

A Clinical Psychology-Based Psychoeducational Program to Enhance Happiness During Ramadan Fasting: A Quasi-Experimental Study Among Indonesian Muslim University Students

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ABSTRACT

First-year students experience a transitional phase from school to university. This phase often exposes them to various challenges, especially when observing the fast during Ramadan away from their families, giving rise to psychological dynamics such as fatigue, loneliness, and homesickness that can reduce students' levels of happiness. Therefore, appropriate interventions are needed to help increase happiness. This study aimed to examine the effectiveness of the psychoeducational program 'A Joyful Fast: A Clinical Psychology Perspective' in enhancing happiness among first-year students. The study employed a quasi-experimental design using a one-group pretest-posttest approach. A total of 160 first-year students participated. Data were analyzed using the Wilcoxon signed-rank test. The results indicated an increase in happiness after the intervention, as evidenced by a significant difference between pretest and posttest scores ($W = 2021, z = -7.26, p < .001$) with a large effect size ($r = 0.67$). These findings suggest that the psychoeducational intervention is effective in increasing happiness among first-year students during Ramadan.

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1. INTRODUCTION

The month of Ramadan holds special significance for Muslims. It is believed to bring blessings, mercy, and forgiveness [1][2]. During Ramadan, Muslims are encouraged to intensify their worship because good deeds are thought to receive multiplied reward [3]. Among the various forms of worship, fasting is an obligatory practice prescribed for Muslims who are physically and mentally capable and have reached puberty (baligh)[4]. Fasting (sawm or shaum) is the practice of refraining from food, drink, and any actions that invalidate the fast from dawn until sunset [5]. Beyond being an act of obedience to God, fasting carries spiritual and psychological meanings: it cultivates self-control, strengthens patience, and fosters empathy toward others [6][7].

From a psychological perspective, fasting can be understood as a process of self-regulation involving behavioral restraint, emotional regulation, and meaning-making [8][9][10]. These processes are closely associated with psychological well-being, particularly within the framework of positive psychology. Engaging in structured religious practices such as fasting may enhance positive emotions, strengthen self-control, and foster a sense of purpose, all of which are central components of happiness [11][12]. In the context of Ramadan, maintaining positive emotional states may help individuals cope more effectively with daily challenges and sustain psychological balance [13][14].

In the university context, fasting occurs alongside academic demands, new social roles, and environmental transitions [15]. This is particularly relevant for first-year students, who are undergoing a critical period of adjustment to university life. Many students come from diverse regional and cultural backgrounds and may live away from their families for the first time [16]. During Ramadan, these students must independently manage pre-dawn meals (sahur) and breaking the fast (iftar), while simultaneously adapting to academic responsibilities and new social environments [17].

These conditions may give rise to various emotional challenges, including homesickness, loneliness, and difficulties in adapting to new routines [18][19]. Changes in sleep patterns, eating schedules, and academic pressures further complicate the adjustment process and may influence both physical and psychological well-being [20]. Importantly, these challenges are closely associated with reduced positive emotions and may directly

impact students' happiness during the transition to university life [21].

Happiness, as conceptualized in positive psychology, refers to a subjective state encompassing positive emotions, life satisfaction, and a sense of meaning [11]. Within the PERMA framework, positive emotions play a central role in promoting resilience and adaptive coping in challenging situations [12]. Happiness was selected as the primary outcome variable in this study because it reflects individuals' immediate subjective emotional experiences in daily life. Compared to broader constructs such as well-being, life satisfaction, or adjustment, happiness is more sensitive to short-term psychological changes and is therefore more suitable for evaluating the impact of psychoeducational interventions [22]. In this study, happiness is operationally defined as the score obtained from the Happiness Measurement Scale, which assesses positive affect, life satisfaction, and emotional well-being.

Preliminary findings using the Happiness Measurement Scale indicate that first-year students tend to exhibit low to moderate levels of happiness [23][24]. This suggests that the combined challenges of academic adaptation, environmental changes, and fasting away from family may influence students' emotional states [25][26]. Such conditions may lead to decreased positive affect, increased feelings of loneliness, and perceived lack of social support [27][28].

One approach that may help address these challenges is psychoeducation. Psychoeducation is a structured psychological intervention that provides individuals with knowledge, emotional awareness, and coping strategies to manage psychological difficulties [29][30]. Within the context of clinical psychology, psychoeducation aims to enhance understanding, strengthen coping mechanisms, and promote adaptive emotional responses [31][32]. In the context of Ramadan, psychoeducation may help students better understand their emotional experiences, regulate their responses to challenges, and maintain positive psychological functioning during fasting.

Previous studies have demonstrated that psychoeducational interventions can improve well-being and positive emotional states [29][33]. However, several important gaps remain in the literature. First, existing studies have not specifically examined

psychoeducation in the context of Ramadan fasting. Second, limited research has focused on first-year Muslim university students, who experience a unique intersection of academic transition and religious practice. Third, happiness as an outcome variable has received less attention compared to more commonly studied constructs such as stress, anxiety, and depression. Furthermore, previous research has rarely examined the interaction between religious practices, transitional stress, and positive psychological outcomes, leaving an important gap in understanding how structured interventions can support students' emotional experiences during Ramadan.

This indicates a need for research that integrates these factors within a single framework. In addition, students' happiness during the transition to university may be influenced by several confounding variables, including social support, living arrangements, prior psychological conditions, and academic workload. These contextual factors may interact with the effects of psychoeducational interventions and should be considered in interpreting the findings.

Based on this gap, the research question of the present study is: Does a psychoeducational program grounded in positive psychology and clinical psychology principles significantly enhance happiness among first-year Indonesian Muslim university students during Ramadan fasting?

2. METHOD

This study employed a quasi-experimental design, in which external variables that may influence the outcomes cannot be fully controlled [34]. The study employed a one-group pretest–posttest design, in which all participants received the same intervention. Participants' levels of happiness were measured before (pretest) and after (posttest) the intervention to assess the changes that occurred following the psychoeducational program. Although this design does not allow strong causal inference due to the absence of a control group, it is appropriate for preliminary intervention studies and exploratory evaluations conducted in naturalistic settings such as educational environments. The study design framework is presented in the figure below.

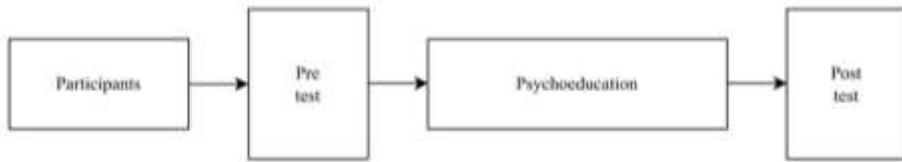


Figure 1. Research Design

The instrument used in this study was the Happiness Measurement Scale developed by Argyle and Hills [35]. The scale is designed to measure an individual's level of happiness. It consists of several dimensions, including life satisfaction, friendliness, positive thinking, cheerfulness, and positive self-esteem. The instrument uses a Likert scale ranging from 1 to 5, where a score of 1 indicates (strongly disagree) and a score of 5 indicates (strongly agree).

This study used the Indonesian version of the Happiness Measurement Scale, which has been modified and adapted by Augustiya et al. [36]. The Indonesian version of the Happiness Measurement Scale has validity coefficients ranging from 0.32 to 0.83 and a reliability coefficient of 0.741. These values indicate that the items demonstrate acceptable levels of validity and reliability, making the scale appropriate for measuring happiness in this study. Although the scale has been validated in Indonesian populations, its application in first-year university students during Ramadan should be interpreted with consideration of contextual factors.

The psychoeducational program consisted of two sessions, each lasting 120 minutes, delivered in a group format. The intervention was grounded in principles of positive psychology and self-regulation, aiming to enhance emotional awareness, adaptive coping, and positive emotional experiences during fasting. Session 1 focused on the basic understanding and meaning of fasting. The content included the definition of fasting, Qur'anic foundations, the timing and purpose of fasting, and psychological perspectives emphasizing self-regulation and mindfulness. Participants engaged in guided self-reflection to identify personal challenges during Ramadan and to formulate individual goals.

Session 2 emphasized mental health and practical coping skills. This session addressed the psychological impact of fasting, emotional regulation strategies, and adaptive coping techniques. Participants practiced deep breathing relaxation using the 4-7-8 technique and were introduced to practical strategies such as daily

emotional and gratitude journaling, time management for balancing sleep and worship routines, and engagement in positive activities, including worship and light physical exercise. The intervention was delivered by qualified facilitators. Session 1 was conducted by a lecturer from the Faculty of Islamic Studies, while Session 2 was facilitated by a clinical psychologist. To ensure intervention fidelity, participants' engagement was monitored through daily journaling records and a checklist documenting the frequency of relaxation practice.

Data were analyzed using non-parametric statistical methods. Normality testing using the Shapiro–Wilk test indicated that the data were not normally distributed. Therefore, the Wilcoxon signed-rank test was employed to compare pretest and posttest scores. Given the relatively large sample size ($n = 160$), the use of non-parametric analysis was considered appropriate to ensure robustness of the findings. The level of statistical significance was set at $p < 0.05$.

It is important to note that several potential confounding variables may influence the results, including social support, living arrangements, prior psychological condition, and academic workload during Ramadan. Additionally, factors such as maturation, external events, and regression to the mean cannot be fully controlled within a one-group design. Therefore, the findings of this study should be interpreted with caution, particularly in terms of causal inference.

3. RESULTS AND DISCUSSION

This study examined the effect of psychoeducation from a clinical psychology perspective on enhancing happiness among first-year students during Ramadan. All participants were first-year students in their second semester, enrolled in the psychology program. Participants came from various regions, both within and outside Purwokerto, and had low to moderate levels of happiness based on baseline (pretest) measurements.

Data were obtained from pretest and posttest assessments and analyzed using statistical tests to determine differences in happiness levels before and after the intervention. The analysis aimed to evaluate the magnitude of the psychoeducational intervention's effect on increasing happiness among first-year students.

3.1. Participant characteristics

The participants in this study had several characteristics relevant to the research objectives. These characteristics are presented in the table below.

Table 1. Distribution of Respondents' Demographic Characteristics

Demographics	Category	N	%
Sex	Male	37	23.1
	Female	123	76.9
Age	17	2	1.2
	18	67	41.9
	19	72	45
	20	15	15
	21	3	1.9
	22	1	0.6
Semester	2A	35	21.9
	2B	34	21.3
	2C	32	20
	2D	31	19.4
	2E	28	17.5
Region of Residence	Within Purwokerto	95	59.4
	Outside Purwokerto	65	40.6

A total of 160 participants were involved in this study. The majority of respondents were female (76.9%), while males accounted for 23.1%. The age distribution of participants was primarily within the range of 18–19 years, with the largest proportion aged 19 years (45%), followed by 18 years (41.9%). A smaller proportion of participants were aged 20 years (15%), 21 years (1.9%), 17 years (1.2%), and 22 years (0.6%). This distribution indicates that most participants were in the late adolescence to early adulthood stage, a developmental period characterized by the transition to university life.

Based on the semester distribution, participants came from several second-semester classes: Class 2A (21.9%), 2B (21.3%), 2C (20%), 2D (19.4%), and 2E (17.5%). This composition indicates that the research sample represents first-year students from various classes within the psychology program. In terms of place of

residence, the majority of participants were from Purwokerto (59.4%), while 40.6% came from outside Purwokerto. This distribution suggests that some students pursue their university studies while living away from their families. Such circumstances may present challenges, particularly in balancing academic life while observing the fast during the month of Ramadan. Therefore, the demographic characteristics of the participants in this study represent a group of first-year students relevant to the research objective of enhancing happiness through a psychoeducational intervention

3.2. Descriptive Statistics of Key Measures

Based on the results of the descriptive statistical analysis, the happiness scores before and after the intervention showed an increase. In addition to overall scores, participants were predominantly first-year students within a relatively homogeneous academic cohort, which may limit variability in demographic characteristics. Therefore, further subgroup analysis was not conducted, as the sample lacked sufficient heterogeneity to support meaningful comparisons.

Table 2. Descriptive Statistics of Pretest and Posttest

Variable	N	Min	Max	Mean	Median	SD
Pretest	160	38	66	61.53	62.00	4.77
Posttest	160	43	86	66.54	67.00	7.26

As shown in Table 2, the pretest scores ranged from 38 to 66, with a mean of 61.53 (SD = 4.77) and a median of 62.00. Meanwhile, the posttest scores ranged from 43 to 86, with a mean of 66.54 (SD = 7.26) and a median of 67.00. The increase in mean scores from pretest to posttest suggests an overall improvement in participants' happiness levels following the intervention. However, the standard deviation increased from 4.77 to 7.26, indicating greater variability in posttest scores. This increase in variability may reflect heterogeneous responses to the psychoeducational program, where some participants experienced greater improvement than others.

Table 3. Categorization of Pretest and Posttest Happiness Levels

Variable	Category	Range Percentile	F	%
Pretest	Low	≤ 44	5	3.1
	Moderate	45-66	155	96.8
	High	≥ 67	0	0
Posttest	Low	≤ 44	1	0.6
	Moderate	45-66	72	45.0
	High	≥ 67	83	51.9

Table 3 presents the distribution of participants' happiness levels before and after the intervention. Prior to the intervention, most participants were categorized as having moderate levels of happiness (96.8%), with a small proportion in the low category (3.1%) and none in the high category. Following the intervention, a larger proportion of participants fell into the high category (51.9%), while the proportion in the moderate category decreased (45.0%), and only one participant remained in the low category (0.6%).

The percentile-based categorization presented in this table was used for descriptive purposes only, to facilitate interpretation of score distributions. These cut-off points were derived from the sample distribution rather than from standardized or clinically validated thresholds. Therefore, they should not be interpreted as reflecting clinically meaningful categories, but rather as indicative of relative changes within the sample.

3.3. Difference Test Results

The results of the statistical test indicate a difference in happiness scores before and after the intervention.

Table 4. Wilcoxon Signed-Rank Test Results

Variable	W	P	z	Rank-Biserial Correlation
Shapiro-Wilk	0.92	< .001		
Pretest-Posttest	2021	< .001	-7.26	0.67

The Shapiro-Wilk test indicated that the data were not normally distributed ($W = 0.92$, $p < .001$). Therefore, the Wilcoxon signed-rank test was used to examine differences between pretest

and posttest scores. The results showed a statistically significant difference in happiness scores before and after the intervention ($W = 2021, z = -7.26, p < .001$).

The effect size ($r = 0.67$) indicates a substantial statistical effect. According to conventional benchmarks, this value can be considered large; however, its practical or clinical significance should be interpreted cautiously. Although the observed increase in mean scores suggests improvement, the extent to which this change reflects meaningful improvements in daily functioning or long-term well-being remains uncertain.

3.4. Summary of Findings

To clarify the pattern of findings, the results can be summarized as follows:

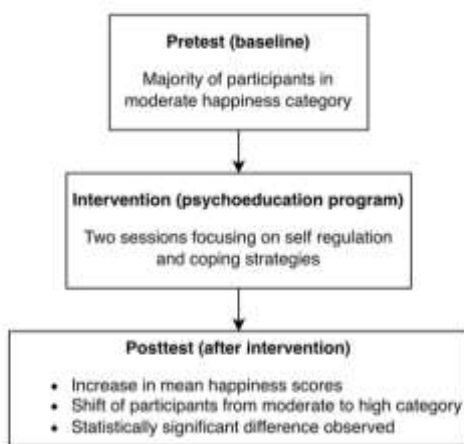


Figure 2. Flow of Changes in Happiness Levels From Pretest to Posttest

The figure illustrates the pattern of changes in participants' happiness levels, showing the transition from baseline (pretest), through the psychoeducational intervention, to posttest outcomes.

4. DISCUSSION

This study sought to answer whether a psychoeducational program grounded in positive psychology and clinical psychology principles significantly enhances happiness among first-year Indonesian Muslim university students during Ramadan fasting. The findings indicate that participants' happiness scores increased after the intervention. However, this improvement should be

interpreted as an association rather than definitive causal evidence, because the study used a one-group pretest–posttest design without a control group. Thus, alternative explanations such as Ramadan-related social and spiritual experiences, as well as natural student adjustment over time, cannot be ruled out.

These findings are generally consistent with previous studies showing that psychoeducational interventions can improve well-being and positive emotional states [29][33]. Similar results have also been reported in interventions such as gratitude journaling, which improved college adjustment, life satisfaction, and positive affect among first-year students [21]. In the present study, the psychoeducational program may have worked through a similar mechanism by helping participants reflect on their experiences, regulate emotions, and develop more adaptive coping responses during fasting.

The result may also be understood through positive psychology and religious coping frameworks. Positive psychology emphasizes the role of positive emotions, meaning-making, and adaptive coping in supporting well-being [11][12]. In addition, religious coping suggests that religious practices such as fasting can provide structure, purpose, and emotional support [37]. In this study, the integration of psychoeducation with the meaning of fasting may have helped students reframe Ramadan as a more meaningful and manageable experience, which could contribute to improved happiness.

At the same time, the findings may differ from studies conducted in non-Ramadan or non-religious contexts because the present intervention was delivered during a spiritually meaningful period with strong communal involvement. Ramadan may itself contribute to increased positive emotions through worship, social interaction, and shared religious routines [33]. Therefore, the improvement in happiness is likely influenced by both the intervention and the broader religious context. This makes the findings particularly relevant to Indonesian Muslim students, but it also limits direct generalization to other populations.

The practical implication of this study is that universities may consider incorporating brief psychoeducational programs into student support services, especially during Ramadan or other periods of transition. Such programs should not only provide emotional regulation skills but also connect psychological coping

with students' lived religious experiences. In practice, this can be implemented through short group sessions, journaling exercises, relaxation practice, and reflective discussions led by facilitators with both psychological and contextual understanding.

The study also suggests a need for more targeted support for first-year students, who are particularly vulnerable to homesickness, academic stress, and adjustment difficulties. Psychoeducation may serve as a preventive and promotive strategy to help students maintain positive emotions while adapting to university life. From a policy perspective, these findings support the value of campus mental health programs that are culturally sensitive and contextually grounded.

However, the present findings should be interpreted with caution. The mechanisms of change were not directly measured, and the study did not include process data, qualitative feedback, or mediation analysis. Therefore, it is not possible to determine exactly which components of the intervention were most influential. Future studies should use controlled designs, compare psychoeducation with other interventions, and examine whether the effects are sustained over time. Overall, the study suggests that psychoeducation may be a useful approach for enhancing happiness among first-year students during Ramadan, but stronger designs are needed to confirm its effectiveness and clarify how the intervention produces change.

5. CONCLUSION

This study found that participants' happiness scores increased following the psychoeducational program among first-year psychology students at a university in Purwokerto. A statistically significant difference between pretest and posttest scores indicates a pattern of change in participants' reported happiness after the intervention. However, these findings should be interpreted with caution, as the study employed a one-group pretest–posttest design without a control group, limiting the ability to draw causal conclusions or to determine effectiveness in comparison to alternative conditions.

The results suggest that psychoeducation focusing on emotion regulation, adaptive coping strategies, and the psychological meaning of fasting may be associated with increased positive emotional experiences during Ramadan. These findings

should be understood as indicative of a potential relationship rather than definitive evidence of effectiveness, given the methodological constraints of the study. Nevertheless, the study did not directly measure broader outcomes such as academic adaptation or social integration; therefore, conclusions regarding students' adaptation to university life should be considered tentative and indirect.

From a practical perspective, the psychoeducational program implemented in this study consisted of two sessions (every 120 minutes) combining conceptual material and practical exercises, delivered by a religious studies lecturer and a clinical psychologist. While this structure may provide an initial framework for similar programs, its implementation in other contexts may require careful consideration of resource availability, facilitator expertise, institutional support, and cultural relevance. In addition, issues such as cost-effectiveness, scalability, and long-term sustainability were not examined in this study and should be addressed in future program development.

In addition, the integration of religious values with clinical-psychological approaches in this study was limited to framing fasting as a meaningful experience and incorporating reflection and coping strategies. Future research should more explicitly examine how such integration is conceptualized, operationalized, and evaluated, while maintaining clarity between theological and psychological constructs.

Several limitations should be noted. The findings are based on a relatively homogeneous sample of first-year psychology students from a single university during one Ramadan period, which may limit generalizability to other populations, academic disciplines, cultural contexts, or non-Ramadan settings. Furthermore, the absence of a control group, lack of randomization, and reliance on self-report measures may introduce bias and limit the internal validity of the findings.

Future research is needed to address these limitations by employing more rigorous research designs, such as randomized controlled trials or the inclusion of comparison groups, as well as longitudinal follow-up to examine the sustainability of intervention effects. In addition, future studies should incorporate process measures or mixed-method approaches to better understand the mechanisms through which psychoeducation may influence happiness.

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