Religiosity And Resilience Among Indonesian Muslim Society during Covid-19 Pandemic

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ABSTRACT

Corona Virus Disease (COVID-19) pandemic impacts almost all aspects of people's social life in Indonesia. COVID-19 pandemic requires the people to stay and do their home activities and adjust to health protocol. Changes in the situations due to pandemic must be followed with special efforts to keep people healthy, both physically and mentally. Resilience is a psychological resource that can help people cope with bad situations and adapt flexibility to stressful situations. Religiosity is one of several resources that can help people to develop resilience. This research aims to describe the correlation between religiosity and resilience among Indonesian Muslim society during the COVID-19 pandemic. The number of participants is 101 participants (N=101) who were selected by using convenience sampling. Data collection in this research was conducted online using google form—this research using the religiosity scale, which was designed based on dimensions of religious orientation from Allport and Ross. Also, the researcher used the Connor Davidson Resilience Scale (CD-RISC) to measure resilience. The result of the research showed religiosity had a significant correlation with resilience (r = 0.731, p = 0.000). The result indicates that religiosity has a role in developing resilience during the COVID-19 pandemic. The suggestion from this research is that the result of this study can be used as a basis for providing further interventions for people exposed by COVID-19 and for a further researcher to examine the others psychological resources as an effort to developing resilience during the COVID-19 pandemic.

Keywords: religiosity; resilience; covid-19 pandemic

INTRODUCTION

The 2019 CoronaVirus Diseases (COVID-19) pandemic has affected almost all aspects of social life in Indonesians. The results of the survey by the Central Statistics Agency (BPS) of the Republic of Indonesia, which was conducted on April 13-20, 2020, during the COVID-19 pandemic, there were 48.35% of Indonesians who were worried about their health, and 57.27% were worried about the health of their families. In addition, 69.43% of Indonesians are concerned about their health when they have to do activities outside the home. In addition to worrying about health, 41.91% of Indonesians experienced a decrease in income, and 56% of Indonesians experienced an increase in spending due to the COVID-19 pandemic. Through Government Regulation Number 21 of 2020, the Indonesian government implements a Large-Scale Social Restriction (PSBB) policy as an effort to overcome the COVID-19 pandemic. Implementing the PSBB system requires people to stay at home and carry out various activities from home. Changes in conditions and several problems caused by the COVID-19 pandemic can impact the community's physical and mental health conditions. The findings of research from Dawel et al. on adult Australian society show that social, work, and financial problems due to the

COVID-19 pandemic impact mental health and well-being (Dawel et al., 2020). Meanwhile, the research results by Bruno et al. In communities in Germany, 50% of the participants involved in the study experienced anxiety and psychological distress due to the COVID-19 pandemic.

This study also states that psychological and social aspects are factors that are closely related to fear about the COVID-19 pandemic (Bruno et al., 2020). The public is required to develop psychological resources to overcome mental health problems due to the COVID-19 pandemic. Resilience is a psychological resource that can be developed by the community to overcome the negative effects of the COVID-19 pandemic. Resilience is a psychological resource that helps individuals to cope and adapt themselves flexibly to make changes when they are under stressful conditions (Schteer & Dunkel, 2011; Taylor, 2018), such as during a pandemic. Individuals with high levels of resilience tend to have low negative emotional symptoms when facing health emergencies caused by the COVID-19 pandemic (Ran et al., 2020). Resilience also reduces Acute Symptoms Disorder (ASD) level caused by the COVID-19 pandemic (Ye et al., 2020). One of several resources that can be used to increase resilience is religiosity (Folkman & Moscowitz, 2004; Taylor, 2018). Religiosity has a positive correlation with resilience in breast cancer patients. Based on the results of this study, increasing religiosity has a positive impact and can increase resilience. Religiosity can also provide social support that can help individuals deal with illness and facilitate psychological adaptation to disease (Fradelos et al., 2017). Belief in religion or religiosity is an important resource for health and well-being (Koenig, 2020). Religiosity has a role in managing and increasing resilience during the COVID-19 pandemic. This study aims to describe the role of religiosity in managing and increasing the resilience of Muslim communities in Indonesia during the COVID-19 pandemic.

METHOD

Research Design

This study used a non-experimental quantitative approach with a correlational research design. Correlational research design is used to explain the linkages or relationships between variables where the researcher does not control or manipulate these variables (Cresswell, 2012). The correlational research design in this study was used to describe the relationship between religiosity and resilience in the Muslim community in Indonesia

Participants

The participants involved in this study were 101 people (N = 101). Participants were obtained using a convenience sampling technique. All study participants were Muslim. Participants involved in the study were aged between 18 and 50 years (mean age = 28.30). Research participants came from various cities in Indonesia, and the majority of participants came from cities and districts in East Java.

Instrument

The resilience of the participants was measured using the CD-RISC from Connor & Davidson (2003) and adapted into Indonesian through a process of forward and back-translation. The RISC CD consists of 25 items on a 5 point Likert scale (strongly disagree, disagree, undecided, agree, and strongly agree). The researchers eliminated the three items of the resilience scale because they had a total index corrected item value below 0.30. The Cronbach alpha coefficient on the resilience scale after elimination on the three items of the resilience scale was 0.921 ($\alpha = 0.921$) with a total index corrected item from 0.404 to 0.713. Participant religiosity was measured using a religiosity scale developed based on the intrinsic and extrinsic religious orientation dimensions from Allport & Ross (1967). The religiosity scale consisted of 20 items with a 5 point Likert scale (strongly disagree, disagree, undecided, agree, and strongly agree). Researchers also eliminated the three items on the religiosity scale because they had an index corrected item-total correlation value below 0.30. The Cronbach alpha coefficient of
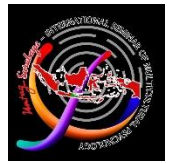
the religiosity scale after eliminating the three items of the religiosity scale was 0.897 ($\alpha = 0.987$) with a total corrected item index of 0.345 to 0.719.

Research Procedure

The data collection process in this study was carried out online on 10-13 November 2020 using google form. Google form contains informed consent, and the research scale is distributed using Whatsapp and Facebook applications. Participants can access the google form link using laptops/computers and smartphones. Participants can also share the google form link with others (such as friends, family members, etc.). All participants expressed their willingness to be involved voluntarily in this study.

Data Analysis Techniques

Descriptive statistics are used to describe the religiosity and resilience of the participants. The Kolmogorov-Smirnov statistical test was used to test whether the data generated in this study were normally distributed or not. Spearman-Brown correlation technique because the research data were not normally distributed.

RESULT

Participants involved in this study were 101 people with an average age of 28.30 (SD = 6.172). The educational backgrounds of the research participants consisted of SD, SMP, SMA and Lecture. The majority of research participants came from districts / cities in East Java and two participants who came from outside East Java, namely from Banjarmasin, South Kalimantan, and Denpasar, Bali. There were 60 female and 41 male. Characteristics of participants in this research can be seen in table 1.

Table 1

Characteristics of Participants	Total (N = 101)
Age (years), Mean (*SD*)	28.30 (6.172)
Gender, n (%)	
Male	41 (40.6%)
Female	60 (59.4%)
Educational Degree, n (%)	
Elemntary or Junior High School	10 (9.9%)
Senior High School	33 (32.7%)
Bachelor Degree	49 (48.5%)
Master Degree	9 (8.9%)
Place of residence, n (%)	
East Java	99 (98%)
Outside of East Java	2 (2%)

The data normality test using the Kolmogorov-Smirnov test showed that the resilience and religiosity data in this study were not normally distributed (p <0.05). The results of the normality test of research data are presented in table 2

Table 2. Normality Test

Variables	Kolmogorov-Smirnov		
	df	Sig	
Resilience	101	0.017	Sig > 0.05
Religiosity	101	0.02	Sig < 0.05

The results of the Mann-Whitney test in this study showed that there was no difference in resilience in men. and women (Asymp. Sig> 0.05). Meanwhile, the Kruskal-Wallis test results also showed that there was no difference in resilience and religiosity among study participants with diverse educational backgrounds (Asymp. Sig> 0.05). The results of Mann-Whitney and Kruskal-Wallis tests can be seen in Tables 3 and 4

Table 3. Result of Mann-Whitney Test

Variables	Gender	N	Mean rank	Asymp. Sig (2-tailed)	Mann-Whitney U
Resilience	Female	60	47.54	0.151	1022.500
	Male	41	56.06		
Religiosity	Female	60	48.47	0.292	1078.000
	Male	41	54.71		

Table 4. Result of Kruskal-Wallis Test

| Variables	Educational Degree	N	Mean Rank	Asymp. Sig (2-tailed)	df	Chi-square
Resilience	Elementary and Junior High School	10	66.80	0.327	3	3.455
	Senior High School	33	48.98			
	Bachelor Degree	49	50.18			
	Master Degree	9	45.28			
Religiosity	Elementary and Junior High School	10	67.75	0.184	3	4.842
	Senior High School	33	53.61			
	Bachelor Degree	49	46.52			
	Master Degree	9	47.22			

The results of Spearman Brown correlation test showed that there was a positive and very significant relationship between religiosity and resilience ($p = 0.731$, p = 0.000; p <0.01). The results of the Spearman Brown correlation test can be seen in table 5

Table 5. Result of Correlation Test

Variables	N	Correlation Coefficient	Sig. (2-tailed)
Religiosity*Resilience	101	0.731	0.000

DISCUSSION

Resilience is one of the psychological resources that can be developed to overcome changes in conditions due to COVID-19 pandemic. Individuals with high resilience tend to have low anxiety (Barzilay et al., 2020). Resilience development requires other psychological resources; there are five psychological resources that can be used to develop resilience, including feelings of harmony, having meaning in life, a sense of humor, viewing life as something of value, and religiosity (Taylor, 2018). Participants involved in this study were aged 18 to 50 years (mean age = 28.30) with a variety of different educational backgrounds. The results of the Mann Whitney test show that there is no difference in resilience and religiosity in male and female participants (Asymp.Sig> 0.05), while the Kruskal-Wallis test shows no difference in resilience and religiosity in groups of participants with different
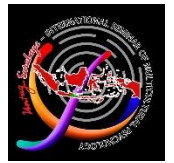
educational backgrounds (Asymp. Sig> 0.05). The results of the Spearman Brown correlation test show that religiosity has a very significant and positive correlation to resilience

These findings are in line with research conducted by Eid et al., which states that there is a positive correlation between religiosity and resilience in breast cancer patients in Saudi Arabia (Eid et al., 2020). Religiosity and religious coping have a positive relationship with resilience among refugees aged 13-19 years in Malaysia. Religiosity can be a precursor to developing resilience and providing a defense mechanism for refugees who are minorities and are in uncertain conditions (Ian et al., 2020). Research conducted by Hendirani on participants with disabilities stated that there are eight protective factors that have a significant role in the process of obtaining resilience in responding to changes in the physical abilities of individuals with disabilities. These eight factors consist of four external factors, namely social support, psychological intervention, the presence of sources of inspiration and public facilities for individuals with disabilities. In addition to the four external factors, there are also four external factors that play an important role in the process of obtaining resilience, namely religiosity, willingness to learn, awareness of social support, and awareness of self-identity (Hendriani, 2018). The findings of this study are relevant to the condition of individuals during the COVID-19 pandemic, where individuals experience various changes in conditions that have occurred due to the COVID-19 pandemic. The findings in this study also indicate that religiosity has an important role for individuals in gaining resilience. .

The findings research from Bakara on adult participants show that religiosity explains 70% of the variance of resilience, which means that the variation of 70% shows that religiosity has a strong resistance to resilience, this shows that religion is an important factor in developing resilience because religion is a means of expressing spiritual needs (Bakara et al., 2019). Religiosity consists of a series of practices that are believed to have benefits for psychological and spiritual conditions (Nelson, 2009). Abber's research on Muslim communities in India states that resilient individuals have a high tendency to perform rituals of worship (Abeer, 2011). The same finding is also found in this study, where religiosity and resilience positively and significantly correlate to resilience. The positive correlation shows that religiosity is always in line with resilience, which means that when individual religiosity increases, resilience will also increase. A positive relationship between religiosity and resilience is also found in research conducted by Nihayati et al. In this study, on prison guards, religiosity has a correlation with individuals with moderate resilience as much as 89.3% of the entire study sample (Nihayati et al., 2020).

Religiosity is related to religious teachings and involvement in various religious activities such as worship (Kay et al., 2020). Belief and faith in religious doctrines or values can be used as a coping strategy to understand the meaning behind the difficulties and sufferings that are being faced while being involved in various worship activities can be used as an effort to find solace when experiencing difficulties or in sad conditions (Lusk et al., 2019). In addition, religious attitude is also related to resilience, where there is a correlation between religious attitude and resilience (Mohtashami et al., 2017). However, for severe psychological disorders, efforts to increase religiosity must be accompanied by various psychological interventions to increase resilience in individuals with severe psychological disorders. The findings in Mizuno et al.'s study on individuals with paranoid schizophrenia showed that there was no significant relationship between religiosity and resilience in people with paranoid schizophrenia (Mizuno et al., 2017). The research finding from Buckingham also states that there is no correlation between resilience and religiosity (Buckingham, 2019).

The period of the COVID-19 pandemic in Indonesia has an impact on the physical and mental health conditions of individuals and communities. During the pandemic, individuals and communities are required to be able to overcome difficulties and adapt to the changing conditions caused by the

COVID-19 pandemic. Resilience is a psychological resource that can help individuals face difficulties and adapt to various changes caused by COVID-19 pandemic. The findings in this study indicate a positive and very significant relationship between religiosity and resilience. The positive relationship between religiosity and resilience shows that increasing religiosity can increase individuals and communities' resilience during the COVID-19 pandemic. Efforts to increase religiosity can be made by increasing the intensity of worship and performing various rituals of worship that have been taught by religion. The limitation in this study is that this study was conducted online using convenience sampling so that the participants involved in this study did not represent the study population. In addition, the majority of participants in this study were women, so that they did not show a balance of participants based on gender.

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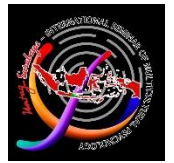
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