



Conscientiousness as a Predictor of Healthy Living Behaviors among Student Activists

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Abstract: Health-related behaviors among university students have become an increasing concern, particularly among student activists who face substantial academic and organizational demands. Individual characteristics, including personality traits, may be associated with variations in health-related behaviors within this population. This study aimed to examine the association between conscientiousness and healthy living behaviors among student activists at UIN Raden Mas Said Surakarta. A quantitative correlational design was employed, involving 230 undergraduate student activists selected through cluster random sampling from campus-based student organizations (UKK/UKM). Data were collected using the conscientiousness subscale of the Big Five Inventory and a Healthy Living Behavior Scale, both of which demonstrated adequate internal consistency in the present sample. Data were analyzed using Pearson's product-moment correlation. The results indicated a statistically significant positive association between conscientiousness and healthy living behaviors ($r = 0.456, p < 0.001$), reflecting a moderate relationship. Descriptive analysis showed that most respondents fell within the moderate category for both conscientiousness and healthy living behaviors, based on mean and standard deviation criteria. These findings indicate that conscientiousness is meaningfully associated with healthier lifestyle practices among student activists, although the cross-sectional design does not permit causal inference. The results underscore the importance of considering personality traits alongside other psychological and contextual factors when examining health-related behaviors in student populations.

Introduction

University students who are actively involved in student organizations face dual demands, namely academic responsibilities and organizational commitments (1). Balancing these roles often exposes student activists to increased psychological stress, irregular daily schedules, and limited opportunities to attend to personal health needs (2). Empirical evidence indicates that more than half of student activists experience elevated levels of strain related to organizational involvement, which is frequently associated with unhealthy dietary patterns, insufficient sleep, and reduced physical activity (3). Recent empirical studies further indicate that students exposed to sustained academic and organizational stress are at higher risk of engaging in unhealthy lifestyle behaviors, including irregular eating patterns, physical inactivity, and sleep deprivation (4). Prolonged exposure to such stressors may disrupt students' self-regulation and time-management capacities, leading them to prioritize academic demands

over essential health-maintaining activities. As a result, students often adopt maladaptive coping strategies, such as skipping meals, reducing physical exercise, and sacrificing sleep to meet deadlines or organizational responsibilities. Over time, these patterns can accumulate and negatively affect both physical well-being and cognitive functioning, potentially impairing academic performance and overall quality of life.

Comparable patterns of stress-related health behaviors have been documented in other high-demand student populations, such as medical students, where elevated academic pressure is linked to poorer health behaviors. However, individuals with higher levels of conscientiousness within these populations tend to demonstrate healthier dietary habits and lower engagement in risk behaviors such as smoking (4). Although student activists and medical students differ contextually, both groups share exposure to sustained performance pressure, time constraints, and high role expectations, which justifies cautious theoretical

comparison regarding stress–health behavior dynamics.

Unhealthy lifestyle patterns adopted during young adulthood pose substantial long-term risks for both physical and mental health (5). According to the World Health Organization, health is defined not merely as the absence of disease but as a state of complete physical, mental, and social well-being (6). This perspective highlights the importance of promoting healthy living behaviors including balanced nutrition, regular physical activity, adequate rest, and avoidance of harmful substances among university students, particularly those facing heightened role demands.

Despite awareness of healthy lifestyle principles, many student activists report difficulties in consistently practicing such behaviors (7). Time constraints, organizational workload, peer influence, and limited self-regulatory capacity have been identified as major barriers (8). Although institutional initiatives aim to promote health awareness, their effectiveness varies, partly due to individual differences in personality and self-regulation (9). Personality traits have been widely recognized as important determinants of health-related behaviors, as they influence goal-setting, impulse control, routine adherence, and stress management. Among the Big Five personality traits, conscientiousness has been identified as the most consistent predictor of health-promoting behaviors, including adherence to physical activity guidelines, healthy dietary practices, and avoidance of risky health behaviors (10).

Within the Big Five personality framework, conscientiousness has consistently emerged as a robust predictor of health-promoting behaviors. This trait is characterized by self-discipline, organization, responsibility, and goal-directed behavior, all of which are theoretically linked to healthier lifestyle choices and greater compliance with health recommendations (11). Conscientious individuals are more likely to plan their activities, regulate impulses, and prioritize long-term outcomes over immediate gratification, thereby supporting sustained engagement in healthy behaviors. Empirical evidence further demonstrates that conscientiousness is strongly associated with preventive health behaviors, including regular physical activity, avoidance of smoking, adherence to medical recommendations, and proactive disease prevention (12). Meta-analytic evidence confirms that conscientiousness exerts its influence on health through self-regulatory mechanisms, long-term goal orientation, and greater compliance with preventive health behaviors (13). Research also indicates that individuals high in conscientiousness demonstrate greater health awareness and self-regulatory capacity, which facilitates consistent engagement in healthy living behaviors under demanding conditions (14).

However, existing studies predominantly examine general student populations or clinical cohorts, while empirical evidence focusing specifically on student activists remains limited. Recent reviews of personality and health research highlight a lack of studies focusing on populations exposed to dual-role demands, such as student activists, despite their heightened vulnerability to stress-related health risks (15). Given the unique combination of academic pressure and organizational responsibility experienced by student activists, it is

necessary to examine whether conscientiousness functions similarly within this high-demand context. Moreover, although multiple personality traits may influence health behaviors, this study focuses on conscientiousness due to its consistently strongest and most stable association with health-related outcomes reported in prior literature.

Accordingly, the present study aims to investigate the relationship between conscientiousness personality traits and healthy living behaviors among student activists. It is important to note that this study is designed to examine statistical associations rather than causal or predictive relationships; therefore, all interpretations are confined to correlational patterns consistent with the study design. Using a quantitative correlational design and validated psychometric instruments, this study seeks to clarify whether higher levels of conscientiousness are associated with healthier lifestyle practices in this population. By situating the analysis within an established theoretical framework and a specific student context, the findings are expected to contribute to the literature on personality and health behavior, as well as to inform targeted health promotion strategies for student activists within higher education institutions.

Methodology

Study Design

This study employed a quantitative correlational design to examine the relationship between conscientiousness personality traits and healthy living behaviors among student activists. A correlational approach was selected because it allows the examination of statistical associations between psychological variables without experimental manipulation, which is appropriate for assessing naturally occurring variations in personality traits and lifestyle behaviors within a student population.

Participants and Setting

The study was conducted at Universitas Islam Negeri (UIN) Raden Mas Said Surakarta, Central Java, Indonesia. Participants were undergraduate students who served as board members of campus-based student organizations (Unit Kegiatan Mahasiswa/Unit Kegiatan Khusus; UKM/UKK) during the 2022/2023 academic year. Inclusion criteria were: (1) active undergraduate enrollment, (2) active membership as an organizational board member for a minimum of six months, and 3) willingness to participate indicated through informed consent.

Participants who self-reported having diagnosed chronic medical or psychological conditions that could substantially affect daily health behaviors were excluded. This criterion was applied to reduce potential confounding effects, acknowledging that exclusion was based on self-report. A total of 230 participants were included, selected through cluster random sampling from a population of 539 eligible organizational members.

Sampling Procedure

Cluster random sampling was conducted by defining each UKM/UKK as one cluster. All officially registered UKM/UKK at UIN Raden Mas Said Surakarta were first identified, after which clusters were randomly selected. All eligible board members within selected clusters were invited to participate. This approach was chosen to ensure

Table 1. Kolmogorov–smirnov normality test.

Variable	Kolmogorov–Smirnov p-value	Distribution
Conscientiousness	0.60	Normal
Healthy Living Behavior	0.60	Normal

Table 2. Pearson correlation between conscientiousness and healthy living behavior.

Variable	1	2
1. Conscientiousness	1	0.456**
2. Healthy Living Behavior	0.456**	1

Note: ** indicates that the correlation is statistically significant at the 0.01 level ($p < 0.01$, two-tailed).

proportional representation across different types of student organizations. Given that the primary analysis focused on bivariate associations at the individual level, no statistical adjustment for intra-cluster correlation was applied, consistent with similar correlational studies.

Materials and Measures

Conscientiousness Personality Trait

Conscientiousness was measured using the conscientiousness subscale of the Big Five Inventory (BFI), originally developed by John and Srivastava. The scale consisted of 9 items assessing characteristics such as responsibility, organization, self-discipline, and goal orientation. Responses were rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). In this study, the conscientiousness scale demonstrated high internal consistency (Cronbach's $\alpha = 0.880$), consistent with values reported in previous research.

Healthy Living Behavior

Healthy living behavior was measured using a Healthy Living Behavior Scale developed and adapted based on the conceptual framework of health behavior proposed by Bloom and Notoatmodjo. The scale assessed four domains: balanced nutrition, regular physical activity, adequate rest, and avoidance of harmful substances. Items were rated on a 5-point Likert scale. The scale demonstrated strong internal reliability in the present sample (Cronbach's $\alpha = 0.889$). Content validity was ensured through expert judgment, and item validity was evaluated during pilot testing as reported in the undergraduate thesis on which this article is based.

Procedures

Prior to data collection, both instruments were adapted linguistically and contextually, followed by expert judgment to assess content validity. A pilot study was conducted to evaluate item clarity, validity, and reliability, and minor revisions were made accordingly. Data collection was carried out online between June 6 and June 30, 2023, using Google Forms. Participants received an explanation of the study purpose and provided electronic informed consent prior to participation. The survey

required approximately 20 minutes to complete. Responses with more than 20% missing data were excluded from analysis to ensure data quality.

Data Analysis

Data were analyzed using IBM SPSS Statistics version 26. Preliminary analyses included screening for missing data, outliers, normality, and linearity. Descriptive statistics were calculated for demographic variables and study measures. Because both conscientiousness and healthy living behavior scores were continuous and normally distributed, Pearson's product-moment correlation coefficient was used to test the association between the two variables. Statistical significance was set at $p < 0.05$. Internal consistency reliability of the instruments was re-examined using Cronbach's alpha, consistent with the procedures reported in the original thesis.

Results

Preliminary Data Screening

Prior to hypothesis testing, the data were screened to ensure suitability for correlational analysis. Screening included checks for missing data, distributional assumptions, and linearity of the relationship between variables. All 230 responses met the inclusion criteria and were retained for analysis.

Normality Assessment

Normality of the conscientiousness and healthy living behavior scores was assessed using the Kolmogorov–Smirnov test. Although the Kolmogorov–Smirnov test is known to be sensitive in larger samples, it was applied as part of preliminary assumption checking to ensure no severe deviations from normality were present. The results indicated that both conscientiousness and healthy living behavior scores were normally distributed (Asymp. Sig. = 0.60, $p > 0.05$), suggesting that parametric analysis was appropriate as shown in **Table 1**.

Correlation Analysis

To examine the association between conscientiousness personality traits and healthy living behaviors among student activists, Pearson's product-moment correlation analysis was conducted. Both variables were continuous and met the assumptions required for parametric correlation analysis.

The results demonstrated a statistically significant positive correlation between conscientiousness and healthy living behavior ($r = 0.456$, $p < 0.001$) as presented in **Table 2**. This indicates that higher levels of conscientiousness were associated with higher levels of healthy living behavior among student activists.

The strength of the correlation was moderate, suggesting a meaningful association while indicating that substantial variability in healthy living behavior remains unexplained by conscientiousness alone.

Descriptive Statistics of Research Variables

Descriptive statistics were calculated to summarize the distribution of conscientiousness and healthy living behavior scores. As presented in **Table 3**, conscientiousness scores ranged from 50 to 71 ($M = 61.10$, $SD = 4.91$), while healthy living behavior scores ranged

Table 3. Descriptive statistics of research variables.

Variable	N	Range	Min	Max	Mean	SD
Conscientiousness	230	21	50	71	61.10	4.91
Healthy Living Behavior	230	27	49	76	62.89	5.83

Table 4. Respondents by gender.

Gender	n	%
Male	85	36.9
Female	145	63.1
Total	230	100

from 49 to 76 (M = 62.89, SD = 5.83).

Demographic Characteristics of Participants

Of the 230 respondents, 145 were female (63.1%) and 85 were male (36.9%), indicating a higher representation of female participants in the sample. In terms of age distribution, the majority of participants were 21 years old

(49.5%), followed by those aged 20 years (36.5%), while the remaining proportion consisted of respondents from other age groups with comparatively smaller percentages. This pattern suggests that the sample is largely concentrated within a narrow age range, reflecting a relatively homogeneous group in terms of developmental stage. Such a distribution is typical in studies involving undergraduate populations, where participants often fall within similar age brackets. Detailed demographic characteristics, including gender and age distributions, are presented in Tables 4 and 5 for further reference.

Organizational Affiliation

Participants represented a wide range of student organizations (UKM/UKK). The largest proportion of respondents were members of Dista FM (11.3%), followed by Dinamika Research and Korps Sukarela (each 7.3%). Other organizations contributed smaller proportions, indicating broad organizational representation as detailed in Table 6.

Score Categorization

For descriptive purposes only, conscientiousness and healthy living behavior scores were categorized into five

Table 5. Respondents by age.

Age (years)	n	%
19	10	4.3
20	84	36.5
21	114	49.5
22	22	9.5
Total	230	100

Table 6. Respondents by organizational affiliation (UKK/UKM).

Organization	n	%
Dista FM	26	11.3
Dinamika Research	17	7.3
Korps Sukarela	17	7.3
Racana	15	6.5
Marching Band	14	6.0
T-Maps	14	6.0
Arts and Design	14	6.0
Sports	13	5.6
GAS 21	13	5.6
Pencak Silat	12	5.2
JQH Al-Wustho	11	4.7
Pers Locus	10	4.3
Traditional Dance	9	3.9
Mapala Specta	9	3.9
Teater Sirat	4	1.7
Other UKK/UKM (< 3% each)	28	12.2
Total	230	100

levels (very low to very high) based on the mean and standard deviation. This categorization was conducted solely to describe score distribution patterns and was not intended for hypothesis testing, group comparison, or inferential interpretation.

The majority of respondents demonstrated moderate to high levels of conscientiousness, while healthy living behavior scores were predominantly in the moderate category. Detailed categorization results are presented in **Tables 7–9**.

Summary of Results

In summary, the analysis revealed a statistically significant positive association between conscientiousness personality traits and healthy living behaviors among student activists. The findings indicate that students with higher conscientiousness scores tended to report healthier lifestyle behaviors. However, the moderate magnitude of the correlation suggests that healthy living behaviors are influenced by multiple factors beyond conscientiousness alone.

Discussion

This study examined the relationship between conscientiousness personality traits and healthy living behaviors among student activists. The results indicated a statistically significant positive correlation between

conscientiousness and healthy living behavior ($r = 0.456, p < 0.001$). This finding suggests that student activists who reported higher levels of conscientiousness also tended to report healthier lifestyle practices. However, the correlational nature of the study does not allow conclusions regarding causality or directional influence between the variables.

The observed correlation strength was moderate, indicating that conscientiousness is meaningfully associated with healthy living behaviors while also implying that a substantial proportion of variability in health-related behaviors remains influenced by other factors. This aligns with the view that health behavior is a multifactorial construct shaped by individual, social, and contextual determinants rather than personality traits alone.

The findings are broadly consistent with previous research demonstrating that conscientiousness is more strongly associated with health-related behaviors compared to other Big Five personality traits (16). Individuals high in conscientiousness are typically characterized by greater self-discipline, organization, and responsibility, which may facilitate the adoption of structured routines related to diet, physical activity, and rest (17). Conversely, lower levels of conscientiousness have been associated with greater engagement in risk behaviors and poorer adherence to health-promoting

Table 7. Categorization norms.

Category	Interval Formula
Very Low	$X < M - 1.5SD$
Low	$M - 1.5SD < X \leq M - 0.5SD$
Moderate	$M - 0.5SD < X \leq M + 0.5SD$
High	$M + 0.5SD < X \leq M + 1.5SD$
Very High	$X > M + 1.5SD$

Table 8. Conscientiousness categorization.

Category	Interval	Frequency	%
Very Low	$X < 53.5$	17	7.3
Low	$53.5 < X \leq 58.5$	56	24.3
Moderate	$58.5 < X \leq 63.5$	72	31.3
High	$63.5 < X \leq 68.5$	70	30.4
Very High	$X > 68.5$	15	6.5
Total		230	100

Table 9. Healthy living behavior categorization.

Category	Interval	Frequency	%
Very Low	$X < 54$	11	4.7
Low	$54 < X \leq 60$	73	31.7
Moderate	$60 < X \leq 66$	77	33.4
High	$66 < X \leq 72$	61	26.5
Very High	$X > 72$	8	3.4
Total		230	100

practices (18).

Longitudinal evidence from large-scale cohort studies further supports the relevance of conscientiousness in health contexts. The Whitehall II study reported that lower conscientiousness scores were associated with increased mortality risk, although this association was only partially explained by health behaviors (19). This suggests that conscientiousness may be linked to health outcomes through multiple pathways, including but not limited to lifestyle practices. Nevertheless, such findings should not be interpreted as evidence of direct causation, particularly within cross-sectional research designs.

The present findings also align with local studies indicating that conscientiousness contributes more consistently to healthy living behaviors than traits such as extraversion, agreeableness, neuroticism, or openness (20). However, prior research has also produced mixed results, with some studies reporting significant contributions from other personality traits or context-specific influences. These inconsistencies highlight the importance of situating conscientiousness within a broader constellation of psychological and environmental factors when interpreting health-related behaviors.

At a descriptive level, most student activists in this study demonstrated moderate to high levels of conscientiousness, while healthy living behaviors were predominantly in the moderate range. This pattern suggests that although many student activists engage in some health-promoting behaviors, there remains considerable room for improvement. Importantly, these descriptive categorizations are intended to illustrate score distributions rather than to imply meaningful group differences or behavioral thresholds.

The unique context of student activism may further shape the observed association. Student activists often face heightened organizational demands, time constraints, and role strain, which may challenge consistent engagement in healthy behaviors. In this context, conscientiousness may function as a personal resource that supports self-regulation and planning under demanding conditions. Nevertheless, alternative explanations must be considered. Shared method variance due to self-report measures, reverse causality (e.g., healthier individuals developing more structured routines), and unmeasured variables such as stress levels, social support, and organizational climate may also contribute to the observed association.

Several limitations should be acknowledged when interpreting these findings. First, the cross-sectional design precludes causal inference. Second, reliance on self-report measures may introduce response bias or social desirability effects. Third, the absence of control variables limits the ability to isolate the unique contribution of conscientiousness relative to other psychological or contextual factors. Future research employing longitudinal designs, multi-method assessments, and multivariate models is needed to clarify the mechanisms underlying the relationship between personality traits and healthy living behaviors among student activists.

Despite these limitations, the present study contributes to the literature by extending personality health research to the context of student activists, a population that has received limited empirical attention. The findings underscore the relevance of

conscientiousness as one factor associated with healthier lifestyle practices, while also emphasizing the need for comprehensive approaches that address both individual traits and environmental demands in promoting student well-being.

Conclusion

This study identified a statistically significant positive association between conscientiousness personality traits and healthy living behaviors among student activists. The findings indicate that higher conscientiousness scores tend to co-occur with higher levels of healthy lifestyle practices within this population. However, the observed relationship reflects an associative pattern rather than a causal or predictive effect, given the cross-sectional and correlational design of the study. The magnitude of the association was moderate, suggesting that conscientiousness represents one of several factors related to healthy living behaviors, while a substantial proportion of behavioral variation is likely attributable to other psychological, social, and contextual influences. These results highlight the relevance of individual personality characteristics in understanding health-related behaviors among student activists, while also underscoring the need for cautious interpretation. Several limitations must be acknowledged. The reliance on self-report measures may introduce response bias, and the absence of control variables restricts the ability to isolate the unique contribution of conscientiousness. Furthermore, the cross-sectional design precludes conclusions regarding temporal directionality or underlying mechanisms. Future research employing longitudinal designs, multi-method assessments, and multivariate analyses is recommended to further clarify the role of personality traits within broader models of student health behavior.

Declaration

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Conflict of Interest

The authors declare no conflicting interest.

Data Availability

The data generated during and/or analyzed during the current study are available from the corresponding author

on reasonable request.

Ethics Statement

Written informed consent was obtained from all participants.

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