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Exploring the Interplay between Religion, Health, and Subjective Well-Being in Turkey

Türkiye'de Din, Sağlık ve Öznel İyi Olma Hali Arasındaki Etkileşimin Araştırması

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Abstract

Religion, a primary part of human life, has long been granted as an influential drive shaping individuals' beliefs, values, and behaviors. It permeates numerous aspects of life, granting support, guidance, and a sense of purpose to billions of adherents around the world. This paper investigates the intricate link between subjective well-being and religion by focusing on the influence of religious beliefs and practices on happiness, life satisfaction, and subjective health outcomes. While previous findings have provided inconsistent evidence about this relationship, most of it has been conducted in Western and Judeo-Christian contexts. Even though there are few studies addressing religion and subjective well-being in Turkey this study presents a different perspective by surveying national-level data from Turkey. Existing literature on religion and subjective well-being presents a divided narrative; while some studies suggest that religion positively affects well-being, others claim that it has negative or neutral effects. However, this paper enhances the existing literature by exploring these relationships within the framework of Islamic beliefs and practices examining how religious beliefs and practices influence subjective well-being outcomes in the Muslim framework. The study analyzes subjective well-being, including happiness and life satisfaction, in both cognitive and emotional dimensions. It also explores the connections between religion and subjective mental and physical health investigating the possible moderating effect of religion on Subjective wellbeing and health outcomes. First, it explores the moderating role of religion in the association of subjective well-being and subjective health. In addition, from an Islamic viewpoint, this study focuses on the multiple dimensions of religiosity in a Muslim-populated nation where religious membership and participation concepts vary from Western Christian societies. Islamic beliefs emphasize the importance of living a disciplined and devoted life by focusing on inner virtues and moral behavior. Islam advances a perception of happiness that transcends hedonism and highlights eudaimonic well-being by prioritizing the hereafter over worldly pleasures. The impact of religion on the well-being of Turkey, which has a unique cultural and political structure, is complex. This dichotomy of being secular and religious at the same time allows for significant religious differences, making Turkey an interesting subject of study. The research uses a series of hypotheses exploring the links between religion, happiness, life satisfaction, and health. Its aim is to reveal the relationships between these variables and to determine how religiosity directs these relationships. In addition, the research also investigates how subjective well-being results differ depending on the level of religiosity in Turkey. The data of this study are based on the well-known World Values Survey (WVS) 2012. Three dependent variables were used in the study: happiness, life satisfaction, and subjective health. Three religious determinants measure religious beliefs and practices, and a set of control variables accounts for sociodemographic factors. The findings of this study will contribute to a more nuanced understanding of the complex interaction between religion and health and well-being in different cultural and religious settings. The results present a series of multinomial logistic regression models designed to explore the relationships between independent variables and dependent outcomes. These models discover complex patterns in the data and offer insights into direct and indirect effects, as well as the moderating role of religion in mental health outcomes.

Key Words: Religion, Subjective Well-Being, Health, Islam, Turkey.

Türkiye'de Din, Sağlık ve Öznel İyi Olma Hali Arasındaki Etkileşimin Araştırması

Öz

Din, insanlık tarihi boyunca, bireylerin inanç sistemlerini, değer yargılarını ve davranış biçimlerini şekillendiren güçlü bir etken olarak varlığını sürdürmüştür. Milyarlarca insan için bir amaç, rehberlik ve anlam içeren din, hayatın çeşitli alanlarına derinlemesine nüfuz etmektedir. Mutlu olma, hayattan memnun olma, ve sağlıklı bir hayata sahip olma isteği insanlığın en temel amaçlarını teşkil etmektedir. Bu makale, dini inançlar ve pratiklerin insanların mutluluk, yaşam doyumu ve genel sağlık durumları üzerindeki etkisini incelemekte ve bu konudaki karmaşık ilişkiyi aydınlatmayı amaçlamaktadır. Bu ilişkinin tespiti üzerine yapılan daha önceki çalışmalar, çeşitli sonuçlar ortaya koymuş olsa da, bu çalışmaların büyük bir kısmı Batı dünyası ve Yahudi-Hristiyan kültürleri üzerinden gerçekleştirilmiştir. Her ne kadar bu konuda bazı çalışmalar yapılmış olsa da, Türkiye gibi Batılı olmayan ve çoğunlukla Müslüman nüfusa sahip fakat seküler ve demokratik bir yönetime sahip bir ülkeden elde edilen verileri ulusal düzeyde analiz ederek, konuya dair yeni ve farklı bir perspektif sunmaktadır. Bu çalışma ayrıca dinin mutluluk ve yaşam doyumu gibi insanların "iyi olma hali" ile öznel sağlık algıları arasındaki ilişkiye doğrudan ve dolaylı olarak nasıl bir etkide bulunduğunu da araştırmaktadır. Bu çalışmada kullanılan ulusal ölçekteki veri seti, 2012 yılında gerçekleştirilen Dünya Değerler Araştırması'ndan alınmıştır. Din, öznel iyi olma hali ve bedensel sağlık üzerine mevcut literatür incelendiğinde, araştırmacılar arasında bir görüş birliği olmadığı açıkça görülmektedir. Bazı araştırmalar, dini inançların bireylerin iyi olma halini olumlu yönde etkileyebileceğini savunurken, diğer bazı çalışmalar ise bu etkinin olumsuz veya nötr olduğunu iddia etmektedir. Bu makale, Müslüman bir ülkede dini inanç ve pratiklerin öznel iyi olma ve beden sağlığı üzerindeki etkisini inceleyerek, bu konudaki mevcut bilgi birikimine katkıda bulunmayı hedeflemektedir. Çalışmamız, öznel iyi olma halini hem bilişsel hem de duygusal boyutlarıyla ele alarak, mutluluk ve yaşam memnuniyeti gibi konuları incelemektedir. Ayrıca, dinin bireylerin fiziksel ve zihinsel sağlıkları üzerindeki etkilerini de araştırmaktadır. Dinin, iyi olma hali ve

sağlık arasındaki ilişki de düzenleyici bir rol oynayıp oynamadığını incelemekte, bu bağlamda Türkiye özelinde dindarlık kavramının çeşitli boyutlarına odaklanmaktadır. İslam, bireyleri içsel erdemlere ve ahlaki davranışlara yönlendiren, disiplinli ve fedakar bir yaşam tarzını teşvik eden bir dindir. Bu inanç sistemi, dünyevi zevklerin ötesine geçen ve ahireti merkeze alan bir mutluluk anlayışını benimsemektedir. Türkiye'nin kendine has kültürel ve siyasi yapısı, dinin toplum üzerindeki etkilerini karmaşık bir hale getirmekte, laik ve dindar unsurlar arasındaki dengeyi sürdürmeye çalışmaktadır. Bu ikilem, Türkiye'yi dini inanç ve pratiklerin iyi olma hali üzerindeki etkilerini incelemek için oldukça ilginç bir vaka haline getirmektedir. Bu araştırma, dinin mutluluk, yaşam doyumu ve sağlık üzerindeki etkilerini anlamak amacıyla bir dizi hipotez kullanmaktadır. Bu çalışma nicel veri seti olarak, 2012 Dünya Değerler Araştırması'ndan elde edilen veriler kullanılmaktadır. Araştırmada, mutluluk, yaşam memnuniyeti ve öznel sağlık olmak üzere üç bağımlı değişken; dini inanç ve uygulamaları ölçen üç dini belirleyici ve sosyodemografik faktörleri açıklayan bir dizi kontrol değişkeni kullanılmıştır. Sonuç olarak, bu çalışma, dini inanç ve pratiklerin öznel iyi olma hali üzerindeki etkilerini Türkiye özelinde inceleyerek, literatürdeki mevcut boşluğu doldurmakta ve Batılı olmayan, Hıristiyan olmayan bir toplumda dinin refah üzerindeki etkilerine dair kapsamlı bir anlayış sunmaktadır. Elde edilen bulgular, farklı kültürel ve dini bağlamlarda din ile öznel iyi olma hali arasındaki ilişkinin daha derinlemesine anlaşılmasına katkıda bulunacaktır. Sonuçlara bakıldığında, bağımsız ve bağımlı değişkenler arasındaki ilişkileri araştırmak için tasarlanmış bir dizi çok terimli lojistik regresyon modeli sunmaktadır. Bu modeller verilerdeki karmaşık kalıpları keşfetmekte ve doğrudan ve dolaylı etkilerin yanı sıra dinin iyi olma hali sonuçlarındaki düzenleyici rolüne dair içgörüler sunmaktadır.

Anahtar Kelimeler: Din, İyi Olma Hali, Sağlık, İslam, Türkiye.

Introduction

Religion has played a significant and multifaceted role in societies across the world, shaping the beliefs, values, and lifestyles of people. While it is an age-old subject of interest and inquiry, over the centuries, Turkey has stood at the crossroads of religious traditions, with Islam as the dominant faith and hosting significant Christian and Jewish communities. This unique cultural and religious atmosphere provides a compelling backdrop to explore how religion impacts the subjective well-being of its inhabitants.

The existing body of literature provides a nuanced view of the connection between religion, health and well-being. Some studies suggest that religion serves as a positive determinant of happiness and life satisfaction[1]. It is posited that religion provides individuals with a sense of purpose, social support networks, and a moral framework, all of which contribute to elevated subjective well-being. Moreover, religious beliefs and practices can offer solace in times of adversity and foster resilience, further bolstering overall life satisfaction. The link between religion and health is well-documented, with research indicating a protective effect of religious involvement on mortality and demonstrating that religious practices may have as much or more impact on longevity as certain established health behaviors[2].

Recent studies have shed light on the "dark side" of religion, revealing potential negative effects on mental health and well-being. While many studies have traditionally emphasized the positive effects of religious belief, critics such as Ellis[3] (1962, 1983) have indicated that certain sides of religious experience could have harmful consequences. This "dark side" of religion, as

[1] C. G. Ellison - J. S. Levin, "The Religion-Health Connection: Evidence, Theory, and Future Directions", *Health Education & Behavior: The Official Publication of the Society for Public Health Education* 25/6 (1998), 700–720; Ali Ayten, "Din ve Sağlık: Bireysel Dindarlık, Sağlık Davranışları ve Hayat Memnuniyeti İlişkisi Üzerine Bir Araştırma", *Dinbilimleri Akademik Araştırma Dergisi* 13/3 (2013), 7–31; Akgün Yeşiltepe et al., "Investigation of the Effect of the Life Satisfaction and Psychological Well-Being of Nursing Students on Their Happiness Levels", *Perspectives in Psychiatric Care* 58/2 (2022), 541–548; Morgan Green - Marta Elliott, "Religion, Health, and Psychological Well-Being", *Journal of Religion and Health* 49/2 (2010), 149–163.

[2] Yoichi Chida et al., "Religiosity/Spirituality and Mortality: A Systematic Quantitative Review", *Psychotherapy and* Psychosomatics 78/2 (2009), 81–90; Kai Li et al., "The Effects of Subjective Social Class on Subjective Well-Being and Mental Health: A Moderated Mediation Model", *International Journal of Environmental Research and Public Health* 20/5 (2023), 4200; Liman Man Wai Li et al., "Societal Emphasis on Religious Faith as a Cultural Context for Shaping the Social-Psychological Relationships Between Personal Religiosity and Well-Being", *Journal of Cross-Cultural Psychology* 53/3–4 (2022), 306–326; Giancarlo Lucchetti et al., "Impact of Spirituality/Religiosity on Mortality: Comparison With Other Health Interventions", *Explore* 7/4 (2011), 234–238.

[3] Albert Ellis, *The Case against Religiosity* (New York: Institute for Rational Emotive Therapy, 1983), 343-348.

documented by Exline[4] (2002) and Pargament[5] (2002), comprises spiritual strains, including interactional (divine) struggle, intrapsychic struggle, and interpersonal struggle within religious communities. Interactional struggle involves troubled relationships with God, often leading to feelings of estrangement, judgment, or abandonment, which can contribute to mental health issues such as depression and suicidal ideation. Similarly, intrapsychic struggle with sustaining faith and negative interactions within faith communities can also significantly impact emotional well-being, particularly among clergy and lay leaders[6]. This growing body of literature highlights the nuanced and complex relationship between religion and subjective well-being, underscoring the need to explore its potential adverse effects further[7].

In addition to its impact on mental well-being, religion has also been associated with subjective-rated physical health. Research indicates that individuals who actively engage with their religious beliefs and communities tend to report better physical health[8]. The mechanisms behind this relationship are manifold and may include reduced stress levels, healthier lifestyle choices, and increased social integration within religious communities. However, it is essential to recognize that the relationship between religion and well-being is not one-size-fits-all, and this paper seeks to explore the contextual nuances within Turkey. This article hypothesizes that the influence of religion on well-being may vary across different religious levels of religious commitment, and socio-demographic factors.

Furthermore, this study aims to investigate whether religion moderates subjective well-being over subjective physical health within the Turkish context. While the positive influence of religion on subjective well-being has been widely documented, it remains an intriguing question whether these effects differ from those on physical well-being. We intend to explore the mechanisms underlying this potential moderating effect.

This paper enhances the existing studies in some ways. First, to analyze subjective well-being that has multi-dimensional complexity such as cognitive vs. affective, this article includes both aspects of the issue that are happiness and life satisfaction. Second, the research evaluates the relationship between religion, and subjective mental and physical health in a Muslim-populated nation. Third, the present paper not only investigates the association between religion and subjective health outcomes but also exhibits how religion moderates the relationship between those outcomes. Last, Turkey has become a more interesting nation for academic inquiry, particularly during the last two decades, due to its unique geopolitical position, dynamic socio-economic transformations, and rich cultural heritage.2. Theoretical and Empirical Background

The association between religion, health, and subjective well-being (SWB) is a multifaceted topic that has been studied through various theoretical perspectives and empirical inquiries. The interplay among these factors is complicated, and they usually interact with each other directly

[4] Julie Juola Exline, "Stumbling Blocks on the Religious Road: Fractured Relationships, Nagging Vices, and the Inner Struggle to Believe", *Psychological Inquiry* 13/3 (2002), 182–189.
[5] Kenneth I. Pargament, "The Bitter and the Sweet: An Evaluation of the Costs and Benefits of Religiousness," *Psychological Inquiry* 13/3 (July 2002), 168–181.
[6] Neal Krause et al., "Church-Based Emotional Support, Negative Interaction, and Psychological Well-Being: Findings from a National Sample of Presbyterians", *Journal for the Scientific Study of Religion* 37/4 (1998), 725–741; Julie Juola Exline et al., "Guilt, Discord, and Alienation: The Role of Religious Strain in Depression and Suicidality", *Journal of Clinical Psychology* 56/12 (2000), 1481–1496; Christopher G. Ellison - Andrea K. Henderson, "Religion and Mental Health: Through The Lens of the Stress Process", in *Toward a Sociological Theory of Religion and Health* (Brill, 2011), 11–44.
[7] Christopher G. Ellison - Jinwoo Lee, "Spiritual Struggles and Psychological Distress: Is There a Dark Side of Religion?", *Social Indicators Research* 98/3 (September 1, 2010), 501–517.
[8] Chida et al., "Religiosity/Spirituality and Mortality.", 81-90.

or indirectly. Several explanations can be extracted from the existing literature to understand the theoretical mechanism of how religion influences SWB and health. First, the stress-buffering hypothesis posits that religious belief and practice can mitigate the negative effects of stress on health and well-being [9] provides a sense of coherence and meaning, which can be crucial in coping with life's adversities[10]. Also, the social support theory suggests that religious communities offer social resources that can promote health and enhance SWB[11]. Religion may also influence health behaviors, since many religious traditions order lifestyles that promote physical health, such as prohibitions against substance abuse and encouragement of cleanliness and dietary regulations[12]. These behaviors can have a direct impact on physical health, which in turn may influence SWB.

Religion can moderate the link between health and SWB in various ways. Park[13] found that religious individuals often reinterpret stressful events in a way that gives them meaning and purpose, which can alleviate distress and promote a sense of well-being. This re-appraisal mechanism can moderate the impact of health on SWB. Moreover, religious practices such as meditation and prayer can induce a relaxation response, which has been shown to have beneficial effects on various health outcomes[14]. This relaxation response can moderate the relationship between SWB and health by reducing the physiological impact of stress. Koenig et al.[15] have documented the positive associations between religious involvement and mental health outcomes, including SWB. These relationships are often mediated by the social support provided by religious communities and the positive coping mechanisms encouraged by religious teachings. For physical health, a meta-analysis by Powell, Shahabi, and Thoresen[16] showed that religious involvement is significantly connected with lower mortality rates, signifying a protective impact of religion on physical health, which could promote higher SWB.

Interaction effects among religion, health, and SWB have also been reported. Idler et al.[17] suggest that the effect of religion on health may vary depending on an individual's age, race, and socioeconomic status, indicating complex interaction effects. Additionally, Ellison et al.[18] found that the relationship between religious involvement and SWB is stronger among people with chronic illnesses, suggesting that religion may have a more significant moderating effect on SWB in the context of poor health.

Recent empirical studies continue to explore these relationships. For example, a study by Shoda et al.[19] found that choir singing, which can be a religious activity, was associated with decreased physiological stress in older adults, which in turn correlated with improvements in cognitive

[9] Ellison - Levin, "The Religion-Health Connection", 700-720.
[10] Aaron Antonovsky, *Unraveling the Mystery of Health: How People Manage Stress and Stay Well* (San Francisco, CA, US: Jossey-Bass, 1987), 179-182.
[11] Neal Krause, "Gratitude Toward God, Stress, and Health in Late Life," *Research on Aging* 28/2 (2006), 163–183.
[12] Harold George Koenig et al., *Handbook of Religion and Health* (Oxford University Press, USA, 2012), 53.
[13] Crystal L. Park, "Religion as a Meaning-Making Framework in Coping with Life Stress," *Journal of Social Issues* 61/4 (2005), 707–729.
[14] Teresa E. Seeman et al., "Religiosity/Spirituality and Health. A Critical Review of the Evidence for Biological Pathways", *The American Psychologist* 58/1 (January 2003), 53–63.
[15] Harold G. Koenig et al., "Religion and Psychiatry: Recent Developments in Research", *BJPsych Advances* 26/5 (2020), 262–272.
[16] Lynda H. Powell et al., "Religion and Spirituality: Linkages to Physical Health", *American Psychologist* 58/1 (2003), 36–52.
[17] Ellen L. Idler et al., "Measuring Multiple Dimensions of Religion and Spirituality for Health Research Conceptual Background and Findings from the 1998 General Social Survey" *Research on Aging* 25/4 (2003), 327–365.
[18] Christopher G. Ellison et al., "Religious Involvement, Stress, and Mental Health: Findings from the 1995 Detroit Area Study", *Social Forces* 80/1 (2001), 215–249.
[19] Haruka Shoda et al., "Effects of Choir Singing on Physiological Stress in Japanese Older Adults: Its Relationship with Cognitive Functioning and Subjective Well-Being", *Arts & Health* (2023), 1–13.

functioning and SWB. This suggests an interaction effect where the benefits of religious activities on health may also enhance SWB.

1. Theological Background of Subjective Well-being and Physical Health in Islam

The pursuit of well-being is strongly rooted in the Islamic teachings providing a holistic approach to life where mental and physical health are intertwined. The Quran and Hadith guide how to achieve a balanced life and scholars have long discussed the pathways through which this balance can be attained.

Islam teaches that humans are born in a state of 'fitrah' (innate purity), predisposed to a balanced state of mind and body. The Quran states, "So set your face toward the religion as a Hanif [in pure monotheism], Allah's fitrah with which He has created mankind. No change should there be in the creation of Allah." (Quran 30:30). This natural disposition is the foundation of psychological well-being, as it aligns one's inner state with the harmony and order of creation. The Prophet Muhammad (peace be upon him) said, "Take advantage of five before five: your youth before your old age, your health before your sickness..." (Hadith, Al-Hakim). This hadith emphasizes the importance of valuing and maintaining one's physical health[20].

Also, the concept of Tawhid is the central doctrine of the Islamic belief system. It provides a sense of coherence and meaning to life's experiences. The Quranic verse, "And I did not create the jinn and mankind except to worship Me." (Quran 51:56), highlights the purpose of life, which, when understood, can bring about a profound sense of peace and well-being. The belief in Tawhid also introduces a sense of responsibility towards one's body as a trust in God. The Quran says, "And He enforces the balance. That you exceed not the bounds; but observe the balance strictly and fall not short thereof." (Quran 55:7-9). This balance includes the physical health that is to be maintained through moderation in diet, sleep, and exercise.

Acts of worship in Islam, such as prayer (Salah), are not mere rituals but are considered to be sources of comfort and solace. The Prophet Muhammad (peace be upon him) is reported to have said, "O Bilal, call for the prayer and give us rest by it." (Hadith, Abu Dawood). This indicates the psychological relief and subjective well-being that can be found in the regular remembrance of God. Also, physical acts of worship, such as the five daily prayers, involve movements that promote flexibility and circulation. Fasting during Ramadan is another practice that has been linked to various health benefits, such as improved blood sugar control and cardiovascular health[21].

The objectives of Islamic law (Maqasid al-Shariah) aim to protect the fundamental aspects of life. The preservation of the mind ('aql) and life is one of these objectives, and it is reflected not only in the prohibition of substances that damage mental capabilities and in the encouragement of seeking knowledge to conserve a healthy mind but also in the protection and promotion of physical health. This is evident in the prohibition of harmful substances and the encouragement of cleanliness and dietary regulations.

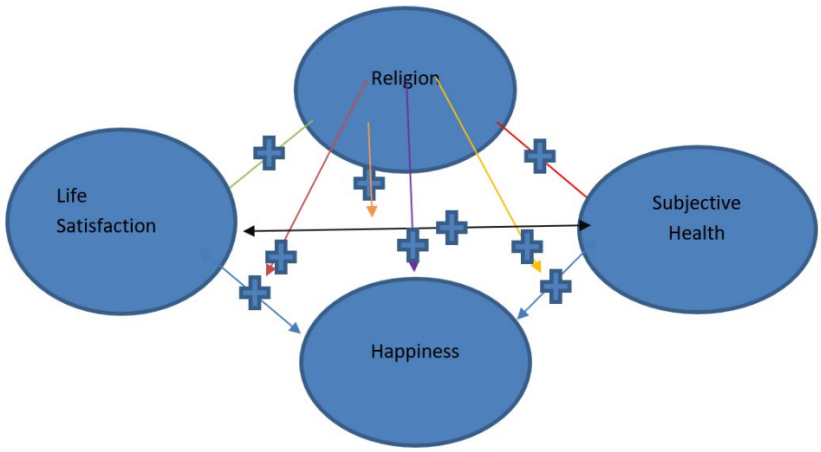
The concept of 'Ummah' emphasizes the importance of a supportive community for individual well-being. The Prophet Muhammad (peace be upon him) said, "The believers, in their affection, mercy, and compassion for each other are like a single body; if one part of it feels pain, the whole

[20] Ali Muhammad Bhat, "Human Psychology (Fitrah) from Islamic Perspective", *International Journal of Nusantara Islam* 4/2 (2016), 61–74.
[21] Masood Ahmad et al., "A Critical Review of Islamic Teachings on Mental Health Policies and Practices for School Children", *The Scholar Islamic Academic Research Journal* 7/1 (2021), 1–12.

body will suffer in sleeplessness and fever." (Hadith, Sahih Muslim). This hadith underscores the psychological impact of social support and communal harmony on individual well-being. Islamic teachings provide strategies for coping with life's challenges. In addition, the Islamic tradition of community support extends to health care. The Prophet Muhammad (peace be upon him) said, "There is a reward in serving any living being." (Hadith, Sahih Bukhari). This has led to the establishment of waqf (endowment) hospitals and charitable care for the sick, recognizing the social dimension of health.

Patience ('sabr') is considered a virtue, as mentioned in the Quran: "O you who have believed, seek help through patience and prayer. Indeed, Allah is with the patient." (Quran 2:153). Patience and trust in God's plan are advocated as means to cope with illness and adversity. The Prophet Muhammad (peace be upon him) said, "No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were the prick he receives from a thorn, but that Allah expiates some of his sins for that." (Hadith, Sahih Bukhari). This perspective helps believers find meaning in suffering, which can be a source of psychological comfort and resilience.

Figure 1. The Theoretical Outline of Existing Relationship among Religion, Subjective Health and Subjective Well-being



2.3 Hypotheses

H1: Religion's variables are more likely to have a positive relationship with subjective rated mental and psychical health outcomes.

H2: People who have greater levels of happiness are more likely to report better health status and a greater life satisfaction rate.

H3: More satisfied people in their lives are more likely to be happier and report better health status.

H4: Healthier people are more likely to be happier and more satisfied in their lives.

H5: Less happy but more religious respondents are more likely to report greater health status than less happy and less religious people.

H6: Less satisfied but more religious people are more likely to report greater health status than less satisfied and less religious people.

H7: Less satisfied but more religious people are more likely to report greater happiness than less satisfied and less religious people.

H8: Less healthy but more religious people are more likely to report greater happiness than less healthy and less religious counterparts.

H9: Less healthy but more religious people are more likely to report greater life satisfaction than less healthy and less religious counterparts.

H10: Less happy but more religious respondents are more likely to report greater life satisfaction than less happy and less religious respondents.

3 Method

3.1 Sample

This study is based on the 6th wave of the World Values Survey (WVS) Turkey's sample that was conducted in 2012. The WVS is a well-known source for empirical research that provides access to study across nations. The WVS is a five-year time-span cross-national data source the first wave of WVS was conducted in 1981 and the last was published in 2014. The data sets contain more than 250 variables that scrutinize the values, manners and behaviors of people by using a survey question to grade the strength of individual opinions and values. Turkey's sample of data comprises 1271 individuals that are randomly selected from all regions of Turkey. The procedure of the data collection was by face-to-face interviews that included Turkish adults over 17 years of age, and both male and female participants.

3.2 Dependent Variables

In this study, three dependent variables were used to measure respondent's level of subjective and psychical health status.

1. Subjective Health: Individuals' self-assessed health status, influenced by both physical and psychological dimensions. Religion is hypothesized to play a significant independent role in shaping perceptions of health, providing coping mechanisms and a sense of community[22]. The last dependent variable asks respondents: "All in all, how would you describe your state of health these days?" The answers are categorical from 0 to 3, while "0" means "poor health", "3" means "very healthy".

2. Happiness: Reflecting the affective and cognitive evaluations of one's life, happiness is anticipated to be positively correlated with religious engagement and beliefs. The unique religious landscape of Turkey provides a rich context for exploring this relationship[23]. The WVS respondents were asked "Taking all things together, would you say that you are very happy, quite happy, not very happy, or not at all happy?" Responses range from "not happy at all" (coded 0) to "very happy" (coded 3). A greater score shows a higher level of happiness.

3. Life Satisfaction: About the cognitive judgments individuals make regarding the quality of their lives, life satisfaction is expected to be influenced by religious practices and beliefs. The study aims to uncover how these influences manifest in the Turkish context[24]. The life satisfaction question is a continuous variable ranging from "0" (Not at all satisfied) to "9" (completely satisfied).

[22] Yeşiltepe et al., "Investigation of the Effect of the Life Satisfaction and Psychological Well-Being of Nursing Students on Their Happiness Levels". 541-548.
[23] Julia Brailovskaia et al., "The Association between Depression Symptoms, Psychological Burden Caused by Covid-19 and Physical Activity: An Investigation in Germany, Italy, Russia, and Spain", *Psychiatry Research* (2021), 1-6.
[24] Julia Brailovskaia et al., "The Relationship among Psychological Distress, Well-Being and Excessive Social Media Use during the Outbreak of Covid-19: A Longitudinal Investigation", *Clinical Psychology & Psychotherapy* 30/5 (2023), 1013–1019.

3.3 Independent Variables

Three religious predictors were used to measure health-related outcomes for the Turkish sample. The data set allows conceptualizing the available religious measures within three sub-categories: first, belief; second, behavioral dimension of religion; and last, belonging[25].

1. Importance of God: The belief dimension of religion includes a variable that asks respondents how important God is in their lives. The significance placed on divine beliefs and their centrality in an individual's life. This aspect of religion is hypothesized to influence subjective well-being and health positively, providing individuals with a sense of purpose and meaning in life[26].

2. Prayer: Engagement in prayer is considered a spiritual practice that fosters resilience, providing individuals with a sense of peace, connection, and stability. It is anticipated to have a positive correlation with subjective well-being and health[27]. Prayer represents behavioral religion. In the survey, the individuals were asked: "Apart from weddings and funerals, about how often do you pray? The answers were recorded into three categories 0= more than once a week; 1=once a week; and 2=less than once a week. This variable needs some clarification due to its different concept in Islam. Islam obligates Muslims to pray five times a day. This obligatory of prayer has specific forms that might be practiced as individually or with communion form in Mosques within five different periods of a day. On the other hand, prayer has also other meanings for Muslims that as praying to God to communicate with him as in Christianity. Namely, Muslims pray to God to will something to seek forgiveness or to thank him for the given things. The last type of prayer is very common among Muslims regardless of their religiosity level; however, the first type of prayer which is called "namaz" in Turkish and "salah" in Arabic, is more difficult to practice, because it requires washing the body parts before to practice five times in a day including before the sunrise and after sunset. The prayer is translated as an obligatory prayer in this wave that is included in this study.

3. Religiosity: The last religion variable is the importance of religion which asks respondents "For each of the following, indicate how important it is in your life. Would you say it is: religion very important; rather important; not very important; not important at all?" These variables measure the belonging dimension of religion. The variables the importance of God and religion were dummy coded as 1= very important vs. 0= less than very important. This encompasses adherence to religious doctrines, rituals, and community participation. Previous studies have highlighted the role of religiosity in providing a support network and a framework for meaning-making, which is crucial for subjective well-being[28].

3.4 Control Variables

In order to control the relationship between religion and health-related measures eight socio-demographic predictors were included in this study. The first control variable is dummy coded gender "1=male". The second variable is the highest level of educational attainment which has nine categories range from "0=no education" to "8= graduate level". The third variable is personal income that has 8 steps. The following item is age that has ten-year categories from

[25] Christian Smith, "Theorizing Religious Effects Among American Adolescents", *Journal for the Scientific Study of Religion* 42/1 (2003), 17–30.
[26] Dmitriy S. Kornienko - Natalya A. Rudnova, "Exploring the Associations between Happiness, Life-Satisfaction, Anxiety, and Emotional Regulation among Adults during the Early Stage of the COVID-19 Pandemic in Russia", *Psychology in Russia: State of the Art* 16/1 (2023), 99–113.
[27] Li et al., "Societal Emphasis on Religious Faith as a Cultural Context for Shaping the Social-Psychological Relationships Between Personal Religiosity and Well-Being", 306-326.
[28] Ben-Willie Kwaku Golo - Ernestina E. Novieto, "Religion and Subjective Well-Being: Perspectives of Early Career Professionals in Ghana's Public Universities", *Journal of Religion in Africa* 52/3–4 (2022), 317–347.

15-24 to 75-86 years of age. The fifth one is the marital status that is dummy coded "1=married". The next control variable is dummy coded spoken language at home "1=Kurdish"as many studies considered ethnicity a significant determinant[29] (other ethnic languages have no variance to use in the sample). The seventh one is the agriculture type of work that measures urban vs rural differences as a dummy coded covariate. The last control variable is the region which is dummy coded as "1=southeast". The southeastern part of Turkey has distinct characteristics historically as being Kurdish territory.

4. Results

Table 1 provides a brief overview of the descriptive statistics for the studied variables. The average scores for happiness, life satisfaction, and health are quite high; This shows that the Turkish world they represent generally perceives itself as happy, satisfied and healthy. The marriage rate in the sample is quite high at 68%, with a fair share between genders. The education level in the sample is predominantly at the high school diploma level, indicating its popularity as the final educational stage of the Turkish people. The average weight score is 2.9 years, with rates trending towards a younger demographic. Tablo 1 also sheds light on the religious dimensions of Turkish society. The data reveal strong religious characteristics; The importance of God and the importance of religion are rated at 0.7 and 0.68 out of 1, respectively. This is further emphasized by the average prayer rating of 2.44 out of a possible 3, reflecting a high level of religious practice. These numbers indicate the deep religiosity of the social distribution in Turkey, as revealed by the variables presented.

Table 1. The Descriptive statistics of the variables

	N	Minimum	Maximum	Mean	Std. Deviation
Happiness	1276	0	3	2.187	0.77079
Satisfaction	1274	0	9	6.2735	2.07883
Health	1276	0	3	1.8205	0.80294
Importance of God	1276	0	1	0.6998	0.45854
Frequency of prayer	1276	0	3	2.4398	0.84478
Importance of Religion	1276	0	1	0.6865	0.46411
Gender (Male)	1276	0	1	0.5173	0.49989
Education (nine steps)	1276	0	8	3.8828	2.37723
Income (ten steps)	1256	0	9	4.5436	1.86967
Age (ten-year categories)	1276	1	6	2.9721	1.48014
Married	1276	0	1	0.6879	0.46355
Kurdish (at home)	1276	0	1	0.0467	0.21113
Agriculture	1241	0	1	0.0423	0.20138
Southeast	1276	0	1	0.0606	0.2387

Table 2 shows the odd ratios of models that predict the relationship between independent variables and subjective health outcomes that were derived from Multinomial logistic regression analyses. There are 13 models in Table 2 in total that reveal the nested effect of the independent variables for recognition of direct and indirect of independent variables besides the analyses of the moderating effect of religion on mental health outcomes. The models are categorized into three sub-groups that illustrate poor, fair and quiet health vs very healthy comparisons as a result of a Multinomial level of analysis. In the first model, the results demonstrate that even though two of religion variables are significant, they exhibit a reverse effect on the analysis. If a

[29] Ellison - Henderson, "Religion And Mental Health", 11-44

subject were to increase in frequency of prayer by one unit, the relative risk for reporting poor health to very health would be expected to decrease by a factor of 0.611 given the other variables in the model are held constant. More generally, we can say that if a subject were to increase in prayer score, we would expect being more likely to report very health over poor health while reporting very important of God has a related risk of being in the group of reporters of poor health by 4.40.

The Importance of God is statistically significant and positive across models that are created for measuring poor vs very health analysis, but not significant in the remaining models. Happiness and life satisfaction variables are statistically significant and are more likely related to very health over poor health. In model 4a we can see the importance of religion variable has a positive moderating effect on the link between happiness and health. In the control variables we can see that living in the Southeast and older are significant and the relative risk of preferring poor health over very health would be expected to increase by 24.874 and 1.872 respectively while income is expected to decrease by .74. The other groups' models illustrate parallel finding with the first group of models except for interaction variables. In the second group, any interaction term is significant while in the third group of models, both the importance of religion and prayer variables interacted with happiness variables. The models have interesting findings which whenever an interaction term is added in the model, the actual religion variable loses its significance which means they have an indirect relationship with health when they interact with happiness. With these findings, H1 is supported partially and found a reverse effect with the belief dimension of religion, while H2, H3, and H4 are supported.

Table 2. Multinomial Logistic Regression Models for Self-rated Health

	Poor health vs. Very health				Fair health vs. Very health				Quite health vs. Very health				
	Model 1a OR	**Model 2a** OR	**Model 3a** OR	**Model 4a** OR	**Model 1b** OR	**Model 2b** OR	**Model 3b** OR	**Model 4b** OR	**Model 1c** OR	**Model 2c** OR	**Model 3c** OR	**Model 4c** OR	**Model 5** OR
Constant		**	***	*	**	***	***		*	***	***		
Gender (Male)	0.63	0.572	0.535	0.552	0.876	0.855	0.851	0.884	0.856	0.864	0.87	0.888	0.87
Education (nine steps)	0.9	0.888	0.872	0.895	0.894*	0.899*	0.895*	0.895*	0.956	0.959	0.959	0.957	0.958
Income (ten steps)	0.742** *	0.828*	0.931	0.831*	0.827** *	0.878*	0.924	0.879*	0.957	1	1.022	1.004	0.998
Age (ten-year categories)	1.872***	1.975***	1.979***	1.995***	1.629***	1.711***	1.712***	1.705***	1.427***	1.48***	1.484***	1.479***	1.486***
Married	0.579	0.866	0.821	0.897	0.969	1.129	1.123	1.134	0.827	0.92	0.944	0.936	0.927
Kurdish (at home)	2.301	2.341	2.951	2.423	0.418	0.393	0.415	0.383	1.17	1.152	1.131	1.135	1.174
Agriculture	0.626	0.486	0.441	0.517	0.618	0.635	0.583	0.635	0.847	0.828	0.793	0.826	0.815
Southeast	24.874** *	20.584** *	16.528** *	20.232** *	17.734** *	18.084** *	16.531**	18.489** *	13.457** *	14.026** *	13.298** *	14.1**	14.326** *
Importance of God	4.405**	4.01**	4.094**	3.957**	1.167	1.144	1.197	1.131	1.151	1.128	1.181	1.113	1.11
Importance of Religion	0.926	1.222	1.371	0.954	0.581*	0.752	0.772	0.925	0.544** *	0.664*	0.667*	0.777	0.657*
Frequency of prayer	0.611*	0.682	0.622*	0.676	0.699**	0.769*	0.766*	0.767*	0.89	0.952	0.963	0.948	1.038
Happiness		0.074** *	0.137***	0.079***		0.189***	0.278** *	0.188***		0.315***	0.397** *	0.314** *	0.317***
Satisfaction			0.579** *				0.691** *				0.789** *		
Imprelig*Happiness				0.346*				0.707				0.521*	
Prayer*Happiness													0.703*
N	1221	1221	1221	1221									1221

*p < .05; **p < .01; ***p < .001
Odds Ratios are reported

In Table 3, the odds ratios of multinomial logistic regression of self-rated health are presented via a similar procedure in Table 2. However, because any interaction term was statistically significant, Table 3 does not include interaction models. The first group of models' results reveal that religion's variables are not significant for predicting not all happy vs very happy relationships while they are negative predictors for remaining models with the exception of the importance of god variable which has not been statistically significant across models. Health

and satisfaction variables are statistically significant predictors for better happiness score. Within control groups, only income, age and marital status appear as significant covariates. All three variables have negative signs in their associations within the group models means people who have more income, are older and are married are more likely to report greater levels of happiness when we compare the categories of happiness outcomes.

Table 3. Multinomial Logistic Regression Models for Happiness

	Not all happy vs. Very happy			Not very happy vs. Very happy			Rather happy vs. Very happy		
	Model 1a OR	Model 2a OR	Model 3a OR	Model 1b OR	Model 2b OR	Model 3b OR	Model 1c OR	Model 2c OR	Model 3c OR
Constant			***	**	***	***	***	***	***
Gender (Male)	0.843	0.981	0.913	1.086	1.212	1.045	1.166	1.224	1.176
Education (nine steps)	1.092	1.198*	1.149	0.909	0.941	0.921	0.94	0.956	0.947
Income (ten steps)	0.729***	0.774**	1.005	0.793***	0.842**	0.975	0.923*	0.951	1.008
Age (ten-year categories)	1.227	1.02	1.003	1.055	0.885	0.877	0.981	0.894*	0.901
Married	0.387**	0.388**	0.353**	0.779	0.757	0.708	0.769	0.772	0.759
Kurdish (at home)	1.844	1.698	2.807	1.015	1.048	1.266	1.817	1.913	1.77
Agriculture	1.87	2.297	1.455	0.269	0.323	0.253	0.658	0.7	0.676
Southeast	2.21	1.397	0.982	2.233	1.312	0.993	1.256	0.884	0.81
Importance of God	2.368	1.595	1.703	1.074	0.914	0.942	1.068	1.024	1.075
Importance of Religion	0.661	0.587	0.722	0.589*	0.573*	0.651	0.486***	0.506***	0.536***
Frequency of prayer	0.871	1.061	0.814	0.652**	0.736*	0.675**	0.713***	0.753**	0.757**
Health		0.117***	0.191***		0.201***	0.282***		0.457***	0.561***
Satisfaction			0.374***			0.48***			0.68***
N	1221	1221	1218						

*p < .05; **p < .01; ***p < .001
Odds Ratios are reported

Table 4 is designed to analyze life satisfaction outcome with religion and other subjective health measures. The linear regression analyzing technique is used and coefficient estimates are reported here. In the first model, only the importance of religion is statistically significant and has a positive impact on life satisfaction holding other variables constant. However, when the happiness variable entered in model 2, the religion impact washed out which indicates religion has an indirect effect on life satisfaction. However, when we take out happiness and add the health variable in Model 3, we find that the importance of religion remains significant. In models 4 and 5, the existing interaction effects are included. The results exhibit prayer variable has a positive effect on the happiness and life satisfaction relationship as well as health and life satisfaction.

Table 4. Linear Logistic Regression Analyses for Life Satisfaction

	Model 1	Model 2	Model 3	Model 5	Model 6
	B	B	B	B	B
Constant	5.031***	2.913***	3.577***	5.586***	5.142***
Gender (Male)	-0.087	-0.079	-0.143	-0.084	-0.159
Education (nine steps)	-0.01	-0.024	-0.034	-0.022	-0.036
Income (ten steps)	0.292***	0.211***	0.236***	0.212***	0.233***
Age (ten-year categories)	-0.1*	-0.069	0.011	-0.072	0.014
Married	0.123	-0.058	0.083	-0.07	0.048
Kurdish (at home)	0.16	0.294	0.163	0.282	0.153
Agriculture	0.032	-0.096	-0.092	-0.074	-0.062
Southeast	-0.682*	-0.431	-0.296	-0.413	-0.246
Importance of God	-0.053	0.038	0.052	0.05	0.067

Importance of Religion	0.329*	0.129	0.275*	0.139	0.257*
Frequency of prayer	0.024	-0.09	-0.07	-0.068	-0.056
Happiness		1.334***		1.307***	
Health			0.937***		0.933***
Pray*Happiness				0.287***	
Pray*Health					0.268**
R	0.08	0.31	0.2	0.32	0.21
N	1218	1218	1218	1218	1218

*p < .05; **p < .01; ***p < .001

The overall results mostly support the hypotheses based on the theoretical framework. With the current findings we can conclude that while H2, H3, H5, H9, and H10 are fully supported, H6, H7, and H8 are not supported. The remaining H1 and H4 are partially supported.

5. Discussion and Conclusion

The discussion of the findings from the statistical analyses must be contextualized within the theoretical framework outlined in the "Theoretical and Empirical Background" section. The results from the multinomial logistic regression analyses provide a nuanced understanding of the interplay between religion, health, and subjective well-being (SWB) within a Turkish context.

The findings suggest that religious practices, particularly the frequency of prayer, are associated with better health outcomes. This supports the stress-buffering hypothesis[30] and the notion that religious practices can induce a relaxation response beneficial to health[31]. The significant inverse relationship between the importance of God and poor health outcomes may reflect the re-appraisal mechanism posited by Park[32], where religious individuals reinterpret stressful events, giving them meaning and purpose, which can alleviate distress and promote well-being.

However, the complexity of these relationships is evident in the interaction effects. The significance of religious variables in predicting health outcomes diminishes when they interact with happiness, suggesting that the relationship between religion and health is mediated by happiness. This aligns with the findings of Idler et al.[33] and Ellison et al.[34], who suggest that the effect of religion on health and SWB may vary depending on individual circumstances, such as chronic illness.

The results also indicate that happiness and life satisfaction are significant predictors of better health, supporting hypotheses H2, H3, and H4. This is consistent with previous research documenting the positive associations between religious involvement and mental health outcomes, including SWB[35]. The findings that happiness and life satisfaction are significant

[30] Ellison - Levin, "The Religion-Health Connection", 700-720.
[31] Seeman et al., "Religiosity/Spirituality and Health. A Critical Review of the Evidence for Biological Pathways", *sayfa numarası*
[32] Park, "Religion as a Meaning-Making Framework in Coping with Life Stress", 707-729
[33] Idler et al., "Measuring Multiple Dimensions of Religion and Spirituality for Health Research Conceptual Background and Findings from the 1998 General Social Survey", 327-365
[34] Ellison et al., "Religious Involvement, Stress, and Mental Health", 215-249.
[35] Koenig et al., *Handbook of Religion and Health*. 53-55.

predictors of health outcomes underscore the bidirectional relationship between SWB and health.

Interestingly, the importance of religion has a positive impact on life satisfaction, but this effect is moderated by happiness. When happiness is accounted for, the direct effect of religion on life satisfaction becomes non-significant, suggesting that happiness may be a more immediate determinant of life satisfaction than religious importance. This could be interpreted within the Islamic context, where the pursuit of well-being is a holistic concept encompassing both mental and physical health, as guided by the Quran and Hadith[36].

The lack of support for hypotheses H6, H7, and H8 may indicate that the moderating effect of religion on the relationship between satisfaction, health, and happiness is not as strong as hypothesized. This could be due to the multifaceted nature of SWB and the various factors that influence it, including economic and social variables, as indicated by the significance of income, age, and marital status in predicting happiness.

The overall pattern of results suggests that while religion plays a significant role in the lives of the Turkish population, its direct impact on SWB and health may be less pronounced than its indirect effects through other variables such as happiness and life satisfaction. This is in line with the theoretical framework that posits a complex interaction between religion, health, and SWB, where religion may serve as a coping mechanism and provide social support, but its effects are mediated by individual perceptions and experiences of happiness and satisfaction[37].

In conclusion, the findings from this study contribute to the understanding of the intricate relationships between religion, health, and SWB in a predominantly Muslim context. They highlight the importance of considering the multidimensional aspects of SWB and the mediating role of happiness and life satisfaction in the relationship between religion and health. Future research could further explore these complex interactions and the role of other socio-economic and demographic variables in shaping these relationships.

5.1 Limitations and Directions for Future Study

The study has some limitations. The data utilized were cross-sectional and therefore it is impossible to ascertain the causal ordering of the relations among the variables in the models. Furthermore, the sample was made up of mostly Muslim people. Compared to people from other countries, the sample may be comparatively showing more religious homogeneity among respondents. Another restriction is the variable of attendance at religious services. In Turkey, generally, men attend religious services. Therefore, we did not use the attendance predictor in our analysis, although most of studies that examined the association between religion and happiness, include attendance at religious services. Despite these limitations, the findings of this study have contributed to the literature on religiosity outcomes, theoretical perspectives, and systematical analysis. Therefore, this study and its findings can be more constructive for future studies.

[36] Bhat, "Human Psychology (Fitrah) from Islamic Perspective", 61-74.
[37] Koenig et al., *Handbook of Religion and Health*, 54-55.

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