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THE EFFECT OF RELIGIOUSITY ON MENTAL HEALTH IN HINDU WOMEN

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Abstract

The number of cases of mental health disorders in Indonesia has increased every year, and dominated by women. This phenomenon needs more attention from various parties, including related aspects that can affect a person's mental health condition, such as religiosity. This study aims to analyze the relationship between religiosity and mental health in early adult women who have early childhood. This research is a descriptive quantitative research. Data was collected using two questionnaires. The mental health questionnaire is a modification of the Mental Health Inventory (MHI-38) while the religiosity questionnaire was developed based on the theory and dimensions of religiosity from Glock and Stark. The subjects in this study were 49 early adult women who have early childhood. Data analysis was carried out by testing assumptions and hypotheses. Testing the validity of data was carried out by testing validity and reliability. The results concluded that there was a significant and positive relationship between religiosity and mental health. When a woman in her early adulthood and having early childhood has a good level of religiosity, she will have good mental health as well, and vice versa. This illustrates that individual efforts in maintaining religiosity can help maintain their mental health.

Keywords: women's mental health, religiosity.

I. INTRODUCTION

Individual health ideally not only focuses on physical aspects, but also mental aspects. Mental health is an important factor in life because a healthy mentality is an individual's capital to be able to carry out its functions and roles to the fullest. A mentally healthy individual will display behavior that is adequate and acceptable to society in general, his life attitude is in accordance with the norms and patterns of community groups (Kartono, 1989).

Psychologists and psychiatrists define mentally healthy individuals in two ways: 1) negatively with the absence of mental disorders, and 2) positively with the presence of characteristics of mentally healthy individuals such as being able to restrain themselves, show intelligence, behave with tolerance for other people's feelings, and have a happy life attitude (Loewenthal & Lewis, 2011). Nowadays, issues related to mental health are starting to steal the attention of the world, including Indonesia. This is due to the high cases of mental health disorders, both mild mental disorders and mental disorders that cause death.

The 2018 Basic Health Research shows that seven out of 1000 households have family members with Schizophrenia or Psychosis. More than 19 million Indonesians over the age of 15 are affected by mental and emotional disorders, and more than 12 million people over the age of 15 are estimated to be depressed. This condition has absorbed Social Security Administrator for Health funds of 730 billion rupiah. Data from Health Research and Development Agency illustrates that in Indonesia there are five people who die every day due to suicide, with the total number of deaths from suicide reaching 1.800 people per year (Kementerian Kesehatan Republik Indonesia, 2020).

The number of households with family members with mental disorders also increased by 7% from 2013 to 2018. Mental health disorders can occur at various ages, including adults. One in six adults worldwide has one or more mental health disorders. One of the most common mental disorders is anxiety or restlessness. The percentage of adults who experience mental disorders in the form of anxiety reaches 4% of the world's population, and women are considered vulnerable groups because they dominate the number of mental disorders in the world.

Seeing the conditions, the Ministry of Health of the Republic of Indonesia focuses on prevention efforts to overcome mental health problems in Indonesia. In addition, promotive, preventive, curative, and rehabilitation efforts are also being carried out. These four efforts must be carried out by taking into account four aspects, namely physical, mental, social, and spiritual in order to achieve a mentally healthy individual (Kementerian Kesehatan Republik Indonesia, 2020).

Spiritual factors and religiosity are currently rising research topics in the fields of psychology and psychiatry. Religion has long been believed to be linked to hysteria, neurosis, and delusional psychosis (Koenig, 2009). Previous research has shown that religiosity has a positive and significant relationship with mental health in the elderly (Munib, 2015), religiosity is related to mental health in adolescents (Winurini, 2019), religiosity is able to improve psychological well-being which is one component of mental health (Fitriani, 2016), religiosity affects psychological well-being (Atikasari, 2020; Supriyanto, 2018), high level of religiosity can reduce the level of depression in students (Anggriana, 2011), and religiosity has a significant positive effect on mental well-being in early childhood education teachers (Indrawati, 2019).

Hinduism views every disease, both physical and mental, contains biological, psychological, and spiritual elements. In other words, Hinduism views mental health as a unity of biological, psychological, and spiritual aspects (Kang, 2010). Research on Hindus in London showed that the more positive the attitude of Hindu youth towards their religion was associated with the lower scores on their psychotic examination results (Francis & Robbins, 2008).

Another study on Hindus in India described that married Hindu women had higher stress levels than married Hindu men. The same

results also describe stress levels in unmarried Hindu women and men (Sharma et al., 2013). The results of these previous studies illustrate that married Hindu women are vulnerable to stress that can interfere with their mental health.

Hindu women who are married, in addition to having to carry out their roles as wives and mothers, are also required to be able to carry out their roles in religious activities or rituals every day and on certain holidays, including being part of social communities and indigenous peoples. Especially if they have early childhood who still really need attention and stimulation to support their growth and development so that as a mother they are also required to be present and provide stimulation according to the child's needs.

In other words, apart from being a good Hindu, a woman must also play the role of a wife, career woman (for those who work), mother, member of the community, and a development stimulator for her children. The variety of demanding tasks and roles that must be carried out often causes early-adult Hindu women who are married and have early children to tend to neglect their mental health, which can cause them to feel unhappy and experience dangerous negative mental conditions.

This condition is very dangerous because the mother is the heart of a family where from a happy mother, a happy and prosperous family will be formed, so the mental health condition of early adult women who are married and have early children needs to be investigated further. Mental health or individual happiness is often associated with religiosity, that religios people will tend to be more grateful for their lives so they will feel happier. The introduction leads to the purpose of this research, which is to analyze the relationship between religiosity and mental health in early adult women who have early childhood, especially in early adult women who are Hindu.

II. METHOD

This research is a descriptive quantitative research that is correlational or associative because it aims to determine the relationship between two variables (Azwar, 2009; Sugiyono, 2014). This research is a survey research where data collection is done by distributing questionnaires to research subjects, and recording the answers given without manipulating any situasion or circumstances (Neuman, 2000). The subjects in this study were 49 early adult women who were married and had early children, were Hindu, and domiciled in the city of Mataram, West Nusa Tenggara, Indonesia. Determination of the subject is done by purposive sampling method.

This study involved two variables: religiosity as the independent variable (X) and mental health as the dependent variable (Y). Religiosity here is operationalized as an individual's commitment or obedience to his religious values, beliefs, and practices that are seen in his daily activities or behavior. While mental health is operationalized as a condition when a person has a positive view of life, can carry out his psychological and social functions well, is able to overcome problems within himself, and avoid mental disorders.

Primary data collection is done by using a psychological scale or a questionnaire. The questionnaire is a tool or instrument for collecting data that contains written questions (Kerlinger, 2004). The religiosity variable was measured by a religiosity scale that was developed, containing 30 statement items containing five global dimensions: ideological, ritualistic, experiential, intellectual, and consequential (Glock & Stark, 1966).

The mental health variable was measured by a modified mental health scale from the Mental Health Inventory (MHI-38). This scale consists of 38 statement items that include dimensions of psychological well-being consisting of emotional ties and general positive affect and dimensions of psychological distress consisting of anxiety, depression, and loss of behavioral or emotional control (Veit & Ware, 1983). All questionnaires in this study did not have a neutral or midpoint answer choice in order to avoid the presence of a central tendency (Hadi, 2001).

The data analysis technique used consisted of assumption test (normality and

linearity test) and hypothesis test in the form of simple correlation test. The validity checking technique was carried out by using a validity test (item discrimination index 0.30) and reliability testing (reliability coefficient at least 0.50). The results of data analysis are presented in the form of a table equipped with text to explain the contents of the table. The results of the analysis are presented in a logical sequence to answer the proposed hypothesis.

III. RESULTS AND DISCUSSION

3.1 Results

The results of the correlation analysis of the total items on the mental health scale showed that all statement items were declared valid. The valid item discriminatory power index ranges from 0.317 to 0.811. The mental health scale reliability coefficient is 0.950. The results of the analysis also show that all items on the religiosity scale are valid with an item discriminatory power index ranging from 0.308 to 0.811. The reliability analysis of the religiosity scale produces a reliability coefficient of 0.676.

The results of this analysis indicate that the mental health scale and religiosity scale are appropriate to be used to measure the mental health and religiosity variables in this study.

The subjects in the study were 49 women in early adulthood who were married and had early childhood with the following distribution:

Table 1.
Subject Description Based on Age

Age (Year)	Total (Person)	Percentage (%)
18 - 30	18	37
31 - 40	31	63

Table 2.
Subject Description Based on Education

Education	Total (Person)	Percentage (%)
Elementary School	1	2
Junior High School	1	2
Senior High School	14	29
Bachelor	23	47
Master	10	20

Table 3.
Subject Description Based on Profession

Profession	Total (Person)	Percentage (%)
Housewife	12	25
Entrepreneur	8	16
Private Sector	16	33
State Civil Apparatus	13	26

Table 4.
Subject Description Based on Number of Children

Number of Children	Total (Person)	Percentage (%)
1	14	29
2	26	53
3	9	18

The description of the research variable data is as follows:

Table 5.
Research Data Description

Variable	Hypothetical Score			
	Min[a]	Max[b]	Mean[c]	SD[d]
Mental Health	38	152	95	19
Religiosity	30	120	75	15

Table 6.
Research Data Description

Variable	Empirical Score			
	Min[a]	Max[b]	Mean[c]	SD[d]
Mental Health	78	148	122.1	15.49
Religiosity	78	119	102.8	8.97

Comparison of the hypothetical mean of the mental health variable (95) with the empirical mean (122) shows that in general the research subjects have good mental health. As for the religiosity variable, the hypothetical mean is 75 and the empirical mean is 102. This implies that in general the religiosity of the subjects in this study is high.

The description of the categorization of research data is as follows:

Table 7.
Description of Subject's Mental Health Categorization

Score Interval	Category	Total (Person)	Percentage (%)
1.00 – 1.75	Very bad	0	0

1.76 – 2.50	bad	2	4
2.51 – 3.25	Good	22	45
3.26 – 4.00	Very good	25	51

Table 8.
Description of Subject's Religiosity Categorization

Score Interval	Category	Total (Person)	Percentage (%)
1.00 – 1.75	Very bad	0	0
1.76 – 2.50	Bad	0	0
2.51 – 3.25	Good	14	29
3.26 – 4.00	Very good	35	71

The results of data analysis also showed that the Z value of the mental health variable was 0.122 with p = 0.064. While the Z value of the religiosity variable is 0.071 with p = 0.2. This illustrates that the data distribution of the two variables is normal. It can also be concluded from the significance value of the two variables tested greater than 0.05. The results of simple linear regression analysis resulted in the value of Fcount = 1.189 with p = 0.340. While the value of Ftable = 2.01; so Fcount < Ftable. At the significance level = 5% = 0.05; then the p value 0.340 > 0.05. Based on the results of the analysis, it can be concluded that the Fcount value is significant (meaningful and cannot be ignored). This shows that the relationship between religiosity (X) dan mental health (Y) is linear, so it fulfills the assumption.

3.2. Discussion

The research hypothesis suggests that there is a positive relationship between religiosity (X) and mental health (Y). Testing of this hypothesis is done by using simple correlation analysis. Based on the results of a simple correlation analysis, the relationship between religiosity and mental health has a correlation of r = 0.284 (r table = 0.276) which means r count > r table; with a significance of 0.048 (p<0.05). This shows that the correlation value is significant. With that, it can be concluded that religiosity has a positive and significant relationship with mental health.

The data above illustrates that of the 49 research subjects, two people (4%) had a mental health level that was classified as not good or bad, 22 people (45%) were classified as good, and 25 subjects (51%) were classified as very good. This illustrates that half of the respondents in this study have very good mental health, but there are still respondents who have poor mental health even though the percentage is very small. When viewed from the average value per dimension, the psychological well-being dimension (3.36) has a higher average value than the psychological distress dimension (3.13). This illustrates that most of the respondents in this study have good psychological well-being and are able to manage their psychological distress quite well.

Based on the average value of each statement item on the mental health scale in this study, the item that has the highest average score is the item related to general positive affect about the hope to have an interesting or enjoyable day when you wake up in the morning (psychological well-being dimension) and items from the psychological distress dimension related to the feelings of others when the respondent dies. Meanwhile, the average score that is classified as low is entirely related to feelings of restlessness and difficulty feeling relaxed, both on the dimensions of psychological distress and psychological well-being.

Based on these results, it can be seen that most of the respondents in this study have positive perceptions and feelings about themselves and their lives, where they feel that other people will feel lost or sad (not feeling well) if they die, and they feel excited when they wake up in the morning having the hope that it will be an interesting or enjoyable day. Even so, some of the respondents in this study felt restless and found it difficult to relax when faced with things that were uncertain or did not match their expectations.

This is interesting because it illustrates that the respondents in this study have good psychological well-being, and are able to manage their psychological distress quite well. This in in accordance with Keye's theory of positive mental health which states that positive mental health is an individual's positive feeling

towards his life which is operationalized in individuals' perceptions and evaluations of life and the quality of their functioning in life (Keyes, 2007).

Subject's religiosity variable gives a slightly different picture. From 49 respondents, 35 respondents (71%) had very good religiosity, and 14 others had good religiosity. The frequency distribution shows that all respondents have good religiosity, most of them are even classified as very good. There are no subjects whose religiosity is classified as not good or very bad. From the average score per dimension, it can be concluded that from the religiosity variable, the dimension with the highest average score is the ideological or belief dimension, followed by the experiential dimension, the consequential dimension, the ritualistic dimension, and the lowest score is the intellectual dimension.

This illustrates that the religiosity of the respondents in this study is based more on the belief or ideological aspect of their religion than on the knowledge or intellectual aspect of their religion. The statement items with the highest average scores are those related to belief or ideological dimensions, which consist of belief in the law of karma phala, belief in the existence of atman or the smallest spark from God, and belief in the existence of Sang Hyang Widhi and all His manifestations. While the statement items with the lowest average scores are items related to the intensity of listening to dharma discourse or religious lectures and items about the intensity of reading books or religious writings, where both items are included in the intellectual dimension.

This illustrates that the respondents in this study have a high level of belief in the basic values of their religion, where the ideological dimension or belief is an important and fundamental thing related to religiosity. With high trust, individuals will have positive perceptions and behaviors related to their religion, which will directly affect their religiosity. Because according to the theory, religiosity is a religious commitment (related to religion or faith beliefs), which can be seen through the activities or behavior of individuals concerned with the religion or belief they held (Glock & Stark, 1966). It can be said that most of the respondent's religious commitment in this study are based on a high belief in God, religion, and their religious teachings which are then reflected in their religious thoughts and activities in daily life.

The results of simple correlation analysis in this study indicate that empirically religiosity has a positive and significant relationship with mental health, although the relationship between the two variables is not very strong. This can be seen from the level of the simple correlation coefficient between religiosity and mental health which is 0.248 (r table = 0.276) with a significance of 0.048 ($p<0.05$).

The results of the simple correlation analysis illustrate that the higher a person's religiosity, the higher their level of mental health. Vice versa, the lower a person's religiosity, the lower the level of mental health. The results of this study are in line with the results of previous studies which state that the higher the level of religiosity a person has, the higher the level of mental health (Amna, 2015; Winurini, 2019).

The results of this study are also consistent with previous research which states that there is a relationship between religiosity and psychological well-being, where religious commitment has a relationship with one dimension of psychological wellbeing, namely a positive relationship with others (Fitriani, 2016). This indicates that the better one's religious commitment, the better the level of relationship with the environment. This is also reflected in the results of this study where the highest average mental health score is the psychological well-being dimension.

The results of the analysis in this study also describe how the respondents in this study felt anxious and had difficulty relaxing when faced with uncertainty or things that were not in line with their expectations, but in general their mental health was in the good and very good categories. If it is associated with their level of religiosity, which is mostly very high and is dominated by their belief in Sang Hyang Widhi, atman, and the law of karma phala, it can be said that they manage their anxiety by basing on their belief in God and the teachings of their religion.

This is also in line with previous research which states that the level of a person's mental health can be improved (Dewi, 2012). This is also in accordance with the theory that states that individuals with a high level of religiosity will evaluate their lives through religiosity schemes and practice their religious teachings in everyday life (Worthington Jr et al., 2003).

Although the relationship between religiosity and mental health in this study is not too strong, religiosity still has a positive and significant relationship to the mental health of women in early adulthood who are Hindu and have early childhood in Mataram City, West Nusa Tenggara, Indonesia. In other words, by having good or high religiosity, early adult women can maintain or improve their mental health even though they are faced with a lot of obligations and responsibilities as Hindu women and mothers of early childhood. The results of additional data collection conducted through interviews illustrate that the religiosity of most respondents is sourced or derived from the religious education they have received from generation to generation from their parents and other adults, plus the religious lessons they received in school.

Their high belief in the religion they profess is the result of inculcating religious values from an early age by the family and supported by religious lessons at school. The ritual aspect of their religiosity is the result of habituation from an early age so that they are accustomed to religious rituals that they must do without feeling burdened or forced to do it. Most of the respondents claimed to feel happy and calm during and after carrying out religious rituals. This is in accordance with previous research which stated that the positive attitude of Hindu women towards the obligation to carry out their religious rituals had a positive influence on their mental health (Jayanti & Sukmayanti, 2018).

Meanwhile, the mental health conditions of the respondents in the last few years have been heavily influenced by the pandemic conditions due to the Covid-19. Some respondents felt that in recent years their mental condition was not as good as before because of the many additional stressors due to the pandemic. However, most respondents believe that by continuing to pray and ask God, Ida Sang Hyang Widhi Wasa, any difficult condition will be overcome. This is in line with the results of previous studies which state that religiosity, spirituality, and social support can increase individual resilience in the face of the Covid-19 pandemic so that their mental health is maintained (Tanamal, 2021).

Based on the theoretical review that has been presented previously, early adult women are faced with developmental tasks that must be fulfilled in order to achieve psychological well-being at this age and to be able to move towards the next stage of developmental tasks (Hurlock, 2002; Potter & Perry, 2005). Adequate religiosity can help early adult women to achieve or fulfill the developmental tasks of their age group to the fullest without having to feel a significant psychological burden or injury.

An appropriate portion of religiosity can help early adult women who are Hindu and have early childhood to achieve and maintain psychological well-being and manage their psychological distress, especially related to carrying out the various roles attached to them as part of the developmental tasks that must be fulfilled. It is hoped that with adequate religiosity, individuals will have good mental health so that they will be able to become happy individuals and avoid the dangers of negative mental conditions.

The relationship between religiosity and individual mental health needs to be considered and maintained in order to maintain individual mental health until old age. As revealed in other research that there is a very significant relationship between religious appreciation and mental health in the elderly, the relationship between religiosity and mental health is not only important for adolescents and early adults, but also into the old age (Munib, 2015). Therefore, it is important for us to maintain our religiosity in order to achieve and maintain our mental health so that we become happy individuals and avoid the dangers of negative mental conditions throughout our lives.

IV. CONCLUSION

The results of this study conclude that there is a positive and significant relationship between religiosity and mental health in early adult women who are Hindu and have early childhood in Mataram City, West Nusa Tenggara, Indonesia. This indicates that the higher a person's religiosity, the better his ability to manage and maintain his mental health, and vice versa. This illustrates that the respondent's ability to maintain their mental health while carrying out the various roles inherent in themselves as a mother, wife, community member, and religious community is based on their adherence to values, beliefs, and religious practices that are seen in their activities and their daily behavior.

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