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Research Article

The impact of religiosity on social support among Muslim mothers during the Covid 19 pandemic

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Abstract

The Covid 19 pandemic has had a major impact on the mental health of mothers. Mothers' responsibility is becoming more challenging since they have to undertake various tasks simultaneously. They work, adopt the role of a teacher, and complete domestic tasks simultaneously at their home. These activities cause them to experience stress, both psychologically and physiologically. Mothers need social support to maintain their mental health. The social support obtained by and provided to the mother is influenced by religiosity. The purpose of the present study is to determine the extent of contribution of religiosity to maternal social support during the Covid 19 pandemic. The methods applied in this study are quantitative and correlational. The sample of this research consists of 105 mothers living in Indonesia. The sampling was done through the purposive sampling technique. Furthermore, this study applies the scale of religiosity and social support. In addition, regression analysis is used to analyze the research data. The results show that religiosity can significantly contribute to social support. The implication of this research is that mothers should increase their maternal religiosity during the pandemic.

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Introduction

The Covid 19 pandemic has been continuing in Indonesia for more than six months. The impact of the pandemic is being experienced by all levels of society, encompassing all dimensions of life. Women are among the ones most affected. The burden faced by married women, especially those who have children, is two times higher than that by unmarried women. Mothers must solve domestic and public affairs simultaneously. When a mother works at home (work from home) and at the same time has to accompany her child, since the child studies at home (study from home), she needs to divide her energy and time accordingly. Furthermore, the mother needs to deal with other domestic chores. This combination of domestic and public workloads has caused a decline in maternal mental health during the Covid 19 pandemic.

Women are more vulnerable (Wenham et al. 2020) to be affected by the Covid-19 pandemic due to their domestic and public roles. Based on data submitted by the Ministry of Women's Empowerment and Child Protection (2019), 36.67% of Indonesian women are housewives, who also play a significant role as the primary caregivers in their family. They care for family members who are sick, including looking after the elderly. Because of that, they are vulnerable to physical and mental fatigue. In the public domain, 61.80% of women work in the informal sector. They are vulnerable to physical and mental fatigue since they do not have health insurance. Besides, the data also show that there are

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7.74% of Women work in educational services, which is twice as high as men. The educational services develop a study from home (SFH) program which causes women have to complete their work at home. Furthermore, the data also reveal that women who work for health services are 2.69%, which is considered three times higher than men. The health services are increasing drastically during the pandemic, and women, as medical personnel, must become the front liners.

A research found that related to the role of parents, the mother group spent more time (2-3 hours per day) than the father group (less than 1 hour) in accompanying children to learn from home (Arsendy, Sukoco, and Purba, 2020). This shows that mothers spend two to three times longer than fathers in accompanying children to study at home. Mother takes care of the house, becomes a teacher, and works at the same time and space. These activities cause the mother to be physically and mentally exhausted. This finding is in line with the other research (Pertiwi and Rakhmawati, 2020) which stated that mothers who work from home have a heavy mental burden during the pandemic due to the multiple roles that they need to conduct in one space and time simultaneously.

The phenomena of women's mental health problems were reported by The Women's Association for Justice and Legal Aid (LBH APIK, 2020). During one month, in April 2020, after Indonesia entered in March 2020, there was an increase in reports of more than 50% compared to the previous month. The highest reported case was domestic violence (KDRT). During the Covid 19 pandemic, domestic violence has become one of the main concerns due to its significant increase (United Nations, 2020).

The married and working women, during the Covid-19 pandemic, play multiple roles in both domestic and public domains, at one time and space. These activities increase their physical and mental fatigue. The impact of the pandemic on women is not only on the number of deaths, but also on other dimensions, especially the psychological dimension. The psychological condition of women is affected by the social and economic conditions which are less beneficial for them. The World Economic Forum stated that although the number of deaths for men is higher than for women in the cases of Covid 19, the social and economic vulnerability of women is higher than men (The World Economic Forum, 2020).

The mental health problems experienced by women during the Covid 19 pandemic are reported by a number of researchers from various countries. Venugopal, Mohan, Chennabasappa (2020) found that the female population in India had a higher prevalence of mental disorders than the male population. Therefore, women are more vulnerable to mental disorders than men. Furthermore, Lai et al. (2020) reported that women in China who worked as medical workers, such as nurses, doctors, and officers who were at the forefront of caring for patients experienced very severe symptoms of mental health decline. They experienced anxiety, stress, depression, and insomnia. In addition, Steinmetz et al. (2020) stated that women in Argentina experienced feeling psychologically unwell and uncomfortable during the quarantine.

Based on description of the data above, it can be concluded that there are mental health problems in mothers during the Covid 19 pandemic which are higher than before the pandemic. Efforts to reduce maternal stress have been conducted by various parties. Besides, social and psychological interventions have been carried out starting from the state policies, public awareness, and even individual initiatives. The state provides economic assistance and increases health facilities that can be accessed by women, while the community makes donations and opens counseling services.

At the individual level, stress reduction can be achieved by providing social support. Baron & Byrne (2004) explained that social support can reduce stress. The higher the social support an individual obtains, the lower the stress. There is a lot of research concern on the negative relationship between stress and social support that have been conducted by a number of researchers before the pandemic. Riaz et al. (2016) for example, who examined female teachers in Pakistan and found that there was a negative relationship (r = -0.582; p = 0.000) between stress and social support. Female teachers who got support from their families had less stress. Another relevant study was conducted by Kazmi et al. (2013) found that women who gave birth and lived with their family experienced lower symptoms of postpartum depression. Furthermore, Gremore et al. (2011) explained that women needed social support to get through times of crisis, especially when they suffered from severe and chronic diseases, such as cancer.

Research on the need for social support in women during the pandemic has also been widely conducted. Yue et al. (2020) found that during the pandemic, pregnant women who got social support from their families had lower anxiety. El-Zoghby, Soltan & Salama (2020) explained that women developed social support to overcome various problems that arise during the pandemic, especially problems related to work, home and finance. Brown et al. (2020) argued that mothers need social support to alleviate the psychological impact of the Covid 19 pandemic.

During the pandemic, everyone, including women, must do social distancing and physical distancing so that social interaction between individuals has decreased drastically (Williams et al. 2020). Social support that has been provided and obtained from social interactions between individuals cannot be carried out freely during the pandemic (Remuzzi & Remuzzi, 2020). If before the Covid 19 pandemic social interactions can be carried out directly and face-to-face, during the pandemic, social interactions are easier to be conducted through internet (online). There is a change in the expression of social support between individuals and groups. Social support for women does not only occur directly and face-to-face, but is also done through the development of online social support. Social support in any form is needed by women to maintain their mental health. Based on this perspective, providing social support to women has become an important thing to be examined during the Covid 19 pandemic.

The social support obtained and provided by individuals is influenced by several factors. Religiosity is a factor that greatly influences the social support obtained and provided by individuals. Religiosity will encourage individuals to provide and obtain social support. The indicator of an individual's mental health depends on social support that they provide and obtain. In the study of mental health, there is a theory called The Iceberg Model of Health and Illness (Travis & Ryan, 2004). The theory explains that mental health is influenced by individual behavior, which is based on spirituality. One of the expressions of spirituality is religiosity. Religiosity is a variable that contributes widely in the life of Indonesian society, including the influence of providing and obtaining the social support. This theory can explain that religiosity is a predictor of social support. In other words, it can be said that the social support provided and obtained by individuals is influenced by their religiosity.

Worthington et al. (2003) stated that religiosity is about how deep an individual believes in religious values, beliefs, and practices, and how he/she implements religious teachings in his/her life. Based on this definition, it can be implied that religious individuals will judge life based on religious teachings and involve the religious values in their activities. Religiosity can be seen based on how the individuals obey religious values, beliefs, and practices, as well as how they apply them in everyday life, including being a basis for obtaining social support. Religiosity has two dimensions, namely intrapersonal and interpersonal. The intrapersonal dimension comes from religious values and beliefs, while the interpersonal dimension comes from the involvement of individuals with religious communities or organizations, including providing and obtaining social support.

It has been asserted that the increase of maternal religiosity will increase the provision and acceptance of social support. In contrast, if religiosity decreases, the provision and acceptance of social support will also decrease. This shows that religiosity has a positive correlation with social support. Thus, it can be said that religiosity predicts individual behavior in providing and obtaining social support. Religiosity encourages individuals to provide social support to other people who are sick (Hayward & Krause, 2013). In addition, social support in society is provided by a community based on religiosity to individuals who are experiencing critical life events (Krause, 2002). The Covid 19 pandemic has caused women to experience physical and mental exhaustion. Therefore, they need social support from their family, friends and others.

This study aims to analyze the contribution of religiosity to the behavior of providing and obtaining social support to mothers. This study needs to be conducted since there have not been many studies, especially in Indonesia related to social support behavior among mothers during the Covid-19 pandemic. Mothers play an important role as the front liners in the efforts to overcome the Covid-19 pandemic. Based on this perspective, the research about social support behavior in married women has become essential to be conducted.

Method

A quantitative method with a correlational design was used in this study. The purpose of this study was to examine the effect of religiosity on maternal social support during the Covid 19 pandemic. There are two variables used in this study, namely: religiosity as a predictor variable and social support as an outcome variable.

The population of this research are married women, who live in Indonesia, aged 20–60 years, and have an education varying from elementary school to doctoral degree. The sampling technique used was purposive sampling to obtain the sample; it was done by distributing the instrument via google form to mothers living in various regions in Indonesia. They were asked to fill in the research scale via google form which was sent via personal chat. The total sample of the study was 105 people.

Based on the data collected, all respondents (100%) are women who are of productive age, namely the age of 20 - 65 years, 80 people have high education (76.2%), and most of the respondents (36.2%) have two children.

Table 1. Socio-demographic Characteristics of the Sample (n=105)

Variable	Frequency	Persentage (%)			
Age	-	<u> </u>			
20-29 years	32	30.5			
30-39 years	29	27.6			
40-49 years	29	27.6			
50-59 years	12	11.4			
More than 60 years	3	2.9			
Marital Status					
Divorced	98	93.3			
Married	7	6.7			
Education					
Elementary school	2	1.9			
Junior High School	1	1.0			
Senior high school	22	21			
Diploma	6	5.7			
Bachelors	49	46.7			
Post-graduate	25	23.8			
Child					
Zero	10	9.5			
One	19	18.1			
Two	38	36.2			
Three	29	27.6			
Fourth	5	4.8			
Five	4	3.8			
Status					
Housewife	34	32.38			
Work	71	67.62			

The data in this study used an adaptation scale. There are two scales used, namely: the scale of social support and the scale of religiosity. The social support scale was adapted from the Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988). This scale has three dimensions: family, friends, and other people who have a significant effect. This scale is based on a Likert scale. Consists of twelve statements. The scale reliability coefficient is 0.820 and the validity is 0.852–0.874. The religiosity scale was adapted from the Religious Commitment Inventory-10 (RCI-10) (Worthington et al. 2003). This scale has two dimensions, namely: intrapersonal and interpersonal. This scale is based on a Likert scale. It consists of ten statement items. The scale reliability coefficient is 0.792 and the validity is 0.904-0.916. Data collection was carried out using google form because the samples were scattered throughout Indonesia and the research was conducted during the Covid 19 pandemic, from September until October 2020. The collected data were analyzed with regression analysis to determine the effect of religiosity on maternal social support during the Covid-19 pandemic.

Results

The results of the descriptive analysis showed that the average religiosity score obtained was 40.57 and for social support was 68.23.

Tabel 2.Descriptive Analysis of Participants' Religiousity and Social Support Scores

Variabel	Mean	Median	Standard deviation		
Religiousity	40.57	42	6.303		
Social Support	68.23	70	11.573		

Based on the results of data analysis, it is known that there is a significant positive correlation (0.371; p < 0.001) between religiosity and social support. This can be seen in table 3, where the significance value of the relationship between religiosity and social support is smaller than alpha 0.05. Thus, it can be concluded that there is a significant

positive relationship between religiosity and Social Support. This means that the higher the religiosity, the higher the social support will be followed. On the other hand, the lower religiosity is, the lower the social support will be.

Tabel 3.Corelation between Religiosity and Social Support Scores of Participants

Variable		Religiosity	Social Support
Religiosity	Pearson's r		
	p-value		
Social Support	Pearson's r	0.371	
	p-value	< .001	_

Based on table 4, the coefficient of determination (R2) of 0.138 indicates the magnitude of the influence of religiosity on social support of 13.8%. Meanwhile, 86.2% is determined by other variables. Hypothesis testing was carried out by using the F test. The results obtained were Fcount of 16.478 with a significance value (0.000) which is much smaller than alpha 0.05, so it can be concluded that there is a linearly significant influence of the religiosity factor on social support. Thus, it can be concluded that the diversity of social support is influenced by the religiosity factor in the regression equation Y = 40.564 + 0.682 X

Tabel 4.Regression Analysis on the Influence of Religiosity on Social Support among Mothers

Model	В	SE	β	t	p	R	\mathbb{R}^2	F	p
Constant	40.564	6.896	-	5.882	0.000	=	-	-	0.000
Religiousity to Social Support	0.682	0.168	0.371	4.059	0.000	0.371	0.138	16.478	0.000

Discussion and Conclusion

The results of this study indicate that there is a significant positive correlation between religiosity and social support for mothers. This study confirms previous findings that there is a correlation between religiosity and social support in mothers. Several arguments found that religiosity can predict the social support received and provided by women. Especially in Indonesian society which has a high level of religiosity, women's psychological conditions and religiosity encourage people to help community members who are sick and in need of help.

Indonesian society has a high religiosity. Religiosity is deeply rooted in the culture of Indonesian society. In the study of mental health, it is known as the Iceberg Model of Health and Illness Theory (Travis & Ryan, 2004). The theory explains that mental health is influenced by individual behavior and individual behavior is based on spirituality. One of the expressions of spirituality is religiosity. This theory can explain how religiosity predicts individual behavior in giving and receiving social support.

Religiosity in the individual is reflected in religious values, worship practices, and the implementation of religious teachings in all dimensions of life. Worthington et al. explained that religiosity is how deep an individual believes in religious values, beliefs, and practices and implements religious teachings in life (Worthington et al. 2003). Based on this definition, it can be understood that religious individuals will judge life-based on religious teachings and unite religion in various activities. Religiosity will appear in individual behavior in receiving and providing social support. This is because religiosity has two dimensions, namely intrapersonal and interpersonal. The intrapersonal dimension comes from religious values and beliefs. The interpersonal dimension comes from the involvement of individuals with religious communities or organizations, including giving and receiving social support.

Based on demographic data, it is known that all subject are Muslims. In the teachings of Islam, helping people in distress is a good thing and is highly appreciated. Mothers who practice the teachings of Islam will provide and get social support from family, friends, and important people in their lives. Religiosity opens opportunities for individuals to get greater social support from the environment, especially from the community and family (Chatters et al. 2015). In religious activities, there are activities to provide mutual support to individuals who are sick and need help (Kanu, Baker & Brownson, 2008). During the Covid 19 Pandemic economic conditions experienced a decline so that most members of the community, especially women, needed help. The deteriorating economic conditions have an impact on the health and psychological well-being of women. Religious activities carried out by women will open opportunities for women to get social support from the community, family and friends. Emotional and material social support is needed by women to maintain physical and mental health. If women have high physical and mental health, women will be more contributing to their families and society.

Strawbridge et al. (1997) found that religiosity in women has a better impact on mental health. This means that religiosity in women will help her develop the behavior of giving and receiving social support. Giving and receiving social support is part of the manifestation of social support.

Sharir et al. (2007) found that women received higher social support than male students. Women's activity in receiving and providing social support, especially related to emotional needs, is caused by genetic factors (Kendler et al. 2005). Women will be happy when sharing their emotional conditions and the emotional support they receive will reduce the stress they face. In this study, most of the mothers (67.62%) were working mothers. They have the opportunity to help family, friends, and needy people with the income they have. The mother's income correlates with her education. Most of the mothers in this study were highly educated (76.2%). The characteristics of working and educated mothers can provide social support to their environment, especially for instrumental assistance.

During the Covid 19 pandemic, religious activities carried out by mothers will offer social support from family, friends, and important people around the mother. Motivation to do religious activities builds better social relationships because religion teaches to help other people experiencing difficulties. During the Covid 19 pandemic, mothers can help other people who are sick and need help. Mothers will also be mentally healthier if they get social support from people around them so that their physical and mental burdens are reduced and are happier.

Recommendations

During the Covid-19 pandemic, the level of religiosity in mothers would be a predictor of social support behavior. Mothers can give and receive social support influenced by their beliefs in religious values and practices of religious activities in the interpersonal and intrapersonal dimensions. Religious activities open up doors of opportunities for mothers to develop social relationships and religious teachings recommend helping others who need help. The high level of religiosity in mothers is influenced by religious values deeply rooted in Indonesian society.

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