



LOCUS OF CONTROL AND HEALTH PROMOTING LIFESTYLE AMONG YOUNG ADULTS

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Abstract: The present study aimed to explore the relationship between locus of control and health-promoting behaviors among young adults aged 18 to 25 years. A total of 60 participants were recruited, and data was collected using Google Forms. The tools used for assessment were the Health-Promoting Lifestyle Profile (HPLP) to measure engagement in health-promoting behaviors and Rotter's Locus of Control Scale to assess individuals' perceived control over life events. Data analysis was conducted using Pearson's product-moment correlation. Results revealed a significant correlation between internal locus of control and health-promoting behaviors ($r = -0.480$, $p = 0.007$), indicating that individuals with a more internal locus of control were more likely to engage in health-promoting behaviors. A strong and statistically significant negative relationship between Health-Promoting Lifestyle (HPL) and External Locus of Control (LOC) was found, with a correlation coefficient of -0.582 and a p -value of $.001$ ($p < .05$). These findings highlight the importance of fostering internal health beliefs in young adults to encourage positive lifestyle choices.

CHAPTER 1- INTRODUCTION

Locus of Control (LoC) and Its Types

Locus of Control (LoC) is a psychological construct introduced by Julian Rotter in 1954. It was a component of his Social Learning Theory. Locus of Control refers to one's belief about the amount of control one has over events in their life. Locus of Control is internal or external. It influences motivation, behavior, and decision-making.

It correlates greatly with academic and professional achievement, as well as with health-related behaviors.

INTERNAL LOC

People with an internal locus of control have a belief that they are in control of what happens in their lives. They attribute their success or failure to their ability and effort rather than external factors. For instance, if such a person performs well in a test, they will attribute it to their effort and dedication rather than the fact that the test was easy. When they are held responsible for their actions, it results in high level of self-efficacy, motivation, stress-management and resilience. Because they are convinced that their decisions impact their health, they are more prone to healthy behaviors. **EXTERNAL LOC**

External locus of control leads individuals to feel that the events of their lives are decided by external elements such as fate, chance and luck. They attribute success or failure as being outside of their control, thus diminishing the need to better themselves or become accountable. Certain characteristics of individuals with external locus of control include- the perception that external events have brought about events, becoming lost in situations most difficult, experiencing stress, anxiety, and learned helplessness.

They have a reduced opportunity to develop healthy behaviors because they assume their health is governed by genes or luck rather than their choices.

Theories of Locus of Control

1. Rotter's Social Learning Theory (1954)

Social Learning Theory states that behaviors depend on expectations and history. Julian Rotter, in this theory, initially coined the term Locus of Control. Rotter states that individuals develop an external or internal Locus of Control depending on their past reinforcement history. The theory illustrates how perception of control and motivation to engage in goal-directed behavior, such as self-management of health, depend on individual experiences.

2. Attribution Theory (Weiner, 1972)

Weiner explains how individuals explain events, for instance, success and failure. Based on this, attributions are categorized along three dimensions: locus (internal/external), stability (stable/unstable), and controllability (controllable/uncontrollable). Individuals with an internal LoC explain illness in terms of factors like exercise and diet. Individuals with an external LoC explain illness as uncontrollable or fate-determined.

Health Behaviors

Health behaviors are activities people engage in to promote their physical, mental, and social health. They may be either health-promoting (e.g., physical activity, balanced diet) or health-risk (e.g., smoking, heavy drinking). Many factors, such as individual beliefs, social influence, psychological characteristics, and environmental factors, influence health behaviors.

Importance of Health Behaviors

Healthy habits play a central role in the development of the overall well-being of an individual, both physical and mental. Engaging in healthy habits, such as exercising regularly, healthy diet, adequate rest, and stress control, keeps one out of disabling diseases like diabetes, heart disease, and obesity. Besides physical health, these habits make the immune system robust, lowering susceptibility to infection and illness. In addition, healthy behaviors are linked to mental health benefits; for instance, exercise is said to trigger the release of endorphins, which enhance mood, alleviate anxiety and depression, and so on. Conversely, unhealthy behaviors such as smoking, alcohol consumption, and a sedentary lifestyle led to adverse health consequences, heightening the risk of chronic medical conditions and shortening lifespan. Besides individual benefits, the habit of positive health behavior also decreases the burden on healthcare systems by decreasing hospitalization and medical expenses. On a societal basis, healthier people create more productive societies, improving the health of society at large. In light of rising lifestyle diseases, raising awareness and making people responsible for their well-being has become all the more crucial. With the learning and improvement of health behaviors, individuals can realistically improve their quality of life and reduce the risk of preventable diseases.

Theories related to Health Behaviour

1. Health Belief Model (HBM) – Rosenstock (1966)

According to the Health Belief Model (HBM), people's health behaviors are determined by their perceived susceptibility to a health condition, the perceived severity of the condition, the perceived benefits of taking action, and the perceived barriers preventing them from acting.

Additionally, self-efficacy (confidence in one's ability to change behavior) and cues to action (triggers like symptoms or media messages) also influence decision-making. This model is widely used to justify preventive health behaviors like vaccinations, screenings, and lifestyle changes.

2. Theory of Planned Behavior (TPB) – Ajzen (1991)

The Theory of Planned Behavior contends that health behavior is affected by intention, which is established by three elements:

- attitude (individual beliefs regarding the behavior),
- subjective Norms (social pressures and social norms), and
- perceived Behavioral Control (the degree of control an individual perceives they have over their actions).

This theory is useful in predicting such behaviors as quitting smoking, exercising, or eating healthily.

How Psychological Factors Like Locus of Control Influence Health-Related Decisions

There are several factors influencing the health-related decisions of an individual. Among them is Locus of Control. It is a belief held by an individual about whether his/her own efforts cause health consequences (internal LoC) or if this occurs because of things that are outside the control of individuals such as fate, chance, or doctors (external LoC).

People with an internal LoC will adopt healthy practices because they feel that their own actions have a direct effect on their own well-being. They feel that they should lead a healthy lifestyle by exercising, eating healthy, taking medical recommendations, and avoiding such habits as smoking. These types of people will take care of their own health, consult a doctor whenever required, and even go for preventive care through vaccinations and periodic checkups.

This is different from this, whereby people who have an external LoC can believe that their health is not in their hands. They can suppose that it is in the hands of something other than themselves such as genetics, luck, or doctors. Therefore, they are less likely to engage in preventive care, comply with treatment plans, or perform healthy behaviors. For example, a person possessing an external LoC would find it in his mind that nobody can avoid becoming sick through inheriting a disease and thus neglect, be careless and ignorant, and avoid having proper exercise and a healthy diet.

Other psychological constructs of self-efficacy, motivation, and stress levels also explain health choices. Greater self-efficacy (feeling of capacity to change) is associated with improved health behaviors, whereas stress and learned helplessness may lead to detrimental coping activities such as overeating or drug abuse.

It is necessary to learn how psychological factors can impact health behavior in order to create improved interventions that can motivate more individuals to take control of their health and make well-educated health-related decisions.

CHAPTER 2- LITERATURE REVIEW

Cobb-Clark et al. (2014). studied the relationship between individuals' habits such as exercise, diet, drinking and tobacco consumption, and locus of control. Findings suggested that people with internal locus of control were more likely to eat well and engage in regular exercise. It appears that males who have an internal locus of control anticipate greater health benefits from their dietary and activity commitments. Women who have an internal locus of control, on the other hand, seem to develop healthy behaviors because they find more fulfilment in them than women who have an external locus of control.

Shojaee and French (2014) assessed the degree to which well-being can be predicted by personality traits. The study consisted of several dimensions including locus of control. Participants included 172 university students who were randomly selected. The study showed that there was a positive association between internal locus of control and all 6 well-being components. This shows that individuals with internal locus of control are more likely to have better mental health than those with external locus of control.

Yu and Fan (2014) explored the effect of self-esteem on the relationship between locus of control and depression. The sample included 457 Chinese university students. Participants completed questionnaires on locus of control, self-esteem and depression. Results highlighted that external locus of control was related to self-esteem and depression, and self-esteem was related to depression.

Demir et al. (2014) examined first-year nursing students' locus of control and stress management strategies after a 14-week mentoring program. Participants included 66 first year students and 66 fourth year students. Every week, when necessary, mentors and mentees got in touch with one another to exchange information and offer support. Mentees completed the Ways of Coping Inventory, the Mentoring Assessment Form, and a Locus of Control Scale to gauge the effectiveness of the mentoring program. According to this study, the mentorship program improved students' active stress management and internal locus of control. The rise in internal locus of control was correlated with students' social support-seeking behaviours.

Berglund et al. (2014) assessed the relation between health locus of control, disease burden and self-rated health in patients who are at risk of cardiovascular diseases. The results of the studies indicated that self-rated health and internal health locus of control were positively correlated, while self-rated health and health locus of control in chance and powerful others were negatively correlated. The cumulative burden of diseases was adversely correlated with high internal health locus of control, whereas the burden of diseases was positively correlated with health locus of control in chance and powerful others. Furthermore, through health locus of control, self-rated health was indirectly correlated with age and educational attainment.

Singh and Choudhri (2014) analysed the relationship between locus of control, personal meaning and subjective wellbeing. 120 participants between the ages of 20-23 were selected using the random sampling technique. The study's findings indicate that there are notable differences in early adulthood between groups with internal and external locus of control with regard to subjective well-being and personal meaning. Adults with an internal locus of control were found to have higher subjective well-being and a greater sense of purpose in life than those with an external locus of control.

Li et al. (2015) studied control over cell phone use in individuals with external locus of control as well as individuals with internal locus of control. Participants included 516 undergraduate college students. They completed surveys assessing their cell phone use,

locus of control, sleep quality, academic performance, and subjective well-being. Findings showed that a higher internal locus of control may help someone better control their cell phone use at inappropriate times, thereby reducing some of the negative consequences linked to high frequency use; on the other hand, a higher external locus of control may make it more difficult for someone to control their use at inappropriate times, thereby exacerbating the negative effects linked to high frequency use.

Keinki et al. (2015) explored the dynamic between information needs and cancer patients' perceptions of the impact of the disease, self-efficacy, and locus of control. Data was collected from 185 patients. The questionnaire measured information needs, sources of information, satisfaction with information, and short questionnaires on self-efficacy, perception of the disease, and locus of control of reinforcement. Patients who believed they had a high degree of control over their illness were more likely to use any information source at their disposal and to be curious about learning more. The thirst for knowledge on all subjects was substantially correlated with higher levels of self-efficacy. Individuals who had a greater external locus of control needed more information and used information sources far more frequently. On the other hand, no correlations were found with an internal locus of control.

Jain and Singh (2015) evaluated the relationship of Locus of Control with Mental Health & overall Adjustment among adolescent females. Sample included 50 female adolescents. Mental Health Battery, Rotter's Locus of Control Scale and Adjustment Inventory for College Students were used to collect data. According to the study's findings, teenage girls with an internal locus of control outperformed those with an external locus of control in terms of their mental health and general adjustment pattern, which encompasses the home, social, emotional, educational, and health adjustment domains.

Cheng et al. (2015) determined whether the three HLOC dimensions—internality/I-HLOC, powerful others/P-HLOC, and chance/C-HLOC—were associated with particular health behaviours and the evaluation of one's overall health, and whether these associations were influenced by individualism, power distance, and gender and age compositions. The findings also demonstrated that gender composition moderated the relationships between the HLOC dimensions and two measures of emotional issues (depression and anxiety), whereas individualism and power distance moderated the relationships between the HLOC dimensions and both mental and physical quality of life.

Kurt (2015) explored the relationship between healthy behaviours and locus of control in nursing and midwifery students. Healthy Lifestyle Behaviors Scale and Health Locus of Control Scale were used to collect data from 870 students. On the Healthy Lifestyle Behaviours Scale, it was discovered that students' mean overall scores were at a medium level and were positively correlated with their health locus of control.

Marr and Wilcox (2015) evaluated the effectiveness of self-efficacy and social support on health locus of control and health behaviors. Participants included 838 university students from United States. The results indicated that self-efficacy and social support appear to be the primary means by which the internal health locus of control influences health behaviours.

Moreira et al. (2016) examined health locus of control, spirituality and hope of cure in patients with intestinal stoma. The study was conducted on 52 patients with intestinal stoma. 3 questionnaires were used for data collection- a questionnaire on demographic and stoma- related data; the Scale for Health Locus of Control; the Herth Hope Scale, and the Self-rating Scale for Spirituality. The results showed that ostomized patients participating in the study believe they can control their health and that caregivers and individuals involved in their rehabilitation can contribute to their improvement. The cure or improvement has a divine influence through religious practices or beliefs.

Gore et al. (2016) investigated the relationship of locus of control (LOC) with mental and physical health. The findings indicated that compared to internal LOC, outward LOC was a more reliable indicator of well-being. More precisely, out of all the LOC predictors, perceived constraints—a type of external LOC—were the most powerful. This implies that exterior LOC has a stronger correlation with well-being than internal LOC and that internal and external LOC should be assessed as two distinct variables.

Cepni and Kitis (2016) explored the relationship between healthy lifestyle behaviours, health locus of control and health related self-efficacy. The sample consisted of 572 undergraduate university students from Anatolia, Turkey. Results showed that there was a link between health-related self-efficacy and healthy lifestyle. Healthy behaviours also influenced internal locus of control.

Nafradi et al. (2017) examined the relationship between self-efficacy, health locus of control and medication adherence. It has been

repeatedly observed that high levels of Internal Health

Locus of Control and self-efficacy encourage drug adherence. With the exception of Doctor Health Locus of Control, which was positively correlated with medication adherence, external control dimensions were shown to have mostly negative (attributed to God and chance) or ambiguous (attributed to powerful others) associations to adherence.

Aharon *et al.* (2017) studied the relationship between parents' HLOC and compliance with routine childhood immunization programs. Participants consisted of 731 parents of children aged 3-4 years. To investigate both direct and indirect relationships between HLOC and vaccine compliance, path analysis was done. The findings indicate a direct correlation between vaccine compliance and High Powerful Others (HLOC). Through parental views towards vaccines, there are indirect connections between high internal and probability HLOC. Noncompliance with vaccinations was linked to perceived credibility of information sources. Conclusions: Vaccination compliance may be explained by the interaction between internal and external HLOC.

Pourhoseinzadeh *et al.* (2017) studied how health locus of control relates to health behaviour in emergency medical personnel. Participants were selected randomly, and consisted of 215 emergency medical personnel in Ahvaz. Data collection was done via demographic questionnaires. Results indicated no significant relation between internal and external health locus of control and health behaviour.

Yeoh *et al.* (2017) studied stress, perceived locus of control and several other variables that can possibly cause depression. Participants included 728 individuals from three states of Malaysia. Higher levels of stress and lower levels of internal locus of control were reliably associated with depressive symptoms when other variables were taken into account. Housewives, people in professional employment, and ethnic Chinese Malaysians all exhibited fewer symptoms of depression. More depressed symptoms were observed by business owners. The subjective experiences of stress and depression among Malaysians should be further investigated, as should environmental elements that might be causing mental health problems.

Sharif (2017) explored how locus of control related with quality of life, anxiety and depression. Participants included 118 breast cancer patients from Malaysia. The findings showed that patients with breast cancer who had a lower external locus of control and a greater internal locus of control have better quality of life, less anxiety, and less depression. Additionally, the association between locus of control, depression, and quality of life was mediated by uncertainty.

Malhotra and Suri (2017) investigated locus of control and wellbeing in college students. 120 students from Delhi University were chosen as participants. Levenson's Multidimensional LOC Scale & Ryff's Well-Being Scale were administered. Results highlighted that there is a significant positive correlation between internal locus of control and wellbeing. Not much difference was found in age and gender in wellbeing and locus of control.

Staniszewska *et al.* (2018) studied the association between health behaviour and preferred health locus of control in patients with epilepsy. Sample consisted of 196 epileptic patients. Polish version of the Multidimensional Health Locus of Control questionnaire version B and Health Behavior Inventory were used to gain responses. The findings show that the individuals felt they had greater control over their health than they did over chance or other people. Health locus of control in epileptic patients was not influenced by sociodemographic or clinical characteristics.

Abadi *et al.* (2018) assessed religious orientation, locus of control, and the tendency toward substance abuse in addicts and non-addicts. Participants included 200 men from Isfahan. Cluster sampling method was used to collect cases. Allport's Religious Orientation Scale, Rotter's Locus of Control Scale, and Scale of Tendency toward Substance Abuse were used to collect data. Findings indicated that poor religious orientation and lack of internal locus of control are important causes of the tendency toward substance abuse, which demands measures to be urgently taken.

Kusnanto *et al.* (2018) studied the correlation between motivation and health locus of control with dietary adherence of DM. 106 participants were selected from five public hospitals. Data was collected by using questionnaires about self-regulation, health locus of control and dietary adherence. Findings revealed that there was no correlation between motivation and dietary adherence, and there was a correlation between health locus of control with dietary adherence.

Radcliff *et al.* (2018) analysed correlation between health locus of control, cultural factors and Latina/o adolescents' body mass

index. 128 adolescents filled multiple questionnaires. The findings showed that IHLOC and BMI were inversely correlated; that is, the teenagers' BMI decreased as their perceived level of internal control over their health increased. As anticipated, this relationship was modulated by Latina/o cultural orientation, so that IHLOC was linked to decreased BMI at both moderate and high levels of Latina/o cultural orientation.

Timmins & Martin (2019) reviewed locus of control research in the field of spirituality. There is no research that examines a particular spiritual locus of control; instead, locus of control has been examined in populations in relation to ideas about spiritual health or believe in God. Furthermore, rather than taking into account larger conceptions of spirituality, the growing corpus of study centred on spiritual health beliefs mainly uses religious and Christian terminology. Working definitions of spirituality are scarce in research, and some studies do not distinguish between spirituality and religion.

Khumalo and Plattner (2019) studied how locus of control relates to depression in the sociocultural context of Botswana. 272 university students were studied by using a self-administered questionnaire. While students who felt that fate or influential people controlled their lives were more likely to score well on depression tests, students who felt that they had control over their life were less likely to exhibit depressed symptoms. The findings of the study highlight locus of control as one of the cognitive factors linked to depression.

Hovenkamp- Hermelink et al. (2019) analysed how locus of control related to intensity of depression and anxiety. Five assessments were used to collect data from 2052 participants with anxiety or depression diagnosis. Relation between locus of control, anxiety severity, depression severity and life events were checked. Over a nine-year period, locus of control produced stability estimates that were comparable to those of anxiety and depression symptoms. Although it had no effect on the frequency of both happy and bad life events, a more external locus of control predicted greater levels of anxiety and melancholy.

Cheng and Furnham (2019) studied the effects of locus of control, self-esteem, psychological distress and physical exercise on obesity in adults. There were 5,645 participants from UK, who were followed up at 10, 34 and 42 years of age. Adult obesity rates increased from 15.5% at age 34 to 21.2% at age 42. Adult obesity at age 42 was substantially correlated with locus of control and self-esteem at age 10, psychological distress and educational background at age 34, current occupational levels, and physical activity. Even after adjusting for intellect, childhood BMI, mother and paternal BMI, and birth weight and gestation, the relationships persisted.

Kesavayuth et al. (2020) studied the imperativeness of locus of control for health and healthcare use. Findings showed that both physical and mental health, as well as self-assessed health, are better for those who have an internal centre of control. They depend less on medical treatment, both curative and preventive. Health is predicted by locus of control in a number of ways, such as social capital and health-related behaviours including drinking, smoking, and exercising. The relationship between locus of control and curative care—but not always preventive care—can be explained by similar processes.

Dahal et al. (2020) explored influence of locus of control on willingness to quit alcohol. Participants included 225 males with alcohol use disorder from Kathmandu, Nepal.

Willingness to quit alcohol and locus of control were measured using self-report questionnaires. Results indicated that 75% of participants with alcohol use disorder demonstrated external locus of control. Compared to individuals with external LOC, those with internal LOC were at least 2.5 times more likely to be more motivated to alter their drinking habits.

Musich et al. (2020) studied the prevalence of locus of control (LOC) dimensions categorised by income levels among older adults, describe internal LOC characteristics within income subgroups, and investigated the associations between LOC and healthcare spending and utilisation. Sample consisted of adults above the age of 65, with diagnosed pain conditions.

Across all income levels, internal LOC was linked to increased resilience, reduced stress, exercise, and decreased opioid usage. Additionally, lower-income individuals were linked to decreased drug usage, physical treatment, and diversified social networks. Higher internal LOC scores were associated with greater self-rated health and functionality, as well as lower healthcare utilisation and expenses.

Afsahi and Mohsen (2020) researched the link between hypertension, irrational health beliefs and health locus of control. Available sampling method was used to recruit participants. 100 patients with hypertension and 100 healthy participants were included. Results demonstrated a positive association between external locus of control and irrational health beliefs in hypertension patients. The findings necessitate determining a person's health locus of control and irrational health beliefs. The management and prevention of this chronic illness may benefit from changes to these structures.

Duplaga and Grysztar (2021) investigated the relation between health literacy, nutritional behaviours and health locus of control in

secondary school students from Southern Poland. 2223 participants were selected via cluster sampling. The questionnaire used included items regarding dietary patterns, locus of control and health literacy. Findings indicated significant correlation between health literacy and higher consumption of fruits and vegetables. There was no significant correlation between health locus of control and nutrition. Also, boys had better dietary habits as compared to girls.

Alipour et al. (2021) examined the benefits of positive lifestyle changes on self-efficacy, outcome expectations and increasing internal locus of control. The research was conducted on students at Islamic Azad University, Tehran. 40 participants were selected via cluster sampling. The findings demonstrated that lifestyle change training was beneficial in increasing self-efficacy, outcome expectations and increasing internal locus of control.

Giblett and Hodgins (2021) studied the relationship between locus of control, generalised self-efficacy and mental health. Participants included 224 adults, who were required to finish an online survey. Findings demonstrated that generalised self-efficacy was the only positive predictor of mental health. No significant relationship was found between health locus of control and mental health. By improving our knowledge of the factors that influence mental health, this study expands on previous research and could help create evidence-based treatments for mental health promotion.



Cuze and Aleksic (2021) investigated the function of optimism and locus of control for students' well-being. Both optimism and locus of control were found to be associated with well-being in a sample of 187 Croatian university students who answered a series of personality tests. Additionally, the results showed that the association between well-being and external locus of control was mitigated by optimism. According to the study, students' wellbeing may be protected from the negative impacts of external locus of control by adopting an optimistic outlook.

Alat et al. (2021) studied the effects of psychological capital and internal locus of control on psychological distress. Findings revealed that psychological capital and internal locus of control had a negative correlation with psychological distress. It also showed that both constructs were beneficial in helping people manage their mental health during the Covid-19 pandemic.

Dogonchi et al. (2022) analysed the relationship between health behaviours and health locus of control. Several databases such as PubMed, Science Direct, Web of Science, Google Scholar, and Scopus were searched. Key words such as Health Locus of Control and Health Behaviours were used. 18 articles were selected for further analysis. Findings revealed that individuals with internal health control were more likely to engage in health behaviors.

Kesavayuth et al. (2022) explored if lifestyle decisions and social capital are channels via which locus of control influences subjective well-being and to suggest a mediation framework. Using Australian longitudinal data, it was discovered that both the direct and indirect effects of locus of control account for life satisfaction and mental health. There is a favourable direct effect, suggesting that people with an internal locus of control are happier and more mentally healthy. It demonstrates that two mechanisms that connect an internal locus of control to greater levels of well-being include social interaction and physical activity.

Caliendo and Hennecke (2022) studied the association between internal locus of control and alcohol consumption in men and women. Sample ranged between the ages of 20-70, and were assessed in 2006, 2008 and 2010. A strong positive correlation between LOC and alcohol intake was found. Compared to males with a low internal LOC, those with a medium or high LOC are generally 3.1%–3.7% more likely to drink at least occasionally. It can be inferred that, among men, an exterior LOC is associated with less drinking rather than an internal LOC being associated with more drinking, based on the observed nonlinearity in the relationship between LOC and drinking. According to a far more linear relationship, women with a high internal LOC are even 6.5% more likely than those with a low internal LOC to drink occasionally or frequently.

Yin (2022) examined the relationship between locus of control, self-efficacy and subjective wellbeing. The sample included 305 elementary school teachers. Adult Nowicki-Strickland Internal-External Locus of Control Scale, the General Self-Efficacy Scale, and SWB measurements were used. Results showed negative correlation between external locus of control and subjective wellbeing. There was a positive correlation between self-efficacy and subjective wellbeing.

Rathore and Menon (2023) studied association between substance use, eagerness to quit and locus of control. 300 college students (both who were using substances and well as those who were not) participated in the study. Results were found to be significant. Findings showed that compared to students who did not use any substances, students scored higher on external locus of control but much lower on internal locus of control.

Israel et al. (2024) analysed the relation of locus of control and impulsivity with substance use disorder. Participants included 102 males and 11 females from Nigeria. Three assessments regarding drug abuse, impulsivity and locus of control were used. Results demonstrated significant positive association between locus of control and substance use disorder. There was also a significant positive correlation between impulsivity and substance use. Substance use was more common in males than females, and also more common in younger generation than older people.

Botha and Dahmann (2024) studied the association between locus of control and self-control, and their impact on health outcomes. Australian survey data was used to conduct the research. Both internal locus of control and greater self-control have been associated with better health and wellbeing. Although both concepts are distinct, they are still theoretically related as there is a proven link

between internal locus of control and self-control.

RATIONALE OF THE STUDY

The justification for this research is the increasing necessity to learn about the psychological determinants of health behavior, particularly among young adults. Since lifestyle diseases like obesity, diabetes, and cardiovascular diseases are rapidly spreading, there is a need to identify factors that affect people's motivation to engage in preventive health behaviors. Locus of Control (LoC) plays a critical function in deciding how one perceives that they can take care of their health. Individuals with an internal LoC tend to be responsible for their wellbeing and make healthier decisions, while people with an external LoC feel helpless and rely on fate, luck, or health practitioners for their wellbeing.

Although various studies have been conducted on Locus of Control and health behaviors, less is given to young adults, particularly in non-Western cultures, where external forces such as family and society dictate health-related choices. Knowing how Locus of Control affects the health behaviors of young adults can be used to plan psychological interventions, educational initiatives, and policy suggestions aimed at promoting self-efficacy and personal responsibility for health. This study will contribute to public health and health psychology endeavors by providing insights that can enhance health promotion practices, resulting in improved long-term health status and reduced healthcare costs.

CHAPTER 3- METHODOLOGY

AIM

To study the relationship between locus of control and health promoting lifestyle among young adults.

OBJECTIVE

To find out the relationship between locus of control and health promoting lifestyle among young adults.

HYPOTHESES

H1: There will be significant relationship between internal locus of control and health promoting lifestyle among young adults.

H2: There will be significant relationship between external locus of control and health promoting lifestyle among young adults.

SAMPLE SIZE

For this research, 60 adults were chosen within the age range of 18-25 years, as participants.

SAMPLE DESIGN

The research employed a random sampling design, which involved the selection of a subset of the population in a random manner. This ensures that every individual within the population has an equal and similar probability of being chosen. The advantage of random sampling is its simplicity and minimal requirement of prior knowledge about the population. By employing this method, researchers can mitigate potential bias such as sampling bias and selection bias, as randomization is utilized. Consequently, any study conducted using this sample is less susceptible to these biases.

INCLUSION CRITERIA

- Young adults within the age range of 18-25 years.
- Young adults who are not suffering from a chronic illness requiring specialized health management.

EXCLUSION CRITERIA

- Individuals below the age of 18 years and above the age of 25 years.
- Individuals who are suffering from a chronic illness requiring specialized health management.

RESEARCH DESIGN

This study employed a quantitative, cross-sectional research design to examine the relationship between Locus of Control (LoC) and health behaviors among young adults. Data was collected using standardized self-report questionnaires administered through Google Forms, ensuring accessibility and convenience for participants. The study used correlational approach to analyse the association between LoC and engagement in health-promoting behaviors. Statistical analysis involved descriptive statistics and correlation tests, providing insights into how perceived control influences health-related decision-making and lifestyle choices.

TOOLS USED

1. Health Promoting Lifestyle Profile-II
2. Rotter's Locus of Control Scale

DESCRIPTION OF THE TOOLS

1. *Health Promoting Lifestyle Profile-II*

The Health Promoting Lifestyle Profile-II (HPLP-II), developed by Walker, Sechrist, and Pender (1995), is a self-report questionnaire that assesses health-promoting behaviors across six dimensions: health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management. It consists of 52 items, rated on a 4-point Likert scale, and is widely used to measure individuals' engagement in behaviors that enhance well-being. Higher the score, higher the engagement in health promoting behaviours.

2. *Rotter's Locus of Control Scale*

The Rotter's Locus of Control Scale (1966) is a self-report questionnaire designed to assess an individual's perception of control over life events. It consists of 29 forced-choice items, where respondents select between internal (belief in personal control) and external (belief in fate or external forces) statements. This widely used scale helps measure generalized expectancies about control in various life domains. Lower score indicates internal locus of control and higher score indicates external locus of control.

PROCEDURE

The procedure of the study began with selecting the research topic based on a review of existing literature and identifying a gap in the understanding of the relationship between health-promoting behaviors and locus of control. Once the topic was finalized, appropriate standardized tools were selected: a Health-Promoting Lifestyle Profile and Rotter's Locus of Control scale, both known for their reliability and validity in psychological research. The survey was prepared in both online and offline formats. Participants were selected using convenience sampling, and informed consent was obtained prior to participation. Responses were collected through Google Forms and printed questionnaires, ensuring anonymity and voluntary participation. After data collection, each questionnaire was carefully scored following the standardized scoring guidelines. The raw data were compiled in Excel and analysed using SPSS software. Descriptive statistics and Pearson's correlation were conducted to assess the relationship between the two variables, and results were interpreted accordingly.

CHAPTER 4- RESULTS

Table 4.1: Correlation between Health Promoting Lifestyle and Internal Locus of Control among Young Adults

Variables	N	r	p
Health Promoting Lifestyle	30	-.480	Sig***
Internal Locus of Control	30		

Table 4.1 reveals a statistically significant negative relationship between Health-Promoting Lifestyle (HPL) and Locus of Control (LOC), lower LOC score indicating more internal LOC, with a Pearson correlation coefficient of **-0.480** and a p-value of **.007** ($p < .05$). This indicates a moderate inverse correlation, suggesting that as individuals engage more in health-promoting behaviors, they tend to have a more internal locus of control.

Table 4.2: : Correlation between Health Promoting Lifestyle and External Locus of Control among Young Adults

Variables	N	r	p
Health Promoting Lifestyle	30	-.582	Sig***
Internal Locus of Control	30		

Table 4.2 shows a strong and statistically significant negative relationship between Health-Promoting Lifestyle (HPL) and External Locus of Control (LOC), with a correlation coefficient of **-0.582** and a p-value of **.001** ($p < .05$). This suggests that individuals who exhibit more health-promoting lifestyle tend to have a less external locus of control—that is, they are less likely to believe that external forces like luck or fate control their health.

CHAPTER 5: DISCUSSION

The title of the present study is “Locus of Control and Health Promoting Lifestyle in Young Adults.” The present study investigated the relationship between health-promoting lifestyle and locus of control among young adults aged 18-25 years. 60 young adults were selected on the basis of their consent. To measure health promoting lifestyle, Health Promoting Lifestyle Profile-II was used. To measure locus of control, Rotter’s Locus of Control Scale were used.

As indicated in **Table 4.1**, the Pearson correlation coefficient between Internal Locus of Control and Health Promoting Lifestyle was - 0.480, with a significance level of $p = 0.007$. This negative and statistically significant correlation suggests that individuals with a more internal locus of control are more likely to engage in health-promoting lifestyle. In other words, young adults who believe they have control over their life outcomes are more proactive in maintaining healthy lifestyle habits. The inverse relationship also implies that a more external locus of control may be associated with lower engagement in such behaviors. These findings support existing psychological theories that link internal health beliefs with positive health behaviors.

As indicated in **Table 4.2**, the Pearson correlation coefficient between External LOC and HPL was - 0.582, with a significance level of $p = 0.001$. This statistically significant correlation suggests that individuals with a more external locus of control are less likely to indulge in health-promoting lifestyle. Young adults who believe they have less or no control over their life outcomes are not active in maintaining healthy lifestyle habits.

This result aligns with previous research that has frequently linked an internal locus of control to positive health lifestyle. The belief in personal agency and the perception of being able to control one's health outcomes are often considered key motivators for engaging in activities that promote well-being. Individuals who believe their actions make a difference are more likely to invest in preventive care, healthy eating, regular exercise, and stress management.

However, the small magnitude of the correlation observed in this study indicates that locus of control, while statistically significant, is not the sole determinant of health-promoting behaviors. Other psychological, social, and environmental factors likely contribute to an individual's health choices. For instance, factors such as self-efficacy, social support, access to healthcare, cultural norms, and socioeconomic status can all play a crucial role in shaping health-related behaviors. It is important to acknowledge that the current study focused specifically on the linear relationship between locus of control and health-promoting behaviors, and other non-linear relationships or moderating variables were not explored.

The implications of this finding should be considered within the context of Indian citizens between the age of 18-25 years. Understanding the role of locus of control in this group can inform the development of targeted interventions aimed at promoting healthier lifestyles. For example, interventions designed to enhance individuals' belief in their ability to control their health outcomes might be beneficial. These interventions could incorporate strategies to improve self-efficacy, provide education on the impact of personal choices on health, and empower individuals to take an active role in managing their well-being.

It is crucial to acknowledge the limitations of this study. The correlational design does not allow for causal inferences. While the results suggest an association between locus of control and health-promoting behaviors, it is not possible to conclude that locus of control directly causes these behaviors. There may be other variables influencing both locus of control and health-promoting behaviors. Additionally, the sample size ($n=60$) may be considered relatively small, which could limit the generalizability of the findings to a larger population. Future research with larger and more diverse samples is warranted to further explore this relationship.

Further research could also investigate the potential mediating or moderating variables that might influence the relationship between locus of control and health-promoting lifestyle. For example, it would be valuable to examine the role of self-efficacy as a mediator, exploring whether locus of control influences self-efficacy, which in turn affects health behaviors. Additionally, future studies could explore how social support, or cultural factors might moderate this relationship, influencing the strength or direction of the association.

In conclusion, this study provides evidence for a statistically significant small negative correlation between health-promoting lifestyle and locus of control. While the findings support the notion that a more internal locus of control is associated with a greater tendency to engage in health-promoting lifestyle, it is important to interpret this result in conjunction with the study's limitations and within the broader context of the multifaceted influences on health behaviour. Future research should continue to explore this relationship in greater depth, considering other relevant variables and employing more robust research designs.

CHAPTER 6: SUMMARY AND CONCLUSION

The title of the present study is “Locus of Control and Health Promoting Lifestyle in Young Adults.” The present study investigated the relationship between health-promoting lifestyle and locus of control among young adults aged 18-25 years. 60 young adults were selected on the basis of their consent. To measure health promoting lifestyle, Health Promoting Lifestyle Profile-II was used. To measure locus of control, Rotter’s Locus of Control Scale were used.

OBJECTIVE

To find out the relationship between locus of control and health promoting lifestyle among young adults.

HYPOTHESES

H1: There will be significant relationship between internal locus of control and health promoting lifestyle among young adults.

H2: There will be significant relationship between external locus of control and health promoting lifestyle among young adults.

FINDINGS

- Significant negative relationship was found between internal locus of control and health promoting lifestyle among young adults.
- Significant negative relationship was found between external locus of control and health promoting lifestyle among young adults.

LIMITATIONS

This study has several limitations that should be considered when interpreting the findings. Primarily, the correlational design employed does not allow for the establishment of causal relationships between health-promoting behaviors and locus of control. While the results indicate an association between these variables, it remains unclear whether one directly influences the other. Furthermore, the sample size (n=60 for the correlation between Health promoting behaviours and Locus of Control) may limit the generalizability of the findings to a larger, more diverse population. Therefore, caution should be exercised when extrapolating these results beyond the specific group studied. Future research should utilize experimental or longitudinal designs to explore the causal nature of this relationship and include larger, more representative samples to enhance generalizability.

FUTURE RECOMENDATIONS

The present study has provided valuable insights into the relationship between health- promoting behaviours and locus of control. However, the findings also open avenues for further research to deepen our understanding of this complex interplay and to address the limitations inherent in the current study's design. Several promising directions for future research emerge, focusing on strengthening the methodological rigor, expanding the scope of inquiry, and exploring practical applications.

- **Longitudinal Studies:** A primary limitation of the current study is its cross-sectional correlational design, which precludes the establishment of causality. Future research should employ longitudinal designs to examine the temporal relationship between locus of control and health-promoting behaviors. Longitudinal studies would allow researchers to assess locus of control at one point in time and then track changes in health-promoting behaviors over time, or vice versa. This approach could provide evidence for the directionality of the relationship – whether locus of control influences subsequent health behaviors, or whether engaging in health behaviors alters one's locus of control, or if there's a reciprocal relationship.
- **Larger and More Diverse Samples:** The generalizability of the current study's findings is limited by the relatively small sample size. Future research should aim to recruit larger and more diverse samples that are representative of a wider range of demographic characteristics (e.g., age, gender, ethnicity, socioeconomic status) and geographical locations. This would enhance the external validity of the findings and increase confidence in their applicability to broader populations.
- **Specific Health Behaviors:** The current study examined health-promoting behaviors as a composite measure. Future research could delve into the relationship between locus of control and specific types of health behaviors, such as dietary habits, exercise patterns, smoking, alcohol consumption, and preventive health practices. This would allow for a more nuanced understanding of how locus of control influences different aspects of health.

Social and Environmental Factors: Health behaviors are also influenced by social and environmental factors. Future research could explore how social support, social norms, access to healthcare, socioeconomic status, and the physical environment interact with locus of control to affect health-promoting behaviors. For example, research could examine whether social support moderates the relationship between locus of control and health behaviors, such that the association is stronger for individuals with high social support.

REFERENCES

- Abadi, H. Z. M., Soorashjani, R. H., Rizi, F. R., C Akrami, L. (2020). Investigating the Relation between Religious Orientation and Locus of Control with Tendency toward Substance Abuse, Case study: Addicts and Non-Addicts Men, Isfahan, 2018. *Journal of Community Health Research*.
- Açıkgöz Çepni, S., C Kitiş, Y. (2017). Relationship between healthy lifestyle behaviors and health locus of control and health-specific self-efficacy in university students. *Japan Journal of Nursing Science*, 14(3), 231-239.
- Afsahi, F., C Kachooei, M. (2020). Relationship between hypertension with irrational health beliefs and health locus of control. *Journal of education and health promotion*, S(1), 110.
- Ajzen, I. (2020). The theory of planned behavior: Frequently asked questions. *Human behavior and emerging technologies*, 2(4), 314-324.
- Alat, P., Das, S. S., Arora, A., C Jha, A. K. (2023). Mental health during COVID-19 lockdown in India: Role of psychological capital and internal locus of control. *Current psychology*, 42(3), 1923-1935.
- Amit Aharon, A., Nehama, H., Rishpon, S., C Baron-Epel, O. (2018). A path analysis model suggesting the association between health locus of control and compliance with childhood vaccinations. *Human vaccines & immunotherapeutics*, 14(7), 1618-1625.
- Berglund, E., Lytsy, P., C Westerling, R. (2014). The influence of locus of control on self-rated health in context of chronic disease: a structural equation modeling approach in a cross sectional study. *BMC Public health*, 14, 1-9.
- Botha, F., C Dahmann, S. C. (2024). Locus of control, self-control, and health outcomes. *SSM-Population Health*, 25, 101566.
- Caliendo, M., C Hennecke, J. (2022). Drinking is different! Examining the role of locus of control for alcohol consumption. *Empirical Economics*, c3(5), 2785-2815.
- Cheng, C., Cheung, M. W. L., C Lo, B. C. (2016). Relationship of health locus of control with specific health behaviours and global health appraisal: a meta-analysis and effects of moderators. *Health psychology review*, 10(4), 460-477.
- Cheng, H., C Furnham, A. (2019). Childhood locus of control and self-esteem, education, psychological distress and physical exercise as predictors of adult obesity. *Journal of Public Health*, 41(3), 439-446.
- Cobb-Clark, D. A., Kassenboehmer, S. C., C Schurer, S. (2014). Healthy habits: The connection between diet, exercise, and locus of control. *Journal of Economic Behavior & Organization*, S8, 1-28.
- Cuze, A., C Aleksic, A. (2021). Student well-being: Identifying the contribution of optimism and locus of control. *Hellenic journal of psychology*, 18(1), 19-33.
- Dahal, P., Koirala, P., Kanchanakhan, N., C Hounnaklang, N. (2022). Influence of Drinking related Locus of Control on motivation to change alcohol drinking behavior, as observed in Kathmandu, Nepal. *Journal of Substance Use*, 27(2), 135-140.
- de Oliveira Moreira, C. N., Marques, C. B., Salomé, G. M., da Cunha, D. R., C Pinheiro, F. A. M. (2016). Health locus of control, spirituality and hope for healing in individuals with intestinal stoma. *Journal of Coloproctology*, 3c(04), 208-215.
- Demir, S., Demir, S. G., Bulut, H., C Hisar, F. (2014). Effect of mentoring program on ways of coping with stress and locus of control for nursing students. *Asian nursing research*, 8(4), 254-260.
- Dogonchi, M., Mohammadzadeh, F., C Moshki, M. (2022). Investigating the relationship between health locus of control and health behaviors: A systematic review. *The Open Public Health Journal*, 15(1).
- Duplaga, M., C Grysztar, M. (2021). Nutritional behaviors, health literacy, and health locus of control of secondary schoolers in southern Poland: A cross-sectional study. *Nutrients*, 13(12), 4323.

- Giblett, A., C Hodgins, G. (2023). Flourishing or languishing? The relationship between mental health, health locus of control and generalised self-efficacy. *Psychological Reports*, 12c(1), 94-116.
- Gore, J. S., Griffin, D. P., C McNierney, D. (2016). Does internal or external locus of control have a stronger link to mental and physical health?. *Psychological Studies*, c1, 181-196.
- Hovenkamp-Hermelink, J. H., Jeronimus, B. F., Spinhoven, P., Penninx, B. W., Schoevers, R. A., C Riese, H. (2019). Differential associations of locus of control with anxiety, depression and life-events: A five-wave, nine-year study to test stability and change. *Journal of affective disorders*, 253, 26-34.
- Israel, U. N., Aroyewun, B. A., C Obi, L. (2024). Locus of Control and Impulsivity as Correlates of Substance use Disorder Among Outpatients in a Psychiatric Hospital. *IFE Psychologia: An International Journal*, 32(1), 30-39.
- Keinki, C., Seilacher, E., Ebel, M., Ruetters, D., Kessler, I., Stellamanns, J., ... C Huebner, J. (2016). Information needs of cancer patients and perception of impact of the disease, of self-efficacy, and locus of control. *Journal of Cancer Education*, 31, 610-616.
- Jain, M., C Singh, S. (2015). Locus of control and its relationship with mental health and adjustment among adolescent females. *Journal of Mental Health and Human Behaviour*, 20(1), 16-21.
- Kesavayuth, D., Binh Tran, D., C Zikos, V. (2022). Locus of control and subjective well-being: Panel evidence from Australia. *Plos one*, 17(8), e0272714.
- Kesavayuth, D., Poyago-Theotoky, J., & Zikos, V. (2020). Locus of control, health and healthcare utilization. *Economic Modelling*, 86, 227-238.
- Khumalo, T., C Plattner, I. E. (2019). The relationship between locus of control and depression: A cross-sectional survey with university students in Botswana. *South african journal of psychiatry*, 25.
- Kurt, A. S. (2015). The relationship between healthy lifestyle behaviors and health locus of control among nursing and midwifery students. *American Journal of Nursing Research*, 3(2), 36-40.
- Kusnanto, K., Dwi Susanti, R., Ni'mah, L., C Zulkarnain, H. (2018). The Correlation Between Motivation and Health Locus of Control with Dietary Adherence of Diabetes.
- Li, J., Lepp, A., C Barkley, J. E. (2015). Locus of control and cell phone use: Implications for sleep quality, academic performance, and subjective well-being. *Computers in human behavior*, 52, 450-457.
- Malhotra, R., C Suri, S. (2017). Locus of control and well-being among college students. *Indian Journal of Positive Psychology*, 8(2), 231-236.
- Marr, J., C Wilcox, S. (2015). Self-efficacy and social support mediate the relationship between internal health locus of control and health behaviors in college students. *American Journal of Health Education*, 4c(3), 122-131.
- Mohammad Alipour, Z., C Bahrainian, S. A. M. (2021). Efficacy of lifestyle change training on improving self-efficacy, outcome expectations and reducing locus of external control in students. *Journal of Psychological Science*, 20(107), 2107-2124.
- Musich, S., Wang, S. S., Slindee, L., Kraemer, S., C Yeh, C. S. (2020). The impact of internal locus of control on healthcare utilization, expenditures, and health status across older adult income levels. *Geriatric Nursing*, 41(3), 274-281.
- Náfrádi, L., Nakamoto, K., C Schulz, P. J. (2017). Is patient empowerment the key to promote adherence? A systematic review of the relationship between self-efficacy, health locus of control and medication adherence. *PloS one*, 12(10), e0186458.
- Pourhoseinzadeh, M., Gheibizadeh, M., C Moradikalboland, M. (2017). The relationship between health locus of control and health behaviors in emergency medicine personnel. *International journal of community based nursing and midwifery*, 5(4), 397.

Radcliff, Z., Al Ghriwati, N., Derlan, C. L., Velazquez, E., Halfond, R., C Corona, R. (2018). The relationship between Latina/o youth's internal health locus of control, cultural factors, and body mass index. *Journal of Latina/o Psychology*, c(3), 190.

Rathore, B. S., & Menon, S. (2024). Internal and external locus of control in college students indulging in substance use in a northern state of India. *Journal of Substance Use*, 29(3), 473-476.

Rotter, J. B. (2013). The psychological situation in social-learning theory. In *Toward a Psychology of situations* (pp. 169-178). Psychology Press.

Shojaee, M., & French, C. (2014). The relationship between mental health components and locus of control in youth. *Psychology*, 2014.

Sharif, S. P. (2017). Locus of control, quality of life, anxiety, and depression among Malaysian breast cancer patients: The mediating role of uncertainty. *European Journal of Oncology Nursing*, 27, 28-35.

Singh, T. K., C Choudhri, N. (2014). Early adulthood: The role of locus of control, meaning of life and subjective well being. *Journal of psychosocial research*, S(1), 131.

Staniszewska, A., Olejniczak, D., C Dąbrowska-Bender, M. (2017). Health behaviors and health locus of control in patients with epilepsy. *Journal of Education, Health and Sport*, 7(11), 77-85.

Strecher, V. J., & Rosenstock, I. M. (1997). The health belief model. *Cambridge handbook of psychology, health and medicine*, 113, 117.

Timmins, F., C Martin, C. (2019). Spirituality and locus of control—A rapid literature review. *Spirituality in Clinical Practice*, c(2), 83.

Weiner, B. (1972). Attribution theory, achievement motivation, and the educational process. *Review of educational research*, 42(2), 203-215.

Yeoh, S. H., Tam, C. L., Wong, C. P., C Bonn, G. (2017). Examining depressive symptoms and their predictors in Malaysia: Stress, locus of control, and occupation. *Frontiers in psychology*, 8, 1411.

Yin, W. (2022). External locus of control and elementary teachers' subjective wellbeing: Self-efficacy as a mediator. *Social Behavior and Personality: an international journal*, 50(6), 40-48.

Yu, X., C Fan, G. (2016). Direct and indirect relationship between locus of control and depression. *Journal of health psychology*, 21(7), 1293-1298.