

Religiosity as Moderator of Stress and Well-being among Muslim Students During the Pandemic in Indonesia


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Abstract

This study aimed to examine the effect of stress and religiosity on well-being and the role of religiosity in moderating the relationship between stress and well-being during the COVID-19 pandemic. This study involved 1233 Indonesian Muslim students from whom data were collected through a survey by distributing questionnaires online. Data collection was made through surveys by distributing online questionnaires in Bahasa, including The Depression Anxiety Stress Scale-21 (DASS-21), the Short Muslim Belief and Practice Scale (Short-MPBS), and The Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The data analyses included bivariate correlation, multiple regression, and moderated regression analyses. The results showed: 1) There was a negative relationship between stress and religiosity and well-being; 2) There was an effect of stress and religiosity together on well-being; 3) Religiosity moderated the relationship between stress and well-being, which means that the hypotheses were supported by the data. The implication of this study is to strengthen positive psychological theory that various factors that previously could cause anxiety and stress in students do not have a bad impact on causing misery, because religiosity can provide reinforcement so that their welfare is maintained in the midst of difficult conditions.

INTRODUCTION

From early 2020 to date, almost all countries in the world have been infected with a very dangerous virus known as COVID-19. The World Health Organization (WHO) coordinates the global efforts to deal with the impacts and declared COVID-19 as a global pandemic on March 11, 2020 (WHO, 2020). This virus has symptoms like the common cold but it can attack the human respiratory tract quickly (Li et al., 2020). With no cure available to date and vaccines have only started to be given to people in several countries such as China, US, India, and the UK in December 2020, as of December 2020, 76,250,431 people in 222 countries have been infected with COVID-19, 1,699,230 of whom died, data from Indonesian COVID-19 Task Force (ITF, 2020).

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The first COVID-19 case in Indonesia was discovered on March 2, 2020, when two individuals were reportedly infected with this virus and President Joko Widodo announced it as the first case in Indonesia (Djalante et al., 2020). The latest data shows that the number of COVID-19-positive cases in Indonesia per 22 December 2020 was 678,125, 20,257 of whom died (ITF, 2020).

To anticipate the increasing rate of mortality and minimize infection, on March 26th, WHO issued six prioritized strategies to be undertaken by governments to cope with the pandemic. The strategies were as follow: Expand, train and deploy health-care workers; Implement systems to find suspected cases; Ramp up production of tests and increase availability; Identify facilities that can be transformed into coronavirus health centers; Develop plans to quarantine cases, and; Refocus government on suppressing the virus (WHO, 2020). Likewise, the Indonesian government, delivered by Ministry of Health of the Republic of Indonesia, also applies a rule that Indonesians are asked to work and study from home (MHRI, 2020).

Apart from the increasing number of deaths, the pandemic also has impacts on various sectors, including the economic, health, social, cultural, and, most importantly, the education sector. In the education sector, the Indonesian government closes teaching and learning activities at schools and universities and switches them to study-from-home (online learning) the implementation of which is controlled by school teachers or university lecturers and parents. The implementation of online teaching and learning is assisted by various technological tools like smartphones, laptops, personal computers, and notebooks.

Besides the impact on the education sector, the mental health condition of the Indonesian people has been adversely affected by the contributing factor of the news update circulating daily on the media that show the accelerating number of cases infected with COVID-19 with a quite significant part of which end up with death. This poses a threat that likely elicits fear and anxiety not to mention hoaxes about dramatized death rates that are not necessarily true (Ifdil et al., 2020).

An individual's psychological condition has the potential to change because COVID-19 changes their behaviors, habits, and patterns of social interaction with other people. Any significant change that occurs in an individual life will require them to adapt, and failure to do so will likely lead to stress. Various sources of stress during the COVID-19 pandemic include home quarantine, imposed social distancing, fear of being infected with the virus, limitations in studying and work, and financial crisis (Brooks et al., 2020).

Stress is a reaction that occurs when a person is faced with stressful situations and/or uncertain situations, which hinder individual functioning individual. Pandemics are associated with all kinds of uncertainties, such as the following: Uncertainty about getting infected, uncertainty about the seriousness of the infection, uncertainty about whether the people around us are infected, uncertainty about whether objects or surfaces are infected, uncertainty about the optimal type of treatment or protective measures, and uncertainty about whether a pandemic will be truly over (Taylor, 2019). Such uncertainties are common sources of distress during pandemics (Gritsenko et al., 2020; Ifdil et al., 2020; Peteet, 2020). If this distress is not handled properly, it can cause symptoms of more severe psychological disorders such as anxiety disorder (Roy et al., 2020); mood disorders, post-traumatic stress symptoms (Shultz et al., 2015; Yin et al., 2020); depression (Koenig, 2020; Taylor, 2019; Wang et al., 2020); frustration (Lu et al., 2004); anger, denial, and fears might be at peak of the outbreak (Torales et al., 2020); decreased mental health (Kumar & Nayar, 2020); negative emotionality (Watson & O'Hara, 2017); psychological distress (Coughlin, 2012); loneliness (Banerjee & Rai, 2020); acute stress disorder and burnout (Restauri & Sheridan, 2020); adjustment disorders (Parker et al., 2016); confusion, boredom, stigma, and stress due to decreased daily income (Brooks et al., 2020); behavioral problems (e.g., nonadherence,

avoidance) (Taylor, 2019); sleep difficulties (Huang et al., 2020); and suicide and self-harm (Moukaddam & Shah 2020; Yao et al., 2020).

The complexity of the problems an individual faces during the COVID-19 pandemic may have led to susceptibility to stress, which anyhow must be lived and addressed positively to prevent it from causing a negative impact (distress) and become pathological, including by making efforts to improve personal well-being by strengthening one's religiosity. According to Koenig et al. (2012), religiosity here refers to multidimensional constructs involving beliefs, behaviors, rituals, and ceremonies that may be held or practiced privately or publicly. The main dimensions of religiosity include organizational religiosity (frequency of individual presence at formal religious services), non-organizational religiosity (defined as the frequency of personal religious activities such as prayer or meditation), intrinsic religiosity (making religion the ultimate goal), and extrinsic religiosity (considering religion as the ultimate goal or a means to an end) (Koenig et al., 2012). According to Al-Goaib (2003), in Islam, religiosity is the commitment to the fundamentals of Islam, both empirically and theoretically, through the fulfillment of Allah's Rights, protecting the rights of others, following Allah's orders, avoiding engaging in misdeeds, and worshiping. Worship practices such as prayer, fasting, almsgiving, and pilgrimage to Mecca must improve one's relationship with Allah and fellow humans, or they would be mere rituals with no value (Ghazali, 2004).

Religiosity is the internalization of religious values in a person, and serves as the ability to increase hopes for the future and prosperity (Koenig et al., 2012; 2020); reduce stress and depression (Taha & Salama 2006; Sami & Naveeda, 2021); reduce anxiety (Najati, 2001); helps individuals maintain psychological health during difficult times (Argyle, 2013). According to Diener (2009), religion is one of the factors that affect life satisfaction, because religion enables an individual to have positive feelings in living their life and potentially serves as a supporting factor in their life. Thus, the importance of the role of religiosity in generating happiness was confirmed by a meta-analysis study by Witter et al. (1985), and a positive correlation between religiosity and mental health was demonstrated by a meta-analysis study by Hackney & Sanders (2003).

Rationale of the Study

Various previous studies have consistently proven the importance of the role of religiosity in minimizing stress and improving well-being (Abdel-Khalek, 2011; Boppana & Gross, 2019; Cunningham, 2014; Hou et al., 2018; Jurkovic & Walker, 2005; Khan et al., 2012; Krause, 1992; Leondari & Gialamas, 2009; Stuart & Ward, 2018). Research to examine the role of religiosity in students, especially during the COVID-19 pandemic, has not been found in Indonesia, and the role of religiosity as a moderator is still limited as well. There are several studies in Indonesia that involve the religiosity variable in their research during covid, and generally as an independent variable, but there are still very few specific studies found during COVID-19 in Indonesia that place religiosity as a moderator variable (Daulay et al., 2022; Aminnuddin, 2022). Therefore, this study sought to examine the role of religiosity in moderating the relationship between stress and well-being.

Hypotheses

The hypotheses formulated in this study were: 1) There is a negative correlation between stress and religiosity and well-being and there is a positive correlation between religiosity and well-being; 2) There is an effect of stress and religiosity together on well-being; 3) Religiosity moderates the relationship between stress and well-being in that the level of religiosity affects the relationship between stress and well-being.

METHODS

Participants

This study involved 1233 Muslim students from various study programs at Universitas Islam Negeri Sumatera Utara, Indonesia. The respondents consisted of 1,001 (81.18%) women and 232 (18.81%) men, aged between 17-25 years, and dominated by Batak ethnicity (51.82%). Most of the respondents come from families with an average income of parents who work full time (52.39%). The respondents were undergraduate students with active status in the academic year 2019/2020.

Measures

The data collection in this study was carried out by using four measuring instruments, namely a stress scale, a religiosity scale, a well-being scale, and a demographic data questionnaire. The three scales were adapted from the English scale, so that translation was carried out, in the form of back-translation, namely by translating the three scales from the English version into Indonesian, then the Indonesian translation was confirmed back into English, so that the meaning did not change. , this is also assisted by professional people in the field of language.

Demographic Information

The demographic data included participants' age, gender, ethnicity, information on study programs and semesters, as well as information about the socioeconomic status with a composite score based on parents' income level.

The Depression Anxiety Stress Scale-21

The Depression Anxiety Stress Scale-21 (DASS-21) (Lovibond & Lovibond, 1995) consists of three subscales: Depression (7 items), Anxiety (7 items), and Stress (7 items). This study only used the Stress subscale of the DASS-21 to measure students' stress. This particular subscale contains 7 items with four alternative answers ranging from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time). A sample item of the stress subscale is "I felt that I was rather touchy." The scale validity was tested through exploratory and confirmatory analysis in Asian samples including Indonesia (Oei et al., 2013). The exploratory analysis result indicated that the factor loading cutoff criteria of between .30 and .55 for establishing what is considered to be a strong factor loading coefficient. Based on this confirmatory analysis, the model was classified as fit with the following indices: $RMR = .03$, $GFI = .90$, and internal consistency or reliability as shown by Cronbach's α of .846.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (Tennant et al., 2007) was developed to support the development of an evidence base relating to public mental health. A total of 14 questions with a 5-point scale, ranging from none of the time (1 point) to all of the time (5 points) were included in this study, and each item is positively worded. A sample item of this scale is "I've been feeling relaxed." This scale has been validated with Indonesian participants using Racsch analysis the result of which showed that the data fit the model. All items in the instrument have good fit statistics indices in terms of outfit mean square, all item-measure correlations for all the items were above .4 (Wicaksono, 2019). For the sample of this study, the reliability (Cronbach's alpha) of the WEMWBS was .855.

Table 1. Participant Demographics

Characteristics	Categories	Number (%) of participants	Mean	SD
Age	17 – 21 years	956 (77.53%)	1.22	.475
	22 – 25 years	277 (22.46%)		
Gender	Male	232 (18.81%)	1.81	.392
	Female	1001 (81.18%)		
Ethnicity	Bataknese	639 (51.82%)	2.01	1.030
	Javanese	287 (23.27%)		
	Minangnese	93 (7.54%)		
	Acehnese	85 (6.89%)		
	Malay	129 (10.46%)		
Parent's occupation	Work full time	646 (52.39%)	2.30	.937
	Work part time	351 (28.46%)		
	Uncertain	236 (19.14%)		
Socioeconomic Status	IDR 500.000 – 1 million	272(22.06%)	1.72	.594
	IDR 1 – 3 million	495(40.14%)		
	IDR 3 – 5	338(27.41%)		
	>Rp. 5.000.000	128(10.38%)		

Notes. IDR = Indonesian Rupiah; Currency conversion: 1 USD = Rp. 14.000 (December 2020)

The Short Muslim Belief and Practice Scale (Short-MPBS)

The Short Muslim Belief and Practice Scale coined by AlMarri et al. (2009) aims to reveal the dimension of belief (*rukun iman* [the pillars of faith]) and the dimension of practice (*rukun Islam* [the pillars of Islam]). The dimension of practice reveals the fundamentals of Islam and consists of 7 items with five alternative answers ranging from 1 (I never do this) to 5 (I always do this). A sample item of the dimension of practice is “*I pray five times a day.*” The dimension of belief reveals religious faith and consists of 6 items with five alternative answers ranging from 1 (strongly disagree) to 5 (strongly agree). A sample item of the dimension of belief is “*Men/women should not shake hands with a person of the opposite sex in public.*” The total number of items is 13 with good internal consistency ($\alpha = .83$). The scale validity was tested through exploratory and confirmatory analysis in Asian samples including Indonesia. The exploratory analysis result indicated that the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .867 and Bartlett's test of Sphericity result was significant ($X^2(105) = 1031, p < .0001$). Based on the confirmatory analysis, the model was classified as fit with the following indices: $X^2(26) = 57.05, p < .0001$, RMSEA = .07, CFI = .97; TLI = .96 (AlMarri et al., 2009). The internal consistency as the measure of reliability in this study's sample as shown by Cronbach's α was .816.

Procedures

This present research's procedures consisted of three stages. First, the research preparation stage, starting with the preparation of the measuring instruments that consisted of a stress scale adapted from the Stress subscale of the Depression Anxiety Stress Scale-21 (DASS-21); The Short Muslim Belief and Practice Scale (Short-MPBS); and the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), all of which have been translated into Indonesian. At the same time, the research team sought a data collection permit as required by the research ethics of Universitas Islam Negeri Sumatera Utara, Indonesia. Second, the research implementation stage. This stage began at the end of April 2020, one month after the implementation of the stay-at-home rule in Indonesia, by distributing questionnaires online to students. Each student who participated in the study received three research scales and a personal data questionnaire. Before this, the researchers asked permission from the students to

Table 2. Correlations Between Stress, Religiosity, and Well-Being

Variable	1	2	3	<i>M</i>	<i>SD</i>
1. Stress	1	-.152**	-.255**	29.29	6.061
2. Religiosity		1	.207**	69.67	5.428
3. Well-being			1	48.57	8.051

** $p < .01$; * $p < .05$

Table 3. The Results of Regression Analysis on Stress and Religiosity on Well-being

Model	Unstandardized		Standardized	<i>t</i>	Sig.
	β	<i>Std. Error</i>	<i>Beta</i>		
1 (Constant)	36.649	3.193		12.419	< .05
2 Stress	-.304	.036	-.229	-8.342	< .05
3 Religiosity	.256	.041	.172	6.271	< .05

Note. ** $p < .01$; * $p < .05$

Table 4. The Results of the Moderated Regression Analysis

Model	Predictor Variable	<i>R</i> ²	<i>SE</i>	<i>F</i>
1	Stress	.065	7.787	85.764**
2	Stress, Religiosity	.094	7.669	39.330**
3	Stress, Religiosity, Product	.097	7.660	3.887*

** $p < .01$; * $p < .05$

collect data from them, and the students indicated their agreement to participate in the study voluntarily by signing informed consent. The research implementation lasted for two weeks, from the end of April 2020 to the second week of May 2020. The procedure of collecting data used in the study complied with the standard determined by the Research Ethics of the Islamic University of North Sumatra Indonesia. Third, the data processing stage. The researchers obtained the stress, religiosity, and well-being data by scoring the responses the research respondents gave to the items of the three scales. The collected data were processed using SPSS version 23.0 for Windows.

Data Analysis

The data analysis techniques used in the present study included: 1) bivariate correlation testing to examine the relationship between stress, religiosity, and well-being; 2) multiple linear regression analysis to examine the effect of stress and religiosity on welfare; 2) moderated regression analysis to test the role of religiosity as a moderating variable of the relationship between religiosity and stress.

RESULTS AND DISCUSSION

Results

Research Data Categorization

The categorization of the research data showed that, for the stress variable, only 4 of the 1,233 people (0.3%) were in the normal category while almost all of them (97%) were under stress with various levels among which 30 people (2.4%) were in a mild, 282 (22.8%) moderate, 629 (51.1%) severe, and 280 (22.7%) very severe levels of stress. Regarding the religiosity variable, almost all respondents were in a good category (99.9%). As for the well-being variable, 135 people (10.9%) were in the below-average category, 989 people (80.2%) were average, and 109 people (8.8%) were above average.

Bivariate Correlation Test

A bivariate correlation testing was carried out to examine the relationship between stress, religiosity, and well-being. Table 2 shows that there is a negative significant correlation between stress and well-being ($r = -.255, p < .01$), stress and religiosity ($r = -.152, p < .01$). There is a positive correlation between religiosity and well-being ($r = .207, p < .01$).

Regression Analysis

A regression analysis was carried out to examine the effect of the participants' stress and religiosity on their well-being. The first analysis revealed that stress negatively affected their well-being ($\beta = -.304, p < .01$), while religiosity positively affected their well-being ($\beta = .256, p < .01$).

Religiosity Moderates the Relationship Between Stress and Well-being

The moderation testing in this present study was accomplished with Moderated Regression Analysis (MRA). This particular testing uses multiple linear regression analysis in which the regression equation contains an element of interaction (multiplication of two or more independent variables) called the product variable. According to Baron & Kenny (1986), the moderation effect is statistically demonstrated by the significance of the product variable role on the dependent variable the testing of which is carried out through tiered regression by entering the predictors into the regression analysis in stages. Because this study had three predictors, including the product variable, the regression analysis was carried out in three stages. The moderation testing results can be seen in Table 4.

Table 4 shows three models according to the predictors entered in the regression analysis stage. Stage 1 regression analysis resulted in values of $R^2 = .065$ and $p < .01$ with $F(1.1231) = 85.764$ and $p < .01$. These figures show that stress had a statistically significant contribution of 6.5% in predicting well-being. Since a significant role of the predictor in predicting the dependent variable is required to carry out the intended moderation testing (Baron & Kenny, 1986), the moderation testing in this present study could thus be continued. In the second stage of regression analysis, religiosity was entered in the analysis the results of which indicated that stress and religiosity together could predict well-being. This was indicated by the increase in the effective contribution from 6.5% to 9.4%, and this contribution was very significant with $F(1.1230) = 39.330$ and $p < .01$.

The next regression stage was carried out by entering the product variable into the regression analysis. The product variable in this present study was the variable derived from multiplying the stress variable with the well-being variable (Stress, Religiosity, Product). Although the result of the regression analysis at this stage showed a small increase in the value of the effective contribution of all predictors; for instance, from 9.4% to 9.7%, this increase was statistically significant ($F(1.1229) = 3.887, p < .05$). Given this value, it could be concluded that religiosity serves as a moderator for the relationship between stress and well-being. Based on the three regression analysis stages, it could also be concluded that the research hypothesis that religiosity plays a significant role as a moderator in the relationship between stress and well-being was supported.

Discussion

The impact of the COVID-19 pandemic has affected various sectors, including causing abnormal psychological conditions, which if not handled properly, can cause distress which in turn leads to pathology. This study aimed to determine the relationship between stress and religiosity and well-being, and prove the role of religiosity as a moderating variable of the relationship between stress and well-being. The results of this study supported the three hypotheses proposed. The first hypothesis proposed a negative correlation between stress and

religiosity and well-being. The Pearson product-moment correlation analysis resulted in a significant correlation and thus supported this hypothesis. Stress is the body's reaction to the demands and obstacles that come from outside while the body cannot respond appropriately. Several studies have consistently proven that the negative effects of stress include depression, anxiety, somatization, and hostility (Lai et al., 2020; Mak et al., 2009); suicide (Galea et al., 2020); and decreased welfare (Hu & Huang, 2020). One of the efforts to minimize the perceived stress is through the role of religiosity (Merrill et al., 2009) with its ability to make individuals feel happier, more satisfied, loving life, and enjoying good mental and physical health (Abdel-Khalek, 2012). People with strong religious faith have increased life satisfaction, happiness, and decreased negative consequences of traumatic events than their less religious counterparts (Taylor, 2006).

The second hypothesis proposed a positive correlation between religiosity and well-being. The results of the study supported this hypothesis by finding a significant relationship between variables and so supported by several studies (Abdel-Khalek, 2006; 2012; Ashkanani, 2009; Lavric & Flere, 2008; Merrill et al., 2009; Tiliouine et al., 2009).

The research data also supports the third hypothesis, namely that religiosity moderates the relationship between stress and well-being. It can be said that students, including students participating in this study, experience a high level of stress due to the COVID-19 pandemic during which they are required to be able to adapt to the online learning system along with much more assignments given by their lecturers, and the public, including students, are advised to stay at home with the enactment of large-scale social restrictions (PSBB) rule in various regions in Indonesia, including Medan, North Sumatra. When research data were collected in April-May 2020, the participants had been experiencing such a stressful condition for 2 months with no certainty of when it would end. Moreover, the news about the impact of COVID-19 they heard every day, that condition was very likely to cause anxiety and panic. All respondents in this study were Muslim students with a good level of religiosity so that they are supposed to believe that the COVID-19 pandemic is a situation the occurrence of which is determined by Allah SWT and serves as a test for humans for which, with patience, humans would be able to pass with full of sincerity and still put their trust in Allah. For a Muslim, their religiosity can be seen from to what extent they know about Islam and believe in Allah, and to what extent they practice acts of worship and appreciate Islam (such as *ihsan*, *tawakkul*, *ikhtiar*) (Khan et al. 2012).

Why is religiosity important as self-defense to stay well? Because religiosity is able to give strength to each individual through belief in God and through the implementation of worship. Several studies have proven the positive role of religiosity for individuals in the midst of difficult times, such as being able to improve well-being (Achour et al., 2016; Suhail & Chaudhry, 2004), life satisfaction (Zullig et al., 2006), hope, positive mood states, and spiritual well-being (Fehring et al., 1997), happiness (Abdel-Khalek, 2014; Amalia et al., 2016; Argyle & Hills, 2000), mental health (Hackney & Sanders, 2003; Seybold, 2007; Wong et al., 2006), use of emotion regulation strategies (Vishkin et al., 2019), and the ability to manage negative emotions and positive emotions (Abdel-Khalek & Naceur, 2007) and serves as positive coping (Khan et al., 2012), reduces depression (Brown et al., 2008), and has a negative correlation with psychopathology (Tiliouine et al., 2009). Religiosity also has a positive impact on adolescent life, including promoting healthy attitudes and behaviors as well as high self-esteem (Rew & Wong, 2006); serving as a protective factor for engagement in risky behaviors such as antisocial behavior (Knox et al., 1998) and substance use (e.g., cocaine use) (White et al., 2006).

Patience and sincerity are part of religiosity. Patience is defined as calmness, self-control, and willingness or ability to tolerate delay (Agte & Chiplonkar, 2007), and is useful in dealing with various psychological problems, such as stress, staying strong in the face of

disaster, and being able to manage anger (Subandi, 2011), and; and promotes post-traumatic growth in disaster survivors (Subandi et al., 2014). While sincerity is genuineness in giving help (Goddard, 2001), accepting the situation at hand (Chizanah & Hadjam, 2011), and during a disaster or difficult situation, sincerity is a powerful strategy to avoid frustration, depression, and other adverse conditions. In the concept of Islam, a religious person is someone who believes in Allah or is called a *mu'min* with emotional characteristics such as love for Allah and Allah's Messenger, doing good deeds, being able to hold anger and control negative emotions, not hurting others, and feeling sorry when doing sin (Najati, 2005). A believer believes that everything that happens is inseparable from the will of Allah so that they still feel at peace amidst tense and worrying conditions. This is also felt by Muslim students in Indonesia. With a good understanding of religion, patience, and sincerity in facing difficulties during the two months of the COVID-19 pandemic, they can manage to maintain their well-being. Routinely carrying out religious rituals, such as practicing the five-times-a-day prayer, fasting, almsgiving, reading the Koran, plus believing in Allah, is able to minimize anxiety and stress, and increases their happiness. Experience of God's presence, performing *namaz* (a specific prayer performed five times a day in Islam), fasting, and praying can reduce depression and hopelessness (Yapici & Blilican, 2013).

The results of this study also confirm previous studies that have shown the importance of religiosity in helping individuals to cope with unpleasant events and ultimately bring about happiness, and the role of religiosity as a moderating variable, including as a moderator of the relationship between employment status and psychological well-being (Shams & Jackson, 1993); perceived social isolation and subjective loneliness (Yeung & Fan, 2013); job strain and employee well-being (Achour et al., 2016); authoritarianism and social dominance orientation (de Regt, 2012); and conflict and depressive symptoms (Brown et al., 2008). During the COVID-19 pandemic, while the worship places (such as mosques and churches) are closed, people continue to worship at home. The vital role of religiosity is indicated by the increased worship practices, online prayer and discussion meetings, and good deeds towards neighbors (VanderWeele, 2020); the emotional engagement expressed on the WhatsApp instant messaging platform (Andujar & Rodriguez, 2020); the role of religiosity in improving immunity functioning and resilience against the virus (Koenig et al., 2020); the role of a religious community in fighting the adverse effects of the virus; and the role of religiosity in improving mental health during the COVID-19 pandemic (Hart & Koenig, 2020).

Implications

The implication of this study is to strengthen positive psychological theory that various factors that previously could cause anxiety and stress in students do not have a bad impact on causing misery, because religiosity can provide reinforcement so that their well-being is maintained in the midst of difficult conditions.

Limitations and Suggestions for Further Research

Although this present study contributes to providing new information regarding the role of religiosity in moderating the relationship between stress and the well-being of Indonesian students, it still has several limitations: First, this study was carried out at the end of April 2020, one month after the implementation of lockdown in many places in Indonesia, the data of which were collected by distributing questionnaires online. Online data collection is prone to the inaccuracy of the data obtained because the researchers cannot directly observe the respondents while providing information through completing the questionnaires and thus is feared that the respondents in this present study might give random answers. Distance and communication constraints created barriers to data collection and did not allow the researchers to make direct observation of the actual conditions of the respondents during the

process. Second, this study was carried out only with Muslim students of an Islamic university located in a city in Indonesia. Given the importance of religiosity as a means of self-strengthening during a crisis, to enrich the research results, it is suggested that similar studies in the future use the perspectives of other religions and with different groups of respondents.

CONCLUSIONS

Religiosity has proven able to maintain Muslim students' well-being during the Covid 19 pandemic, especially after a month of experiencing home quarantine and therefore having to study online. Various factors that might have otherwise caused anxiety and stress do not have an adverse impact, leading to distress, because religiosity can strengthen students so that their well-being is maintained amid the difficult conditions. This is in line with previous studies that have demonstrated religiosity as a factor that brings peace and well-being. This present research implies that religiosity proves to act as a moderator in improving well-being, which means that the values of religiosity have been internalized in students so that they can accept any conditions and situations with all the consequences. Suggestions that can be offered based on the results of this study are that the importance of religiosity in coping with difficult conditions due to the COVID-19 pandemic needs to be strengthened, including by providing students with webinars with speakers professional in their fields to present themes that incorporate religious values. Besides, while studying online from home, the lecturers need to motivate students more and not give more burdens to them with too many assignments.

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AUTHOR CONTRIBUTION STATEMENT

The authors contributed equally to the completion of this research.

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