

The Relationship between Religiosity and Student Mental Health in Malang

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Abstract

This study examines the impact of religiosity level on the mental health of students in Malang. This study aimed to determine the effect of religious levels on the mental health of students in Malang. This research methodology uses a quantitative approach. The collection technique used an online questionnaire administered through Google Forms to 347 student participants. The questionnaire included two main variables, namely, religiosity and mental health. The sample was selected using stratified random sampling to ensure representation from various universities and study programs. To ensure representation from multiple universities and study programs. This method helps minimize bias and ensures that various subgroups are proportionally represented. The data analysis of this study used several steps: descriptive statistical data analysis, correlational analysis, and regression analysis. The results of the analysis show that there is a significant positive relationship between the level of religiosity and students' mental health. Students with higher levels of religiosity tend to have better mental health. These results indicate the critical role of religiosity in improving the mental health of students; the research provides valuable scientific development contributions to efforts to improve mental health through a religious approach.

Keywords: Religiosity; Student Well-being; Mental Health

Introduction

Mental health is an essential aspect of student life. A study by WHO,¹ Campbell *et al.*,² Simson *et al.*,³ Agnafors *et al.*,⁴ Alegría *et al.*,⁵ Jeffries and Salzer,⁶ there are several pressures experienced by students, including Stress originating from the demands of academic life, personal problems, disruption of social relationships, the economy, childhood abuse, and religion. In this case, the mental health of test takers is beneficial so that they can achieve their best academic and personal achievements. As stated by WHO,⁷ Hidayat and Kristiana,⁸ Lucchetti *et al.*,⁹ Malinakova *et al.*,¹⁰ and Morgan *et al.*,¹¹ the level of mental health problems faced by students today, including depression, anxiety, drug use, suicide and other related issues, is relatively high. Therefore, looking for factors that influence student well-being is paramount.

Suryanto Aloysius, Analysis of the Mental Health of College Students at the Beginning of the Covid-19 Outbreak in Indonesia. In general, university students tend to have poor mental health, as evidenced by the percentage of students who have feeble mental health

¹ World Health Organization, *Investing In Mental Health*, 2023.

² Fiona Campbell *et al.*, "Factors That Influence Mental Health of University and College Students in the UK: A Systematic Review," *BMC Public Health* 22, no. 1 (September 20, 2022): 1778.

³ Kristine von Simson, Idunn Brekke, and Inés Hardoy, "The Impact of Mental Health Problems in Adolescence on Educational Attainment," *Scandinavian Journal of Educational Research* 66, no. 2 (February 23, 2022): 306–320.

⁴ Sara Agnafors, Mimmi Barmark, and Gunilla Sydsjö, "Mental Health and Academic Performance: A Study on Selection and Causation Effects from Childhood to Early Adulthood," *Social Psychiatry and Psychiatric Epidemiology* 56, no. 5 (May 19, 2021): 857–866.

⁵ Margarita Alegría *et al.*, "Social Determinants of Mental Health: Where We Are and Where We Need to Go," *Current Psychiatry Reports* 20, no. 11 (November 17, 2018): 95.

⁶ Victoria Jeffries and Mark S. Salzer, "Mental Health Symptoms and Academic Achievement Factors," *Journal of American College Health* 70, no. 8 (November 17, 2022): 2262–2265.

⁷ World Health Organization, *Promoting Mental Health: Concepts, Emerging Evidence, Practice*, (Geneva, 2004).

⁸ Lalu Septiawan Hidayat and Ika Febrian Kristiana, "Religiosity and Mental Health: A Case Study," *Proceedings of International Conference on Psychological Studies (ICPsyche)* 4 (October 20, 2023): 472–481.

⁹ Giancarlo Lucchetti, Harold G Koenig, and Alessandra Lamas Granero Lucchetti, "Spirituality, Religiousness, and Mental Health: A Review of the Current Scientific Evidence," *World Journal of Clinical Cases* 9, no. 26 (September 16, 2021): 7620–7631.

¹⁰ Klara Malinakova *et al.*, "Religiosity and Mental Health: A Contribution to Understanding the Heterogeneity of Research Findings," *International Journal of Environmental Research and Public Health* 17, no. 2 (January 13, 2020): 494.

¹¹ Catharine Morgan *et al.*, "Incidence, Clinical Management, and Mortality Risk Following Self Harm among Children and Adolescents: Cohort Study in Primary Care," *BMJ* (October 18, 2017): j4351.

of 46 per cent and poor mental health of 41 per cent.¹² Yusrin noted several causes of anxiety, including academic difficulties and meeting daily needs, which can make nursing students experience anxiety, Stress and depression. However, the strength of the influence is small on anxiety.¹³

One of these factors is religiosity, understood as an experiential, ritualistic, ideological, intellectual, and consequential factor that has been considered for many years as a factor that contributes to the individual's psychological health condition. Various studies have shown that religiosity can function as a source of mental health support, such as emotional support,¹⁴ providing meaning to life,¹⁵ and being an effective coping mechanism in dealing with Stress and life's difficulties.¹⁶ Religion, especially Islam, is an essential aspect of Indonesian culture because the majority of the population is Muslim. Therefore, there is still little research that focuses on religiosity concerning student mental health in Malang.

Consistent with previous research, religious activity and religiosity were positively related to mental well-being. For example, Santero *et al.*,¹⁷ Bonelli *et al.*,¹⁸ Maltby and Day,¹⁹ Melgar *et al.*²⁰ Studied the relationship between religiosity, depression, and well-being and found that individuals who reported being more religious were less likely to be depressed

¹² Suryanto Aloysius and Nada Salvia, "Analisis Kesehatan Mental Mahasiswa Perguruan Tinggi X Pada Awal Terjangkitnya Covid-19 Di Indonesia," *Jurnal Citizenship Virtues* 1, no. 2 (2021): 83–97.

¹³ Yusrini Yusrini, "Determinan Dampak Covid-19 Terhadap Kesehatan Mental Mahasiswa Perguruan Tinggi Kesehatan Di Bekasi," *Jurnal Citra Keperawatan* 11, no. 2 (2023): 56–63.

¹⁴ Abdu'l-Missagh Ghadirian, "The Role of Religion and Spirituality in Mental Health," in *Innovations in Global Mental Health* (Cham: Springer International Publishing, 2020), 1–22.

¹⁵ Beata Pastwa-Wojciechowska, Iwona Grzegorzewska, and Mirella Wojciechowska, "The Role of Religious Values and Beliefs in Shaping Mental Health and Disorders," *Religions* 12, no. 10 (October 8, 2021): 840.

¹⁶ Pastwa-Wojciechowska, Grzegorzewska, and Wojciechowska, "The Role of Religious Values and Beliefs in Shaping Mental Health and Disorders"; Lídia Graça and Tânia Brandão, "Religious/Spiritual Coping, Emotion Regulation, Psychological Well-Being, and Life Satisfaction among University Students," *Journal of Psychology and Theology* (January 28, 2024).

¹⁷ Marilina Santero *et al.*, "Association between Religiosity and Depression Varies with Age and Sex among Adults in South America: Evidence from the CESCAS I Study.," *PloS one* 14, no. 12 (2019): e0226622.

¹⁸ Raphael Bonelli *et al.*, "Religious and Spiritual Factors in Depression: Review and Integration of the Research.," *Depression research and treatment* 2012 (2012): 962860.

¹⁹ John Maltby and Liza Day, "Depressive Symptoms and Religious Orientation: Examining the Relationship between Religiosity and Depression within the Context of Other Correlates of Depression," *Personality and Individual Differences* 28, no. 2 (February 2000): 383–393.

²⁰ Natalia Melgar, Shoshana Neuman, and Maximo Rossi, "Religion, Religiosity and Depression: Re-Assessing Their Relationship," *SSRN Electronic Journal* (2012).

and valued their well-being more highly. As mentioned above, Martins *et al.*,²¹ Aggarwal *et al.*,²² and Upenieks *et al.*²³ also explored that religious individuals have a lower chance of experiencing mental disorders because religiosity provides a social and spiritual buffer.

However, research on student religiosity and mental health, in particular, is still rarely conducted on students from Malang. Malang City is one of the cities that is the centre of education in Indonesia, so many students are from various religious backgrounds. Therefore, studying the relationship between religiosity and mental health among students in this context is necessary to gain a more substantial and contextual understanding of the phenomenon in Malang.

Method

This research uses quantitative methods only and also uses correlational research methods.²⁴ A quantitative approach was used to measure religiosity variables and general mental health using measures that allow easy determination of the relationship between quantitative religiosity and general psychological well-being. Participants involved in this research were students from various universities in Malang City, East Java Province, Indonesia. The reason Malang was chosen was because it is one of the largest educational cities in Indonesia.²⁵

The participants in this research were 347 students from various universities in Malang City, East Java Province, Indonesia. Malang was chosen because it is one of Indonesia's largest educational hubs, housing a significant student population. The sample was selected using stratified random sampling to ensure representation across different universities and

²¹ Dalila de Alcântara Martins et al., "Religiosity and Mental Health as Aspects of Comprehensiveness in Care," *Revista Brasileira de Enfermagem* 75, no. 1 (2022).

²² Shilpa Aggarwal et al., "Religiosity and Spirituality in the Prevention and Management of Depression and Anxiety in Young People: A Systematic Review and Meta-Analysis," *BMC Psychiatry* 23, no. 1 (October 10, 2023): 729.

²³ Laura Upenieks, Scott Schieman, and Christopher G. Ellison, "Does Religiosity Buffer the Adverse Mental Health Effects of Work-Family Strain? Examining the Role of an Overlooked Resource," *Review of Religious Research* 65, no. 1 (March 13, 2023): 7–36.

²⁴ Christopher Mellinger and Thomas Hanson, *Quantitative Research Methods in Translation and Interpreting Studies* (Routledge, 2016).

²⁵ Paul S. Levy and Stanley Lemeshow, *Sampling of Populations: Methods and Applications Wiley Series in Survey Methodology*, Fourth Edition. (Canada: John Wiley & Sons, 2013).

study programs. This method helps to minimize biases and ensures that various subgroups within the population are proportionally represented.

Table 1
Research instruments

Variables	Source	Sample	Item	Reliability
Religiosity ²⁶	Glock dan Stark (1965)	Experience, Ritualistic, Ideological, Intellectual, Consequential.	32	0.804
Mental health ²⁷	Maslow (1993)	Physiological needs, The need for peace, The need for belonging and affection, Self-esteem needs, The need for self-realization.	17	0.871

Data was collected through an online questionnaire administered through Google Forms. This method was chosen due to its efficiency and ability to reach a broad target population. Before the primary data collection, the questionnaire was pilot-tested on a small sample of students to assess its reliability and validity. Adjustments were made based on the pilot test results to ensure the tool's accuracy in the actual administration of the study.

Data Analysis Descriptive statistics, including means and standard deviations, were used to summarise the data. Correlational analysis, specifically Pearson correlation, examined the relationship between religiosity and mental health variables. In addition, regression analysis was used to determine the predictive power of religiosity on mental health outcomes. All analyses were conducted using statistical software to ensure accurate and reliable results.

Descriptive Analysis Test

This research involves two variables, namely religiosity and mental health. Data was obtained from 347 people who were willing to become respondents. Variable description testing was done using a frequency distribution test with the following results.

²⁶ Charles Y. Glock and Rodney Stark, *Religion and Society in Tension*.

²⁷ Abraham H. Maslow, *The Farther Reacher of Human Nature* (New York : Penguin, 1993).

Table 2
Description of Religiosity

Religiosity					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tall	33	9.5	9.5	9.5
	Currently	264	76.1	76.1	85.6
	Low	50	14.4	14.4	100.0
	Total	347	100.0	100.0	

Source: Processed Research Data (2024)

The results of the description of religiosity from 347 respondents who were observed showed that 33 people, or 9.5 per cent of respondents, had a high level of religiosity, 264 people or 76.1 per cent of respondents, had a moderate level of religiosity, and 50 people or 14.4 per cent of respondents had a moderate level of religiosity—the low one.

Based on a descriptive analysis of Glock and Starks's (1965) theory of religiosity, it is stated that the highest level of student religiosity is in the ideology dimension, while the lowest level of religiosity is in the knowledge dimension.

Table 3
Description of Mental Health

Mental Health					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tall	52	15.0	15.0	15.0
	Currently	242	69.7	69.7	84.7
	Low	53	15.3	15.3	100.0
	Total	347	100.0	100.0	

Source: Processed Research Data (2024)

The results of the mental health description of the 347 respondents observed showed that 52 people, or 15.0 per cent of respondents, had a high level of mental health, 242 people or 69.7 per cent of respondents, had a moderate level of mental health, and 53 people or 15.3 per cent of respondents have a low level of mental health.

Based on a descriptive analysis of Maslow mental health theory (1993), the highest level of student mental health is the fulfilment of physiological needs, while the lowest level of student mental health is the need for self-esteem.

Linear Regression Analysis

The results of the Spearman correlation test between religiosity and mental health obtained a correlation coefficient of 0.559 with a significance value of 0.000. These results show that the significance value is less than 0.05 ($\text{sig} < 0.05$), so it is stated that there is a positive and significant correlation, meaning that the higher the level of student religiosity will have a substantial effect on the higher level of student mental health.

The Effect of Religiosity on Mental Health

From this empirical research, it was found that there was a positive relationship between religiosity and the mental health of students in Malang. These findings corroborate previous empirical research findings that support the psychology of religiosity or perhaps a health relationship. For example, Lucchetti *et al.*,²⁸ Abdel-Khalek and Lester,²⁹ Anyfantakis *et al.*,³⁰ Graça and Brandão,³¹ and Santero³² found that people with higher levels of spirituality were associated with lower depression scores and higher psychological functioning. Smith *et al.*,³³ Page *et al.*,³⁴ and Acevedo *et al.*'s³⁵ research is consistent with

²⁸ Lucchetti, Koenig, and Lucchetti, "Spirituality, Religiousness, and Mental Health: A Review of the Current Scientific Evidence."

²⁹ Ahmed M. Abdel-Khalek and David Lester, "Constructions of Religiosity, Subjective Well-Being, Anxiety, and Depression in Two Cultures: Kuwait and USA," *International Journal of Social Psychiatry* 58, no. 2 (March 30, 2012): 138–145.

³⁰ Dimitrios Anyfantakis *et al.*, "Effect of Religiosity/Spirituality and Sense of Coherence on Depression within a Rural Population in Greece: The Spili III Project," *BMC Psychiatry* 15, no. 1 (December 25, 2015): 173.

³¹ Graça and Brandão, "Religious/Spiritual Coping, Emotion Regulation, Psychological Well-Being, and Life Satisfaction among University Students."

³² Santero *et al.*, "Association between Religiosity and Depression Varies with Age and Sex among Adults in South America: Evidence from the CESCAS I Study."

³³ Timothy B. Smith, Michael E. McCullough, and Justin Poll, "Religiousness and Depression: Evidence for a Main Effect and the Moderating Influence of Stressful Life Events," *Psychological Bulletin* 129, no. 4 (July 2003): 614–636.

³⁴ Robin L. Page *et al.*, "Religiosity and Health: A Holistic Biopsychosocial Perspective," *Journal of Holistic Nursing* 38, no. 1 (March 29, 2020): 89–101.

³⁵ Gabriel A. Acevedo, Christopher G. Ellison, and Xiaohe Xu, "Is It Really Religion? Comparing the Main and Stress-Buffering Effects of Religious and Secular Civic Engagement on Psychological Distress," *Society and Mental Health* 4, no. 2 (July 30, 2014): 111–128.

these findings; they reinforce the importance of religiosity as a form of control in managing life stress. In addition, Malinakova *et al.*,³⁶ Milner *et al.*,³⁷ Bently³⁸, and Carden *et al.*³⁹ argue that through religious experiences, a person can help maintain his life in various necessary and objective areas in a meaningful way, thereby contributing to positive well-being and mental health.

However, not all studies find a positive relationship between religiosity and mental health. Some studies show negative results, such as research by Agorastos *et al.*⁴⁰ Borges *et al.*⁴¹ show that not all aspects of religiosity have a positive impact on mental health. They found that religious conflict, such as feeling punished by God or experiencing spiritual uncertainty, can increase the risk of depression and anxiety. Another study by Montero-Marín *et al.*,⁴² Dolcos *et al.*,⁴³ Barnes *et al.*,⁴⁴ Lavric *et al.*,⁴⁵ and Saleem *et al.*⁴⁶ also showed that individuals who practised religiosity ritualistically but without deep internalization did not gain significant psychological benefits compared to those who had more profound beliefs

³⁶ Malinakova *et al.*, “Religiosity and Mental Health: A Contribution to Understanding the Heterogeneity of Research Findings.”

³⁷ K Milner *et al.*, “The Experiences of Spirituality among Adults with Mental Health Difficulties: A Qualitative Systematic Review,” *Epidemiology and psychiatric sciences* 29 (May 3, 2019): e34.

³⁸ Wessel Bentley, “Happiness and Being Human: The Tension between Immanence and Transcendence in Religion/Spirituality,” *Religions* 14, no. 7 (July 5, 2023): 877.

³⁹ Julia Carden, Rebecca J. Jones, and Jonathan Passmore, “Defining Self-Awareness in the Context of Adult Development: A Systematic Literature Review,” *Journal of Management Education* 46, no. 1 (February 28, 2022): 140–177.

⁴⁰ Agorastos Agorastos, Cüneyt Demiralay, and Christian G Huber, “Influence of Religious Aspects and Personal Beliefs on Psychological Behavior: Focus on Anxiety Disorders,” *Psychology research and behavior management* 7 (2014): 93–101.

⁴¹ Cezimar Correia Borges *et al.*, “Association between Spirituality/Religiousness and Quality of Life among Healthy Adults: A Systematic Review,” *Health and Quality of Life Outcomes* 19, no. 1 (October 21, 2021): 246.

⁴² Jesus Montero-Marín *et al.*, “Religiosity and Meditation Practice: Exploring Their Explanatory Power on Psychological Adjustment,” *Frontiers in Psychology* 10 (March 27, 2019).

⁴³ Florin Dolcos *et al.*, “Religiosity and Resilience: Cognitive Reappraisal and Coping Self-Efficacy Mediate the Link between Religious Coping and Well-Being,” *Journal of religion and health* 60, no. 4 (August 2021): 2892–2905.

⁴⁴ David M. Barnes and Ilan H. Meyer, “Religious Affiliation, Internalized Homophobia, and Mental Health in Lesbians, Gay Men, and Bisexuals,” *American Journal of Orthopsychiatry* 82, no. 4 (2012): 505–515.

⁴⁵ Miran Lavrič and Sergej Flere, “The Role of Culture in the Relationship Between Religiosity and Psychological Well-Being,” *Journal of Religion and Health* 47, no. 2 (June 15, 2008): 164–175.

⁴⁶ Tamkeen Saleem and Shemaila Saleem, “Religiosity and Death Anxiety: A Study of Muslim Dars Attendees,” *Journal of Religion and Health* 59, no. 1 (February 27, 2020): 309–317.

and practices. Aman et al.,⁴⁷ Nadi et al.,⁴⁸ Villani et al.,⁴⁹ Lloidy et al.,⁵⁰ and Abu-Raiya et al.⁵¹ study emphasized that the quality of interpersonal relationships in religious communities dramatically influences the impact of religiosity on mental health. Dissatisfaction or conflict within a spiritual community can harm mental health.

While this is consistent with previous research findings showing that religiosity positively impacts well-being, focusing on aspects of religiosity that may be contentious or cause distress is essential. Teaching staff at colleges and universities, as well as mental health workers who serve students, must consider that students face various forms of religious experiences and must be able to accommodate and meet the needs of these students, especially those experiencing mental health disorders.

Conclusion

This study concluded that religiosity significantly positively influences the mental health of university students in Malang. These results suggest that religiosity can be an essential protective factor in improving college students' mental health. For example, programs integrating spiritual practices such as faith-based meditation or discussion groups promoting religious values can help improve mental well-being. Therefore, interventions that consider religiosity can be a practical part of mental health promotion strategies among university students.

However, this study has some limitations that need to be considered. First, the sample used was limited to university students in Malang, so the findings may not be generalizable

⁴⁷ Jaffar Aman et al., "The Relationship of Religiosity and Marital Satisfaction: The Role of Religious Commitment and Practices on Marital Satisfaction Among Pakistani Respondents.," *Behavioral sciences (Basel, Switzerland)* 9, no. 3 (March 20, 2019).

⁴⁸ Mohammad Ali Nadi and Nasrin Ghahremani, "The Relationship between Dimensions of Religiosity/Spirituality with Mental Health and Hope for Future between Staff of Public Hospitals in Shiraz.," *Journal of education and health promotion* 3 (2014): 20.

⁴⁹ Daniela Villani et al., "The Role of Spirituality and Religiosity in Subjective Well-Being of Individuals With Different Religious Status," *Frontiers in Psychology* 10 (July 9, 2019).

⁵⁰ Christopher E. M. Lloyd and Jonathan Hutchinson, "'It's Easy to Dismiss It as Simply a Spiritual Problem.' Experiences of Mental Distress within Evangelical Christian Communities: A Qualitative Survey," *Transcultural Psychiatry* (January 18, 2022): 136346152110658.

⁵¹ Hisham Abu-Raiya and Ali Ayten, "Religious Involvement, Interpersonal Forgiveness and Mental Health and Well-Being Among a Multinational Sample of Muslims," *Journal of Happiness Studies* 21, no. 8 (December 19, 2020): 3051–3067.

to university student populations in other regions. Secondly, the study's cross-sectional design did not allow researchers to determine the causal relationship between religiosity and mental health. In addition, there is a potential bias in that respondents may likely give answers considered social or religious. To strengthen these findings, further research with a longitudinal design is recommended. Longitudinal research will allow researchers to observe changes in college students' religiosity and mental health over time, thus providing a deeper understanding of the causal relationship between the two. In addition, more diverse data collection methods, such as in-depth interviews and mixed-methods approaches, can provide more prosperous and more comprehensive insights into how different aspects of religiosity affect mental health. As such, future research can expand our understanding of the mechanisms behind this relationship and how religiosity-based interventions can be effectively implemented in different contexts.

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