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The Relationship between Religiosity and Resilience of Covid-19 Survivors

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ABSTRACT

The Covid-19 pandemic has spread around the globe, including in Indonesia. The Special Region of Yogyakarta is one of the areas listed in the red zone. Covid-19 has had a wide range of effects on survivors' physical and mental health. According to research, survivors feel anxiety, trauma, and even depression. Resilience is one way for survivors to rise above difficult circumstances. Experts believe that religiosity is one factor that promotes the development of resilience. The study aims to determine the correlation between religiosity and resilience in Covid-19 survivors. This research was quantitative research with the correlational method. The research data were collected using two scales, namely the religiosity scale and the CD-RISC 25 resilience scale. The respondents of this study consisted of 121 subjects from all regencies and municipalities in the Special Region of Yogyakarta, Indonesia which were taken by random sampling technique. The study found a positive correlation between religiosity and resilience in Covid-19 survivors. The correlation coefficient is 0.621, indicating that the stronger the religiosity, the higher the resilience of Covid-19 survivors. Moreover, the effective contribution of the religiosity variable to resilience was 38.5%, as indicated by the determinant coefficient equal to 0.385.

Keywords
Resilience
Religiosity
Survivors
Covid-19

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Introduction

The world is together to feel the struggle against the Covid-19 pandemic. Covid-19, or Pneumonia Coronavirus Disease 2019, is a new type of disease caused by Serve Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), which originated in Wuhan, China. Clinical symptoms arise from this virus, such as the common cold (cough, runny nose, sore throat, muscle aches, headache), fever, diarrhoea, lung infections, and severe complications (Covid-19, 2020). The Covid-19 pandemic not only carries risks related to death due to infection but also causes unbearable psychological pressure [1]. As this case develops, people's lives have changed, resulting in adverse mental conditions such as boredom, anxiety, insomnia, fear and even depression [2]. This pandemic is a global health threat and has caused paralysis in almost all sectors due to restrictions on human activities.

The government officially announced the first spread of Covid-19 in Indonesia on March 2, 2020. Then, on March 15, 2020, President Joko Widodo said that people should only carry out activities from home. Besides that, the community is required to carry out strict health protocols and carry out social and physical distancing if they are forced to leave the house as a form of response to the status of the emergency that occurs. However, it turned out that this had not been able to overcome the spread of Covid-19 in Indonesia significantly, so the government took steps to implement Large-Scale Social Restrictions to Enforcement of Community Activity Restrictions. This regulation is contained in the Instruction of the Minister of Home Affairs, which is effective from June 2021 in Java & Bali and several regions outside Java. This protocol was implemented a month from June to July, can still not handle the spread of Covid-19. There was a significant increase in Covid-19 cases from June 2021 to mid-July 2021, up to tens of thousands of patients per day.

So that the government takes steps to implement Level 4, which is expected to control the rate of transmission of Covid-19, the regulation is stated in the Instruction of the Minister of Home Affairs concerning Level 4 Corona Virus Disease 2019 in the Java and Bali regions. One of the areas that must apply these rules is Yogyakarta Province. This area became the fifth province whose territory was in the high-risk zone or red zone. Because epidemiologically, Yogyakarta Province is a densely populated area. Based on data from the Yogyakarta Government related to the handling of Covid-19 on August 10, 2021, in Yogyakarta, there were 131.90 positive confirmed cases with a total of 95,592 recoveries and a total of 4,020 deaths [3]. The Covid-19 pandemic has caused changes in various sectors of life. This causes many problems, not only threatening physical health but also mental health to the point of many declines in mental health in the community [4]. The pandemic has caused stress at various levels of society. This is based on the pandemics that have occurred. A study in Hong Kong

showed that one year after the SARS pandemic, 64% of survivors had the potential to experience psychiatric disorders [5].

The study found that the Covid-19 pandemic can endanger mental health, impact hopelessness and helplessness [6], and cause individuals to contract psychosomatics and trauma [7]. Psychological impacts during the pandemic include post-traumatic stress disorder, confusion, anxiety, frustration, fear of infection, insomnia, and helplessness [8]. A very significant impact is the social and mental impact experienced by Covid-19 survivors because they are considered to carry infectious diseases [9]. Survivors are individuals who continue to survive and can maintain their existence. Covid-19 survivors are people who have experienced exposure to the coronavirus or patients who have tested positive for Covid-19 and have successfully recovered from their illness [10].

In Indonesia, to find out whether a person has been confirmed with Covid-19 or not, there are several types of test kits. WHO recommends the RT-PCR method as the gold standard for diagnosing SARS-CoV2 infection. The PCR Test is Indonesia's most essential and accurate tool to determine whether a person is positive or has been harmful to Covid-19. Furthermore, the Rapid Antigen Test. Another detection tool is the Genoese Test made by Universitas Gadjah Mada (UGM), which can identify the coronavirus with a breath. However, the test kit used to declare a patient recovered from Covid-19 is a PCR SWAB Test with a negative result.

Based on tests, those who are confirmed positive for covid-19 must carry out isolation so as not to increase the spread. Those who feel severe symptoms will carry out isolation at the hospital or related agencies to get treatment. Meanwhile, those who feel mild symptoms can carry out self-isolation in their respective homes until they recover or test negative based on tests.

Although the survivor has been declared cured, he still naturally fears transmitting it to others [11]. A Covid-19 survivor is often regarded as a disgrace in the surrounding environment. A bad stigma in society towards individuals who have tested positive for Covid-19 will increase the tendency of these individuals to experience stress to trigger other mental health disorders. One of the impacts of stigma on the Covid-19 pandemic is trauma, confusion, excessive anxiety, and fear of a threat to both Covid-19 survivors and the families around these survivors [12]. Excessive fear can result in more severe mental disorders and hamper survivors of recovery and the recovery process.

In survivors in Indonesia, experiences during quarantine or isolation can initiate diverse emotional responses, such as anxiety, sleep disturbances, panic attacks to trauma symptoms [13]. In a study conducted by Ref. [14] on former Covid-19 patients, they found that

they still experienced some trauma that tells terrible memories, such as being reluctant to chat with the outside world, anxiety, fear and other psychosomatic symptoms.

Based on this, researchers conducted interviews with several Covid-19 survivors in Yogyakarta, the results of which were in line with research conducted by Ref. [14] that Covid-19 survivors showed experienced anxiety disorders and other fears. This certainly affects the functioning of survivors in everyday life. Therefore, Covid-19 survivors face significant challenges in order to be able to rise and recover physically and psychologically.

The combination of physical and psychological problems makes survivors vulnerable to various problems. In the broader community, some individuals have high endurance to deal with problems that occur to themselves, but some people are not strong in handling or solving their problems. The combination of physical, psychological and social problems that are vulnerable to experience by survivors requires a protective factor that can maintain their well-being, such as resilience [15].

According to Ref. [16], the capacity of individuals to face and reduce the effects of stress well can arise with psychological resilience. Resilience is one of the substantial abilities that are indispensable to the community, especially during the Covid-19 pandemic, where resilience can be a protective factor in the decline of mental health during the Covid-19 pandemic [17]. Resilience is the ability to face challenges [18]. Resilience will be apparent when a person faces a challenging experience and knows how to face or adapt to it. Resilience manifests personal qualities that help the individual develop in overcoming difficulties [19]. Resilience is one of the capital for individuals to be able to live life in the pandemic area well. Increasing resilience for Covid-19 sufferers is to develop their life skills again, such as increasing self-confidence, communication, making life plans and taking the proper steps in their lives [18].

Ref. [14] in his research, stated that patients who are in conflict contribute to improving mental health and preventing psychological stress in terms of anxiety and depression. Individuals who have low resilience tend to take a longer time to accept all existing trials. On the contrary, if individuals have high resilience, individuals tend to be stronger and can immediately rise from the slump and try to find the best solution to recover from the situation. Ref. [19] identified five aspects of resilience:

- High standard of personal competence and persistence,
- Believe in yourself, tolerate negative effects and are strong in the face of pressure,
- Positive acceptance of change and good relationships with others,
- Self-control (control),
- Spiritual influence. Based on these aspects, it can be concluded that religion or religiosity is an important element of resilience.

Religiosity is a person's values, beliefs and behaviour that reflects a person's religious behaviour [20]. Religiosity is the relationship between man and God in the form of worship carried out daily. It is also interpreted as a belief in the existence of God Almighty regulating the relationship between humans and humans with the surrounding nature, following faith and worship. Following religion related to faith plays an essential role in a person's ability to cope with difficult situations or situations in his life. This ability is resilience.

High resilience can be pursued through strengthening factors that affect resilience, one of which is spirituality. Research conducted by Ref. [21] shows a positive relationship between religiosity and resilience in cancer patients. A significant positive relationship was found between religiosity and resilience in mothers with mentally disabled children. In the studies, survivors face an environment that burdens the process of resilience, one of the supporting factors that play a role in environmental support. Survivors must struggle with the strength in themselves because they go through a period of isolation. One of the forces in themselves is religiosity. The aims of this research is to describe the correlation between religiosity and resilience in Covid-19 survivors.

Methods

This research is a quantitative study that uses correlational data analysis. Quantitative research is research whose analysis uses data in the form of numbers collected using procedures and processed by statistical analysis methods. Correlation research aims to find whether or not there is a variable relationship. The population in this study were Covid-19 survivors in Yogyakarta. One hundred twenty-one respondents represented the population as a research sample with probability sampling techniques. The probability sampling technique is to provide equal opportunities for each member of the population to be selected as a member of the sample. The characteristics of the samples in this study are: domiciled in Yogyakarta, aged 20-60 years, have tested positive for Covid-19 officially with an Antigen SWAB Test, PCR SWAB, and have undergone treatment in a hospital or self-isolation.

The data collection method in this study used two scales, namely the religiosity scale compiled with the reliability of 0.940 and the CD-RISC 25 resilience scale with the reliability of 0.969. The data collection method used is a likert scale with two attitude statements (favourable and unfavourable) with a choice of Strongly Agree (SA), Agree (A), Disagree (D), or Strongly Disagree (SD). This scale deployment uses Google Form. The measuring instruments used are the Religiosity scale (20 items) and the Resilience Scale (25 items). The Scale of Religiosity is based on Ideological, Ritualistic, Experiential, Intellectual and consequential dimensions. The aspects measured include personal competence, high standards and tenacity, belief in one's instincts, tolerance to negative influences and strengthening of stress effects,

positive acceptance of change and safe relationships with others, control, and spiritual influence.

The data obtained is then analyzed using Pearson Correlation Product Moment. PCPM is a statistical tool used to test the hypothesis of the relationship between two variables with data for intervals. The analysis process is carried out with the help of SPSS 20 for windows.

Result and Discussion

The research is aimed at Covid-19 survivors in DI Yogyakarta. Data collection in this study was carried out online using google forms due to the Covid-19 pandemic, which requires everyone to limit activities outside the home and maintain distance from others. The media used to contact respondents include short messages such as WhatsApp, Direct Massage, Instagram and uploading google form links on social media. The data collection collected data from 121 respondents who met the research criteria. Fig. 1 to 3 shows the data calculation.

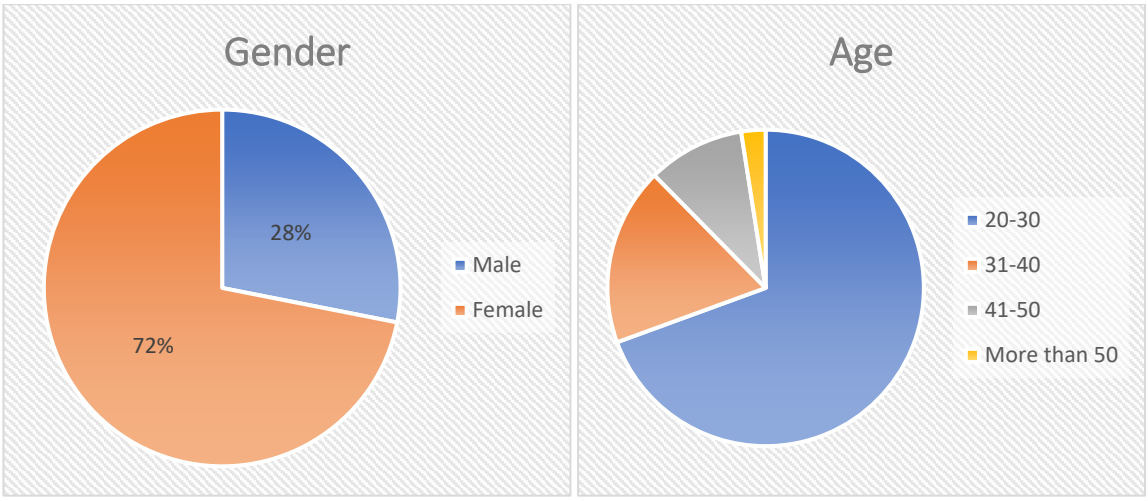


Fig. 1. Gender and age of participants

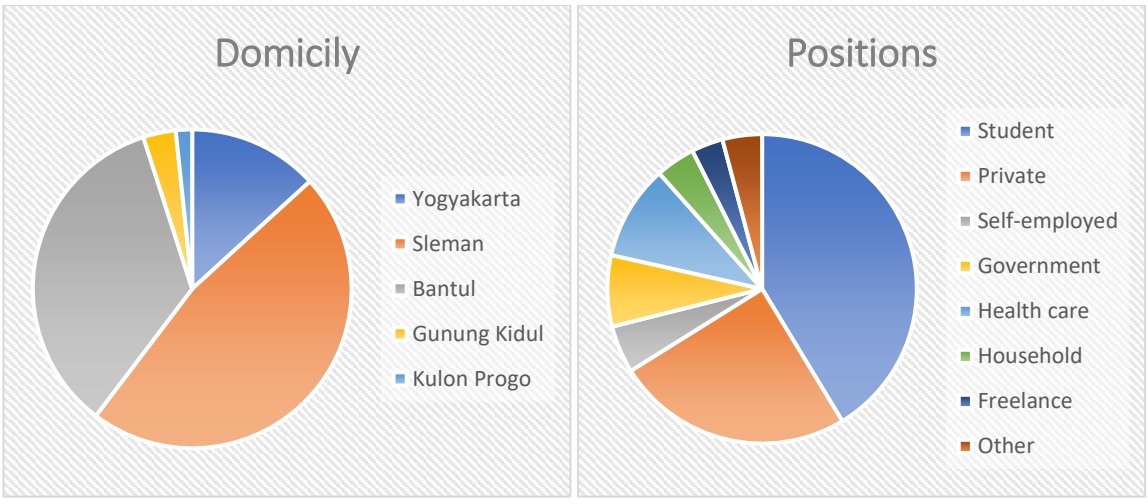


Fig. 2. Domicily and positions of participants

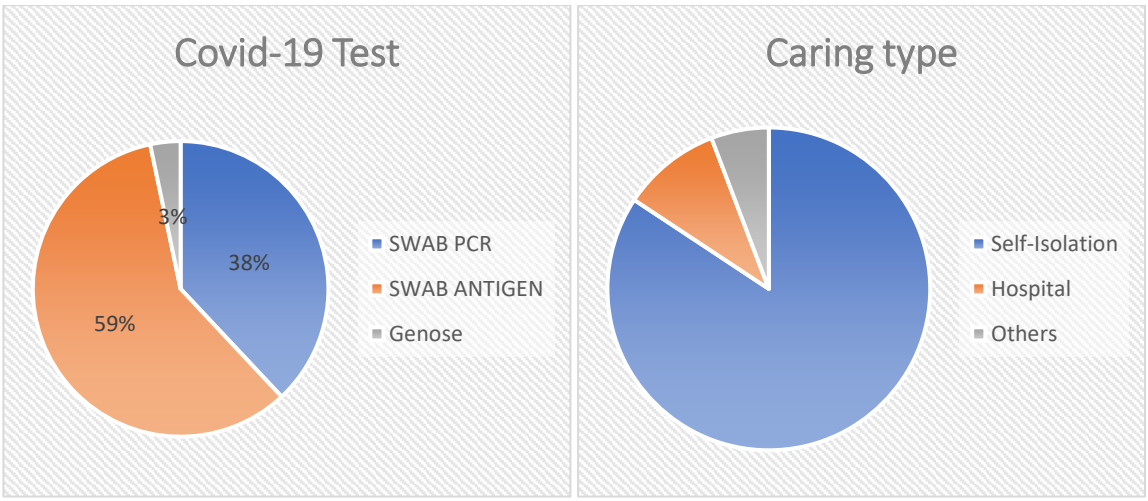


Fig. 3. Test and caring type of participants

The Pearson Product Moment correlation test results for independent and dependent variables obtained a Pearson correlation coefficient of 0.621. This means a significant correlation between the religiosity scale and resilience of 0.621 with a potent category. In addition, the determination coefficient (r^2) obtained a value of 0.385, meaning that the independent variable contributes 38.5% to the dependent variable, and the rest is influenced outside the variable. The results of the linearity trial on the Religiosity scale and the Resilience scale are 0.127, which means that the two scales have a linear relationship. This occurs because of the value of Deviation from Linearity higher than 0.05.

The study also showed that the most Covid-19 survivors came from the Sleman area, with 47.1% or 57 people, and the second was Bantul, 34.7% or a total of 42 people. This was following the red zone of the spread of Covid-19 that Sleman and Bantul regencies had become the primary red zone in the province. The majority of respondents in this study were women (71.9%), and most were productive at the age of 20-30 (69.4%). This province is a student city with one of the regions with the most universities in Indonesia. This is in line with the results obtained by respondents. The most came from students (41.3%), and the second was employees (24%). The age of 20-30 is when individuals have a relatively high activity outside the room. Therefore they are quickly attacked by the Covid-19 virus. The treatment carried out by Covid-19 survivors based on the results obtained and outlined in table 4.6 shows that survivors carry out more self-isolation with a percentage of 84.3%.

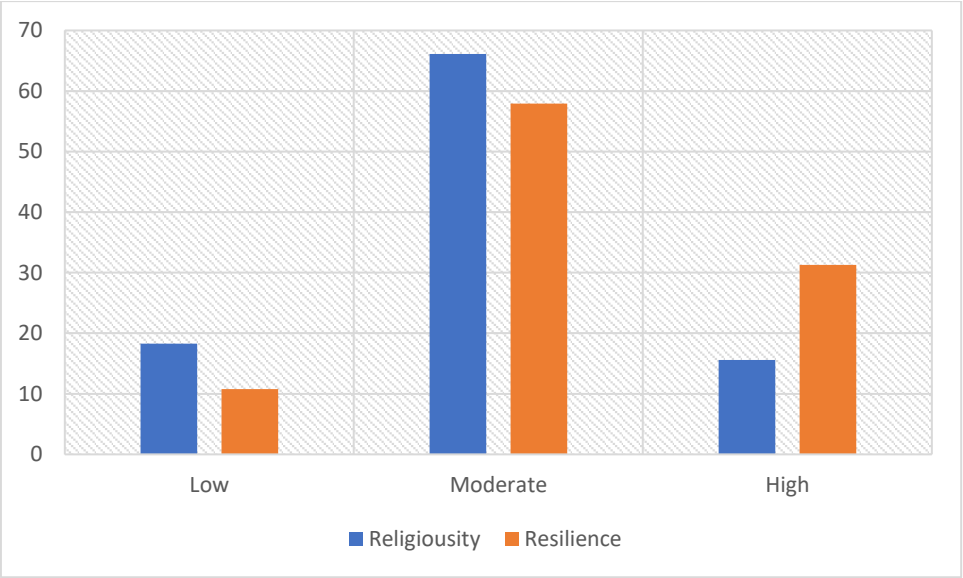


Fig. 4. The level of religiousity and resilience of participants

Based on Fig. 4, the religiosity level of Covid-19 survivors is mostly 66.1% in the moderate category, in line with the resilience rate of Covid-19 survivors, the majority of which is 57.9% at a moderate level. The measurements show that the resilience of Covid-19 survivors is the most in moderate and moderate circumstances (57.9%) possible because the impact of Covid-19 has been felt for several months. Hence, the ability to adapt to undue conditions is quite good. This shows that some survivors have entered the third stage, namely recovery at the stage of resilience formation, where survivors have restarted carrying out daily activities and again show themselves and can suppress negative feelings from within them. The religiosity of moderate-level survivors influences their resilience of survivors. As shown by the results of religiosity measurements (66.1%), survivors have moderate religiosity.

Resilience as the ability to not only bounce back, but also to grow and develop through experience [22]. Each individual basically has sufficient capital to develop resilience, this capital is in the form of adaptation capacity that is natural and instinctive in nature so that the individual only needs to open up the capacity wide to increase the ability to respond positively to the negative impact of an experience. Experiences during quarantine or isolation can initiate diverse emotional responses, such as anxiety, sleep disturbances, panic attacks to trauma symptoms [13]. Survivors still experience some trauma that tells bad memories, such as being reluctant to chat with the outside world, anxiety, fear and other psychosomatic symptoms [14]. Resilience is a protective factor for the mental health of Covid-19 survivors [16]. Resilience as a process of adaptation well in situations of trauma, tragedy or event [15]. Therefore, low resilience for Covid-19 survivors can be improved from the spiritual side. Spirituality and religiosity can be a powerful source of hope, meaning, peace, comfort, and forgiving for oneself and others. Individuals with good spirituality can face the pressures and problems experienced

because with the spirituality they have, individuals will associate their life experiences with transcendents [20]. In other words, the practice of religious beliefs make individuals resilient. The practice of religious beliefs that are lived provides resilience to individuals [23]. Religious beliefs, knowledge and passions guide individuals to continue to strive in their lives, relying on their abilities with all the weaknesses and abilities that have been given by God. With this awareness, individuals with high religiosity will try to learn and develop their ability to be able to live life. By increasing faith can also reduce anxiety and make feelings relaxed. Religiosity has a positive relationship with psychological well-being and mental health [24].

This research shows that there is a positive relationship between religiosity and resilience in cancer patients. Resilience is a very important thing for every individual to have, because the impact of the Covid-19 pandemic has been felt on all aspects of human life so that an capacity is needed in humans to be able to go through these various conditions. In addition, the conditions of the Covid-19 pandemic affect individual mental health because each individual is required to adapt to changing conditions. High resilience can be a protective factor of stress, so that resilient individuals are able to adapt and face the challenges experienced.

Religiosity has an important role in building the resilience of Covid-19 survivors. Covid-19 survivors with high religiosity will then have self-control to reduce negative affective symptoms and have the power to overcome life's difficulties. On the other hand, low religiosity will view everything negatively, less patiently, less sincere, less obedient to religious norms and not applying them in everyday life. A person with religiosity will have a positive mind towards many things such as a good view for his future, stay persistent and not give up on problems, this is very necessary for Covid-19 survivors so that they are not only restrained by the hard times experienced, and can return to activities productively. With a person believing in the decrees of God, every trial or problem in his life will not make him more broken and dissolved. According to Ref. [25] in fact religiosity itself is resilient to the source of stress in life, in difficult times religion effectively helps a person to rebuild himself. In other words, theeligiusity that Covid-19 survivors have can be used as a source of strength in building strength and surviving in a state of crisis. High religiosity accompanied by passion will have guidelines to respond to life and have better endurance in managing the problems faced.

Conclusion

Based on the discussion above related to research conducted on 121 respondents, it was produced that the majority of the study subjects had a moderate level of religiosity of 80 people (66.1%), and the majority of research subjects had a moderate resilience level of 70 people (57.9%). Based on the hypothesis test, there is a strong relationship between the religiosity scale and the resilience scale, with a correlation coefficient of 0.621. This shows that

the hypothesis is accepted and that a positive relationship exists between religiosity and resilience. The greater the religiosity of Covid-19 survivors, the higher the level of resilience. The practical contribution given by the religiosity variable to the resilience of 38.5% is indicated by a determinant coefficient (r^2) of 0.385. Further research needs to be examined more profoundly using measuring instruments that are more appropriate related to Covid-19 to get more in-depth information and follow the novelty of the times. In addition, researchers must monitor respondents in data collection so that respondents can fill in more thoroughly and follow the situation they are experiencing.

Conflict of Interest

Authors declare that there is no conflict of interest.

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