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The Relationship between Religiosity and Psychological Distress among University Students during COVID-19 and Movement Control Order (MCO)

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ABSTRACT

The outbreak of COVID-19 has forced the Malaysian government to initiate a Movement Control Order (MCO) that requires people to stay at home. All businesses have been shut down including private and public higher learning institutions. This pandemic and the MCO may add to the existing stress faced by university students as past studies have reported that psychological distress is prevalent among them. In addition, earlier studies associated low levels of psychological distress with high religiosity. In this regard, this study would like to investigate if there is any association between the degree of psychological distress reported by university students and their religiosity during the pandemic and the MCO. This study was conducted on a purposive sample of Malaysian Muslim undergraduate and postgraduate students ($N = 257$, $Mage = 22.28$, $SD = 2.16$) using the IIUM Religiosity Scale (IIUMRelS) and the General Health Questionnaires (GHQ-12). The results suggest higher average scores in religiosity and lower scores in psychological distress. Furthermore, there was a weak but statistically significant negative correlation between religiosity and psychological distress ($r = -.286$, $p < 0.01$). These findings provide good suggestions for future studies to explore the predictive effect of religiosity on psychological distress as in this study both variables are associated.

Keywords: COVID-19, MCO, religiosity, psychological distress, university students

INTRODUCTION

The world is experiencing a deadly infectious disease caused by a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), called coronavirus disease 2019 (COVID-19). The first reported case of COVID-19 was in Wuhan, China back in early December 2019 (Lu et al., 2020). Since the first reported case of the highly contagious COVID-19, it has transmitted rapidly throughout China and many other countries worldwide (Li et al., 2020). The rapid outbreak of COVID-19 caught the attention of the World Health Organization (WHO) emergency committee and eventually it was declared a "public emergency of international concern" (Lai et al., 2020).

Governments worldwide started implementing various measures in preventing the spread of COVID-19. The Chinese government instructed strict self- and forced-quarantine measures towards its citizens across the country (Cai et al., 2020). Meanwhile, the French president announced a quarantine period in response to the COVID-19 pandemic (Husky et al., 2020). In Malaysia, a Movement Control Order (MCO) was enforced in the whole country after the number of positive COVID-19 cases increased in less than a week from 99 to 200 on March 8, 2020 (Shah et al., 2020). The Malaysian government attempted to restrain the spread of this highly contagious disease and restricted the movement of people into or out of an area (Shah et al., 2020). The MCO has led to the closure of public institutions including higher education institutions (Salim et al., 2020). Thus, university students are forced to proceed with online learning through online platforms during the MCO. Consequently, reports by researchers such as Brooks et al. (2020) have indicated that lockdown and reduction of social and physical contacts with other people have caused boredom. Boredom has been found to have a negative effect on mental health (Lee & Zelman, 2019). Recent studies also reported an increase in mental health

problems and psychological distress among people caused by the increasing risk of COVID-19 infection, strict quarantine measures and mandatory home confinement (Zhu et al., 2020; Losada-Baltar et al., 2020; Wang et al., 2020a; Wang et al., 2020b).

Mental health problems are prevalent among university students. Research on mental health problems, both in terms of self-reported psychological distress and mental disorders as assessed by clinical interviews, indicates their prevalence among higher education students (Gallagher, 2015; Phang et al., 2015; Othman & Rashid, 2018). This is supported by a study conducted by Stallman (2010) in Australia whereby higher levels of psychological distress were reported by students than any other group studied. In Malaysia, the number of students suffering from mental health problems has doubled in less than a decade (Hezmi, 2018). The Malaysian Ministry of Health has expressed their concern about Malaysian students' mental health as statistics in 2016 reported that mental health issues among Malaysian students have reached a point where they need to be addressed immediately (Othman & Rashid, 2018). Research has documented several contributors to poor mental health of university students (Stallman, 2010; Suleiman, et al., 2017). The issues are not only limited to academic-related matters but also family conflicts, financial constraints, romantic relationships and personal adjustments (Greenberg, 2002; Shuchman, 2007; Waghachavare et al., 2013; Hezmi, 2018; Kusumadewi & Musabiq, 2017; Othman & Rashid, 2018;). The outbreak of COVID-19 pandemic has added to the challenges faced by the students. The MCO, the shutting down of universities, and online teaching and learning processes may be putting students under constant pressure and increasing their susceptibility to psychological distress.

Extensive studies on psychological distress have explored the relationship between psychological distress and other variables including religion (Purzycki et al., 2014; Choo et al., 2017; Ross, 1990). In general, studies have indicated that religion is associated with psychological distress and the direction of the relationship is negative (Ross, 1990; Loewenthal & MacLeod, 1996; Khalaf et al., 2015). This is demonstrated in several studies that claim various aspects of religion including religious belief, practices and orientation are associated with low psychological distress. Liu et al. (2011) indicate that 1,881 Taiwanese who often prayed and participated in religious activities reported lower levels of psychological distress. Another study (Jarvis et al., 2005) found that attendance in religious activity was negatively correlated with psychological distress. Ross (1990) states that religious beliefs reduced psychological distress, particularly depression, anxiety and related physiological symptoms. On the same note, high levels of religious orientation were shown to be associated with low levels of psychological distress (O'Connor, Cobb, & O'Connor, 2003). Nevertheless, some studies show no relationship between religion and psychological distress. O'Connor, Cobb and O'Connor (2003) found that there was no significant relationship between religion and psychological distress among college students. Similar findings were also reported by Raza et al. (2016) in their study on college students. However, these studies were conducted in the West, based on western perspective on religion and reported no significant association between religion and psychological distress. They are supported by a study which shows that religious activities carried out in home or in private have no relationship with psychological distress (Jarvis, 2005).

However, in the Asian context, past studies have consistently shown significant relationship between religion and psychological outcomes, particularly religiosity and Muslims' psychosocial well-being. Munawar and Tariq (2018) have stated that there was a positive relationship between religiosity and Muslims' life satisfaction. Another study by Choo et al. (2017) indicates religious beliefs as protective factors for Muslims against suicide attempts. This is likely to occur as a result of strong religious belief that Muslims have in their life. A Muslim with strong religious beliefs or high religiosity is characterised as having firm understanding of *islam* (i.e., what are compulsory *ibadah* or acts to perform as a Muslim), *iman* (belief in one God who is the Creator and Sustainer) and *ihsan* (actualising *iman* and *Islam* with no limit). This implies that high religiosity reflects high *islam*, *iman* and *ihsan*.

However, the relationship between religiosity reflecting *islam*, *iman* and *ihsan* and mental health is not yet established. Existing studies on religiosity among Muslims look at the various components of religiosity such as belief, ritual, experience and knowledge (El-Menouar, 2014; Hamzah

et al., 2006). Due to this, an empirical investigation that examines the association between religiosity (that captures the elements of *islam*, *iman* and *ihsan*) with psychological distress is required to be conducted. This is because these three aspects of religiosity are the distinctive features that reflect levels of religious belief. Those who are high in *islam*, *iman* and *ihsan* are known as true Muslims. True Muslims are resistant from any turbulences (including the COVID-19 outbreak) and are less likely to suffer from mental health problems due to the pandemic.

Therefore, the present study aims to examine, first, the average religiosity and psychological distress of Muslim university students in Malaysia during the MCO. The second aim is to examine the relationship between religiosity and psychological distress of the students during the MCO. This study expands prior knowledge on the relationship between religiosity and psychological distress, specifically referring to *islam*, *iman* and *ihsan*. The study also adds to the existing body of literature regarding the level of psychological distress and religiosity of university students during the MCO as the new teaching and learning approaches have added to the existing issues that contribute to their psychological distress.

The above discussion on religiosity implies that religious beliefs strongly influence an individual's resilience in facing life stresses. This is supported by a study by Munawar and Choudhry (2020) which found religious coping as one of the common coping strategies used by emergency healthcare workers during the COVID-19 pandemic. After all, religious beliefs shape one's psychological perception of stress whereby it creates a mindset that enhances acceptance, endurance and resilience (Argyle & Beit-Hallahmi, 1975 as cited in Joshi et al., 2008). In addition, strong religious beliefs have been associated with high levels of life satisfaction, greater personal happiness and fewer negative psychosocial consequences of traumatic life events (Underwood & Teresi, 2002; Joshi et al., 2008). This is due to the role played by religiosity in daily life whereby it generates peace and self-confidence, sense of purpose, forgiveness to an individual's failures, self-giving and positive self-image (Joshi et al., 2008). Religiosity instils optimistic values to cope with life stressors with the knowledge that everything that happens is with God's Will and He is the one who is in control of all events.

Several clinical and epidemiological studies have shown that religiosity is associated with low psychological distress (William et al., 1991; Joshi et al., 2008; Drapeau et al., 2011; Stansfeld et al., 2004). University students experience stressful events throughout their studies; consequently, they have to adjust accordingly, cope and develop resilience or else prolonged exposure to such stressful events may negatively impact their mental health, thereby exacerbating their psychological distress. Studies also found that individuals having higher levels of religiosity reported lower psychological distress (Ross, 1990; Loewenthal & MacLeod, 1996; Liu et al. 2011). Thus, the present study hypothesizes that there are high average scores on the religiosity scale and low average scores on psychological distress among university students during the MCO. It is also hypothesized that there will be a negative relationship between religiosity and psychological distress among university students.

METHOD

Research Design

The study employed a correlation survey design. Data were collected at one time only using an online survey questionnaire.

Participants

Individuals who were over 18 and studying full-time at public higher learning institutions in Malaysia were eligible to take part in the study. The participants were recruited online between March and July 2020 using advertisements shared on the social media by the research team. A total of 257 respondents entered the google survey platform between 26th March and 9th July 2020. The response rate was 100% and all respondents who entered the survey had completed and submitted the survey successfully. The age of the sample ranged from 19 to 39 years ($M_{age} = 22.28$, $SD = 2.16$). Most of the participants were females ($n = 211$; 82.1%). In this sample, 72.4% ($n = 186$) of the participants were pursuing their bachelor's degree, 23.7 % ($n = 61$) were doing their foundation (a one year pre-university programme designed to prepare students for undergraduate studies) or diploma (a higher than foundation programme, designed to equip students with specific knowledge and skills based on the selected

programme). The other 3.9% (n = 10) were enrolled in postgraduate programmes (such as Master's and PhD programmes).

Measures

General Health Questionnaire (GHQ)

The psychological distress is measured by the General Health Questionnaire-12 (GHQ-12) (Goldberg, 1972). It measures the level of mental health issues by asking respondents for any symptoms or behavioural changes experienced in the past few weeks. The researchers in this study used a translated Malay version of GHQ-12 that was previously used in another study (Bahri Yusuf, Abdul Rahim & Jamil Yaacob, 2009). The Cronbach's alpha of the scale in that study was 0.85 while in the present study, the Cronbach's alpha is 0.86. Items were scored on a 4-point Likert scale (0-3), with higher scores indicating higher levels of psychological disturbance.

IUM Religiosity Scale (IUMRelS)

The IUM Religiosity Scale was used to measure the religiosity of the participants. The scale has three constructs which are *islam*, *iman* and *ihsan*. It consists of ten items; five items are related to *iman*, two items are for *islam* and the remaining three items measure *ihsan*. The scale is rated based on a 4-point Likert scale (1 = Strongly Disagree - 4 = Strongly Agree). IUMRelS has a good reliability score as the reliability of the scale using Cronbach's alpha coefficient with internal consistency is $\alpha = 0.92$ (Mahudin et al., 2016). In this present study, the scale was translated into Malay language using the repeated forward-backward procedure. Permission to translate the scale was sought from the authors of the scale and the Cronbach's alpha coefficient of the Malay version was 0.80.

Demographic Questionnaire

Information concerning age, sex, ethnic group, citizenship, university and year of study is shown in the Demographic Section of the Questionnaire.

Procedure

The present study employed an online survey method conducted between end of March 2020 to early July 2020. This method was utilized due to the Movement Controlled Order (MCO) that requires university students to stay at home and perform their learning activities through an online platform. Although the researchers did not physically meet the participants and establish rapport as they recruited participants and distributed the questionnaire, the flexibility of online recruitment can give another advantage during the data collection stage. Social media such as Facebook, WhatsApp, email and others were used to invite and share the link with potential respondents to participate in the survey. This new approach reached a large number of potential participants from many universities around Malaysia who met the inclusion criteria of the study. The Google Form survey contained the necessary details regarding the purpose of the current study. The survey form consisted of four sections; Section A: Informed Consent, Section B: Demographic Questionnaire, Section C: IUM Religiosity Scale and Section D: General Health Questionnaire. Participants were required to complete all sections of the survey. Participants' consent was acquired in Section A by requesting them to read the introductory remark and put a tick in a box provided under the informed consent form once they understood and agreed to participate. Then, participants were required to complete the demographic questions and the two scales (i.e., IUMRelS and GHQ-12). Participants took around 10-15 minutes to complete the questionnaire.

Data Analysis Procedures

Data were analysed using the Statistical Package for the Social Sciences (SPSS) software version 25. Prior to the Pearson product-moment correlation analysis, the reliabilities of the scales were measured. Cronbach's alpha coefficients were used in measuring the internal consistencies of both the IUMRelS and the GHQ-12. Descriptive statistics were obtained to determine the frequencies, percentages, means, standard deviations, minimum and maximum scores. It generated simple summaries of sociodemographic characteristics of the sample and the measures.

Ethical Consideration

Ethic clearance for the present study was approved by the Final Year Project (FYP) committee from the Department of Psychology, International Islamic University Malaysia. The present study started data collection after receiving approval from the department's FYP committee.

FINDINGS

Demographic Characteristics

The demographic characteristics of the sample are shown in Table 1. It consists of information on gender, ethnic group, level of study and age. From the total number of participants ($N=257$), the majority of them were women (82.1%) and Malay (100%). With regard to the level of education, the majority of the participants were studying in undergraduate programmes (72.4%), followed by 21.4% studying for a diploma, 3.9% were postgraduate students and 2.3% were from the foundation centre. The mean age of participants was 22.28 ($SD = 2.16$).

Table 1: Demographics Characteristics of the Sample (N-257)

Characteristics	Frequency (n)	Percentage
<i>Gender</i>		
Men	46	17.9%
Women	211	82.1%
<i>Ethnic Groups</i>		
Malay	257	100 %
<i>Level of Study</i>		
Foundation	6	2.3%
Diploma	55	21.4%
Undergraduate	186	72.4%
Postgraduate	10	3.9%
<i>Age (years)</i>	Mean	SD
(19-35)	22.28	2.16

Descriptive statistics was conducted to examine the participants' average scores on religiosity and psychological distress. The results of the current study show that the average score on religiosity is 32.71 ($SD = 3.69$) (see Table 2). On the other hand, the average score on psychological distress is 15.40 ($SD = 7.03$) (See Table 2). These results demonstrate that Muslim students reported high religiosity and moderate psychological distress during the COVID-19 pandemic and the MCO.

Table 2: Descriptive Statistics and Pearson Product-Moment Correlation (N = 257)

Variable	Minimum	Maximum	<i>M</i>	<i>SD</i>	IIUMReIs
IIUMReIs	10	40	32.71	3.69	
GHQ-12	0	36	15.40	7.03	-.286**

** $p < 0.01$

The second hypothesis assumes that religiosity and psychological distress will be negatively correlated. The findings of the current study support the prediction whereby there is a negative relationship between religiosity and psychological distress among Malay students in universities. The correlation is $r = -.286$, $p < 0.01$ (see Table 2). The results suggest that religiosity and psychological distress are negatively correlated; students having high levels of religiosity have low levels of psychological distress.

DISCUSSION

This study is carried out to examine the average scores on religiosity and psychological distress of university students in Malaysia during the COVID-19 pandemic and the MCO. It also attempted to

investigate whether their religiosity level during the pandemic was associated with psychological distress. This study is conducted as past research had indicated high prevalence of mental health problems among higher education students (Gallagher, 2015). A study by Stallman (2010) also reports that university students in Australia particularly showed high levels of psychological distress.

In Malaysia, the research findings on the mental health condition of university students are not consistent. The National Health and Morbidity Survey (Phang et al., 2015) reports higher prevalence of mental problems among university students than the general adult population. Similarly, Othman and Rashid (2018) demonstrate that students from private universities suffered from mental stress. However, Suleiman, et al. (2017) maintain that the majority of Malaysian university students in their study have adequate mental health. The study (Suleiman, et al., 2017) also shows that there is no association between determinant factors studied (i.e. academic faculties, gender and year of studies) and depression.

As findings of previous studies have indicated that there is no single conclusion on the mental health condition of university students, the present study would like to investigate the mental health condition of the students during the COVID-19 pandemic. With the COVID-19 outbreak and the MCO that caused changes in teaching and learning processes, students may have more issues added to their existing problems. It is assumed that this scenario may have increased their psychological distress levels.

The results of the present study demonstrate that the average score on psychological distress was at moderate level ($M = 15.40$; $SD = 7.03$). Further investigation should be conducted to find out the reasons behind the moderate score on psychological distress in the present study. Thus, the emergency remote teaching and learning processes and other new issues faced during COVID-19 and MCO have had less impact in influencing the students' psychological distress.

Besides psychological distress, the present study also examined another variable related to psychological distress, i.e., religiosity. Previous studies have found religiosity to be negatively associated with psychological distress (Ross, 1990; Loewenthal, 1995; Loewenthal & MacLeod, 1996; Kirmayer et al., 1996). However, the religiosity aspects measured in earlier studies did not reflect the basic elements of true Muslims which are *islam*, *iman* and *ihsan*. Thus, this study investigates the average score of students' religiosity reflecting their *islam*, *iman* and *ihsan*. Lower average scores on religiosity were predicted as earlier studies indicate that young adults were less likely to be involved in religious-related activities (Creech et al., 2013; Lee, 2002; Kusumadewi & Musabiq, 2017). In contrast, the results show that the average scores on religiosity for the participants were above the actual average score on the religiosity scale. A possible explanation is that the participants are likely truly practising Muslims who have strong *Islam*, *Iman* and *Ihsan* and strictly observe the correct beliefs and practices commanded in Islam even during the turbulent period. Bentzen and Vox EU (2020) found that people have a tendency to turn to religion for comfort during times of crisis. Hence, this could also explain the high level of religiosity among the students.

The final objective of this study was to investigate the relationship between religiosity and psychological distress. The findings are in harmony with those of past studies which show that psychological distress and religiosity are negatively correlated (Ross, 1990; Loewenthal, 1995; Liu et al., 2011). Liu et al. (2011) found that individuals engaging in religious practices have low level of distress. Religious practices such as daily prayers are associated with lower level of psychological distress. This may be due to the intimate relationship an individual has with the Divine Creator that increases his/her subjective well-being and signifies the state of contentment during difficult conditions (Stark & Maier, 2008; Kirmayer et al., 1996).

Based on the findings, there are several significant highlights of the study. First, Muslim students in public universities have moderate levels of psychological distress even during the COVID-19 outbreak and the MCO. This situation may be associated with their religiosity as this study has also found: i) the average score on religiosity is high and ii) religiosity and psychological distress are negatively correlated. Second, students did not experience high psychological distress even during the COVID-19 pandemic and the MCO and this may be possibly associated with their religious belief that the outbreak is a will of Allah SWT. Allah is All Knowing and Creator of the universe. There are reasons behind the pandemic and Allah SWT knows because He is the Best Planner. Thus, once Muslim

students have correct beliefs about God, they are likely taking the correct actions as required by Islam and are less likely to feel distressed.

In terms of limitations, this study is an online cross-sectional survey and participants' responses reflected the time, mental state and place when they answered the questionnaire. A longitudinal study is recommended instead to follow the participants over time and this may generate a variety of data. Second, research has indicated that there are other variables that have been shown to influence psychological distress and religiosity such as parenting styles (Hou et al., 2020), coping mechanism (Munawar & Choudhry, 2020), life satisfaction (Munawar & Tariq, 2018), etc. As these variables were not explored in the present study, a future study should incorporate those variables in investigating the relationship between psychological distress and religiosity. Third, future studies may include students from private universities and can increase its generalizability since private higher learning institutions have suffered from greater financial problems than public universities (Othman & Rashid, 2018). Lastly, future studies should investigate the predictive effect of religiosity on psychological distress after controlling other variables such as age, gender, etc.

Thus, the relationship between religiosity and psychological distress in the present study is just the initial stage to examine whether the two variables are associated. Since they are correlated in the present study, further investigation on the role of religiosity as predictor, moderator or mediator on psychological distress should be explored.

CONCLUSION

Previous studies have found that young adults have lower levels of religiosity and experience high levels of psychological distress. Religiosity and psychological distress are reported to be negatively correlated. However, some studies show contradictory findings, hence, this study was conducted to investigate the relationship between religiosity and psychological distress. In the present study, the majority of the participants reported above average score on the religiosity scale but below average score on the psychological distress scale. Religiosity was found to be negatively correlated with psychological distress. This implies that students who have high *islam*, *iman* and *ihsan* are likely to experience low psychological distress even during the COVID-19 pandemic and the MCO. Thus, increasing understanding and beliefs in *islam*, *iman* and *ihsan* among university students may strengthen their resilience in facing hardships.

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