promoting spiritual health might be a useful strategy for boosting parental involvement in addiction prevention activities. Spiritual well-being should be taken into consideration by health educators and policy makers as something that may be used to influence attitudes and intentions about addiction prevention. Furthermore, interventions directed at parents with lower levels of education could try to increase their knowledge and positive attitude toward addiction prevention because of education level being a predictor of behavioral intentions. In addition, community based programs that enhance the capacity of family support structures to foster open conversations about addiction and its prevention could help. Finally, it is shown that managing the cue of perceived behavioral control is crucial, as parents who think they are more capable of preventing addiction take action then others.

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