

# The Relationship between Religiosity and Depression among Muslim University Students

Noor Dahiah Sulhana Dzainal<sup>1</sup> & Abdul Rashid Abdul Aziz<sup>2\*</sup>

<sup>1,2</sup> Faculty of Leadership and Management, Universiti Sains Islam Malaysia, 71800 Bandar Baru Nilai, Negeri Sembilan, Malaysia

rashid@usim.edu.my

\*Corresponding author

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**Abstract:** Depression is a debilitating illness and has become a major cause of morbidity worldwide. Depression is one of the most prominent cases of mental disorders at this point. According to the World Health Organization (WHO), it affects nearly 350 million people. It is reported that in 2020, depression is the second most debilitating disorder. The main cause of suicide is depression. Therefore, the purpose of this study is to examine the relationship between religiosity and depression among Muslim university students. This is a quantitative study using descriptive and inferential analysis through the use of Statistical Package of Social Science (SPSS) software version 21. The Muslim Daily Religiosity Assessment Scale (MUDRAS) was used to identify religious practices owned by students. In addition, the Depression, Anxiety and Stress Scale (DASS) was used to determine the level of student depression. A total of 200 Muslim students were selected as respondents in the study through a simple random sampling method. The results of the study showed that the majority of students have moderate religious practices and most of them experienced severe level of depression. The correlation test showed that there was a significant negative relationship between religiosity and depression ( $r=-.242$ ). In conclusion, with good religious practices among student, it can help them to deal with the symptoms of depression. Therefore, parents and the university body should be aware and take appropriate steps in further increasing the level of Islamic comprehension and practices in each student.

**Keyword:** Depression, Mental Health, Religiosity, Spiritual, University Students

## Introduction

Depression, anxiety, and stress in people of all age groups are common psychological disorders. Depression is the leading cause of adolescent illness and disability worldwide. In 2014, The World Health Organization lists adolescent mental health as a core concern that need to be addressed. In addition, according to the World Health Organization (2020), more than 264 million people of all ages suffered from depression all around the world. Across the US, the prevalence of a major depressive adolescent episode has risen to 12.5 per cent of teenagers as of 2015 by more than a third in the past decade was cleared by CBHSQ in 2016. According to Cook, Peter-son, and Sheldon (2009), for a number of reasons, this is troubling. First, depression is associated with a variety of negative effects during adolescence, including lower academic performance and non-cognitive growth. Second, studies have suggested that half of people suffering from mental health issues had symptoms that began in adolescence (WHO, 2014). Baker and Groush (1982) shown that introspective religion can have a negative impact while extrospective religion can have a net positive effect on reducing especially depression and anxiety physiological disorders.

Parker and McCullough (2003), Smith (2000) and Pool (2003) shown that cases of depression among religiosity people are around 50% lower than those of non-religiosity people. In addition, concur with this result and indicate that religion and depression have negative associations. Koenig et al. (1997) found that the degree of depression among people engaging in religiosity activities was substantially lower than among those who did not. In addition, Parker (2003) reported respondent with a higher religiosity orientation less depressed as compared to non-religiosity individual. Besides, Smith (2003) showed a significant negative correlation between depression and religiosity orientation. According to Cherney (2018), feeling down from time to time is normal but depression is a different illness that should be carefully handled. Aside from causing a general feeling of sadness, depression is known for causing feelings of hopelessness that don't seem to go away.

Depression classifications are diverse, and each can influence your life in various ways. There were three sections on how depression is classified which are mild depression, moderate depression and last but not least severe or it is called major depression. Medically reviewed by Legg (2018), mild depression requires something more than just temporarily feeling sad. The symptoms can go on for days and are noticeable enough to interfere with usual activities. According to American Psychiatric Association (APA, 2020) the symptoms of mild or moderate depression are similar to those of severe depression but less intense. Mild depression may cause irritability or anger, hopelessness, feelings of guilt and despair, a loss of interest in activities you once enjoyed, difficulties concentrating at work, a lack of motivation, a sudden disinterest in socializing and so on. If your symptoms persist for most of the day, on an average of four days a week for two years, you would most likely be diagnosed with persistent depressive disorder. This condition is also referred to as dysthymia.

In addition, moderate depression may cause problems with self-esteem, reduced productivity, feelings of worthlessness, increased sensitivities and lastly excessive worrying. Sowislo and Orth (2013) stated that feeling of worthlessness, which indicates low self-esteem, is found only in a relatively small portion of people who are diagnosed with depression. The main difference is that mild depression symptoms are serious enough to cause household and job problems. Individuals also face significant problems in their social life. Moderate depression is harder to diagnose than moderate cases as the symptoms affect the everyday life significantly. Besides, major forms of depression may also cause delusions, feelings of stupor, hallucinations and suicidal thoughts or behaviors. Severe depression needs urgent medical attention. An expert physician would possibly prescribe an SSRI and of talk therapy.

Major depressive episodes last an average of six months, or longer. Severe depression can often go away after a while but for certain people it can also be chronic. Diagnosis is especially important in major depression and may even be time sensitive. According to Chu (2020), Selective serotonin reuptake inhibitors (SSRIs) are a class of medications that are most commonly prescribed for the treatment of depression. If someone experiencing suicidal thoughts or behaviors, they should seek immediate medical attention.

Religiosity advantages on mental health have been related to the properties of religiosity participation in stress buffering and social reinforcement in various ways. Luerent, et al. (2013) stated that recently work has shown that the relationship between religion and depression may have negative effects or probably have positive results by Gupta et al. (2011) and Miller et al. (2012). In addition, prior to this study, it was not known if and to what extent a relationship exists between religiosity and depression. Those who emphasize the stress buffering aspects point to the usefulness of religiosity belief and practice as a source of meaning and as a means to re-frame difficult predicaments. Prayer and other intra psychic religiosity coping strategies may change primary perceptions, causing religiosity to reassess the significance of potentially troublesome circumstances as incentives for spiritual development or learning, or as part of a larger divine scheme, rather than as threats to fundamental aspects of personal identity.

The role of religion in depression is contentious (Park, Hong & Cho, 2012). Statistics also recorded an increase of 29.2% or 4.2 million people in this country aged 16 and above have mental health problems compared to 2006 which recorded only 11.2%. According to Hayati (2017), if the depression disease is not curbed, the number of victims estimated by the World Health Organization (WHO) could reach more than 300 million people worldwide. In addition, depression is among the mental illnesses that need to be treated through biological treatment and should be addressed following the increase in cases from year to year (Aris, 2017). Thus, the objectives of this study were

to explore the relationship between the religiosity orientation and depression among Muslim university students.

## **Literature Review**

One of the related information from previous article was relationship between religiosity and health (Thege, Piling, Szekely & Kopp, 2012). The research problem was when the relationship between religiosity and health has been investigated in the western world for decades. However very little data are available from the post-communist region of Europe, where religion was suppressed for long time. As the research objective is to lessen this gap between religiosity and health. The relationship of mental and physical health indicators with religiosity worship and personal importance of religion-controlling for several psychological and lifestyle characteristics were analysed using the general linear model procedure. The result showed that practising religion was largely associated with better mental health and more favourable physical health issue. However, religion person who are in their own way tended to show more unfavourable result across several variables when compared to those practicing religion regularly in a religiosity community or even to those considering themselves as non-religiosity. Religion's personal importance showed a mixed pattern, as it was positively related not only to well-being but also to depression and anxiety.

Religiosity, anxiety and depression among Israel medical students were also investigated (Lupo & Strous, 2018). Religiosity was looked at as a mechanism for managing stress. Since many students have shown a high rate of psychological morbidity among medical students during different stages of training, it is important to investigate whether religiosity may serve as a protective factor. The result of the study did not show a significant association between religiosity and depression or anxiety. In another recent study, there isn't actually a negative link between faith and depression / anxiety. An association between religiosity and mental health may have many theoretical and practical implications and requires further research.

The study by Waite (2017) found the relationship between religiosity and depression among sampled Kenyans in the twin cities metro area. Statement of the problem was when the researcher think that immigrants face many different stresses as they move in a new country. According to Luerent, et al. (2013) and Park et al. (2012), the research has indicated that the relationship between religion and depression may have negative outcome meanwhile possibly have positive outcomes. A majority of Kenyans say that religion has a huge role in their lives (Pew Research Center, 2015). Hence, it important in this population when came with same social disturbance as other small immigrant populations who say that religion is an important part of their lives. This article goes through with three research questions which are what the self-reported level of religiosity is, self-reported level of depression and what is the relationship between self-reported religiosity and level of depression among sampled Kenyans. This research used religiosity measurement and Patient Health Questionnaire (PHQ-9). The results show that no significant correlation was found between the self-reported level of religiosity and the self-reported level of depression among sampled Kenyans. The researcher basically recommends that future research takes into account these issue as limitations in future studies.

Ahles, Mezulis & Husdon (2016) examined whether religiosity coping (positive and negative) prospectively moderated the relationship between stress and depressive symptoms in young adult. The result indicated that there was a negative religiosity coping moderated the relationship between stress and depression, but only for those who reported high levels of religiosity commitment. In addition, the researcher found no evidence for positive religiosity coping as a buffer against the effect of stress on depressive symptoms.

Haghighi (2013) shows correlation between religiosity coping and depression in cancer patients. Cancer frequently develops very quickly, progressing either to various symptoms or ultimately to the death. Some of the main effects of cancer is depression and in untreated situations will raise morbidity and mortality, religiosity relaxation involves the usage of personal values or rituals to relieve anxiety and cope with life problems. The study showed that there means score of denying intimacy with God and contrasting fearfulness and hopefulness (ambivalence coping style) did not substantially different between men and women. The mean score of women in relationship with God was higher than men. Depression levels were higher in patients with an evasive approach.

**Depression** The ethical way to manage relation to religion has proven successful in minimizing depression.

Fruewirth, Iyer & Zhang (2017) indicated that religiosity protects against stressors in ways that don't include school events and friendships. The researcher uses data collection from the restricted version of the National Longitudinal Study of Adolescent to Adult Health. It is also involving adolescent in grades 7-12 from age 13-18 years old. In addition, depression is measured using Center for Epidemiological Studies Depression Scale. The results suggest that religiosity decreases depression. It means in standardized terms that an improvement in religiosity by one standard deviation corresponds to a decrease in the depression score of 0.31 standard deviation. More accurate details on the churches will help future work and other places of worship that teens visit to help assess the mechanism that cause those results.

According to Suhaya et al., (2017), application of spiritual and religiosity elements in counseling has been widely recognised by a counseling practitioner. Spiritual originated from the Latin word 'spiritus' which carries the meaning of the breath of courage, the spirit or life. Spirituality is defined as a perfect set of internal values and a the holy in the soul. It is often associated with the search for meaning in life. Besides, Salasiah (2010), introduce the term spiritual guidance in explaining the elements spiritual and religiosity in counseling based on Al-Ghazali's view. Concept this spiritual guidance is defined based on to two words namely guidance (Al irshad) and spiritual (Al-nafsiy). Al-irshad al-nafsiyy is formulated as a method guide, teach and show how towards a goal or towards a good guided by Muslim law that focuses to the spiritual aspect of human beings which consists of the four elements namely qalb or heart, ruh or spirit; nafs or soul and 'aql or mind (Salasiah Hanin, 2010).

The traditional counseling model is counseling model taken from the Quran and al Sunnah as well as Muslim scholarly figures such as al-Ghazali, Ibn al-Miskawaih and Abd al-Qadir al-Jailani. In the model approach this, the counselor will choose the holy verses of the Quran as well as al Sunnah related to the case counseling and will be formulated into a model. Among the theories categorized as models counseling is al-Ghazali's Theory of Counseling, Asma Allah al Husna Counseling Therapy as well Prophet Style Counseling (Norazlina & Noor Shakirah, 2017).

Al-Ghazali's Theory of Counseling makes philosophy al-Ghazali on the elements of qalb, ruh, nafs and 'aql as the core in the construction of this theory. Theory Al-Ghazali counseling describes the properties human beings consist of four elements which are qalb or heart, ruh or spirit, nafs or soul, and 'aql or mind. Four elements it interacts dynamically. The elements heart, spirit and soul are elements which are affects the inner nature of human while mind is the influential element human external nature. But so is that element most importantly influencing behavior human behavior is qalb (Yatimah & Mohd Tajudin, 2008, 2011).

According to Fariza (2016) perform that Al-Ghazali states that the ruh or spirit is central to the movement of all vessels the blood which then moves throughout the human body so that in the presence of the soul and by Allah's permission, human can breathe, moving, feeling, seeing, hearing and performing movements as a human being the living. Al-Ghazali also defines spirit as a fine mass that is spread all over the human body through veins and muscles. Spirit also said to be connected to the senses human and affect emotions human. In the Qur'an, the word spirit has been mentioned as many as 26 times. Allah has spoken in the Qur'an on how Allah has created Adam from the ground and blew His spirit to make him alive (Abu Raiya, 2012). Therefore, can concluded that the soul is an entity giving awareness to human beings to do all the activities. Khaidzir & Khairil, (2011) the spirit is also elements that make human beings alive however the fact that the soul remains the secret of Allah.

Nafs or soul be the trigger to a feeling that then translated into action. Soul can also be said to be a form thoughts and ideals either good or bad consists in the human heart. The term nafs and its plural word is anfus appears 266 times in the Quran. This shows that soul is also elements that are important to human (Abu-Raiya, 2012). Soul can be categorized into two parts which are existing anger and orgasm on human beings as well as the latifah that makes human returns to God. Al Quran categorizing soul into three main types al-nafs al-mutma'innah, al-nafs al-lawwamah; and al-nafs al-ammarah. Al-nafs al-mutma'innah is the level of nafs that calm and peaceful. It is owned by the prophets and guardians. It is the most noble kind of nafs because the heart of its owner has been illuminated with the light of faith so as to erode all attributes bad (Jamiyah et al., 2017). Al-nafs al-

lawwamah is nafs on stage middle, nafs which is always struggling between pros and cons. If nafs is attracted to evil, then it will be reprehensible and if it is attracted to goodness then it will return to good. According to Zarrina (2015) al-nafs al- ammarah is a nafs possessed by a human being whose heart so prone to evil. This nafs just attracted to the delicacy and enjoyment sheer material so as to make it is bad and despicable. Nafs this stage is the nafs that is at the lowest.

According to Shakirah (2012), 'aql or mind distinguishes human beings with animals. 'Aql is an intellectual force which allows humans to think in a way systematic and rational. 'Aql accepts input from outside through knowledge and carry out cognitive processes as well as transmitting the result of that process to be connected with qalb. 'Aql is responsible for the function intellect and it serves to enable human controls their selves and their nafs. Ability of human controls their selves and nafs drives human beings move to achieve wisdom. According to Jamiah et al., (2017), 'aql is also complementary to the human self. By thus, the meaning of 'aql from perspective al-Ghazali can be divided into four meaning. First, 'aql is likened to light that enters the human heart and their methods of knowing various things. 'Aql is also expressed as knowledge the knowledge that is in the human being which they can distinguish things that are possible and impossible. 'Aql also expressed as acquired knowledge experience experiences that shape human beings sensible and mature. 'Aql is also referred to as power for the active human lust and be a guide for human being's goodness (Jamiah et al., 2017).

Islam plays a significant role in helping Muslims deal with traumatic events in their lives that help them to avoid and manage depression. According to Pridmore & Pasha (2004) other than encouraging Muslims to seek out medical treatment, a Muslim is encouraged to turn to Allah through prayer during distress or extreme sadness. However, if one experiences negative emotions, Muslims are not invincible, he is encouraged to combat them with positive thoughts and behavior where possible, or to seek medical treatment if the case is clinical, just like any other type of illness. "So, verily, with every difficulty, there is relief: Verily, with every difficulty there is relief." was proved in Surah Asy-Syahr, 94 verse 5 to 6. To be spiritual but not religiosity may make a person spiritual but without religion or a road map to reach God; he or she may be misguided. Similarly, to be religiosity but not spiritual may make a person religiosity, but without self-understanding and consciousness, he or she is considered spiritually dead. Therefore, in Islam, religion and spirituality are integrated into a unitary way of life (Ahmad et al., 2010).

In addition, Allah knows of the pain, the despair, and the sadness. God is whom we are reaching for in the darkness. Once we bring God back on our agenda the suffering will be fading. "Verily, in the remembrance of God do hearts find rest." was showed in Surah Ar-Ra'd, 13 verse 28. In other source related was about when the wave is about to come crashing down or the world begins to spin out of control God is the one stable factor. A believer may make the greatest mistake by separating the religiosity and material dimensions of his or her life. "God has promised those who believe (in the Oneness of God) and do deeds of righteousness, that for them there is forgiveness and a great reward which is a Paradise." stated in Surah Al-Maidah, 5 verse 9.

## **Methodology**

The study utilized a quantitative methodology which used random sampling method with a correlation research design to examine the relationship existed between religiosity and depression among 200 Muslim university students. According to Meyers et al. (2017), the best approach to investigate the relationship among two or more variables is a non-experimental correlation design. The aim of quantitative research is to quantify an issue or problem using numerical data on variables in order to generalized results to a larger population (Landrum & Garza, 2015). The target population will choose 200 respondents randomly who are from Muslim students in a various university. Besides, the study population for those 200-respondent involved, the researcher will choose the randomly 200 of various university students from Muslim religion.

Participants were then asked to complete three sets of questionnaires which are demographic section, Muslim Daily Religiosity Assessment Scale (MUDRAS) and Depression, Anxiety and Stress Scale (DASS).

The researchers analysed the self-reported scores of the participants for each variable within the study using a correlation design. A correlation design was the best approach for this study because

it allowed the researcher to examine how the variable of religiosity relate to the variables of depression. In addition, the researcher also uses ANOVA to measure the level between four range years of study with religiosity. Overall data were entered into an SPSS spreadsheet for analysis. Scales were computed for religiosity, using the Likert numbers as scored. Besides, the DASS, also used Likert scale. Standard deviations, means, and frequencies were conducted in order to analyze the data. In addition, the researcher correlated the variables using the Pearson product-moment correlation coefficient or Pearson's  $r$ , to measure the linear dependent between two variables (Meyers et al., 2017). Pearson's  $r$  can range from -1 to 1. An  $r$  of -1 indicates a perfect negative linear relationship between variables, an  $r$  of 0 indicates no linear relationship between variables, and an  $r$  of 1 indicates a perfect positive linear relationship between variables. Therefore, by using Pearson's  $r$ , the correlation was conducted to assess whether there is a relationship between the level of religiosity and the level of depression among 200 Muslim university students.

## Results

### Level of religiosity

This section shows the findings for the level of religiosity that was obtained from the respondents. The level scale on religiosity was computed. The religiosity scores ranged from 28-60 had low level of religiosity, 60.01-73.99 had moderate level of religiosity and lastly high level of religiosity score started 74-112.

**Table 1.** Frequency and percentage of religiosity

		Frequency	%
Valid	Low	25	12.5
	Moderate	144	72.0
	High	31	15.5
	Total	200	100.0

Table 1 shows according to religiosity scoring criteria scores indicated that majority held moderate level of religiosity which include 72.0% ( $f=144$ ) participants, followed by 15.5% ( $f=31$ ) in high level of religiosity and the lowest 12.5% ( $f=25$ ) participants had a low level of religiosity.

### Level of Depression

This section consists of the findings level of depression among students from various university. The level of depression is divided into three levels. The Depression scale scores ranged from 0 to 28 (0-4= normal depression, 5-6= mild depression, 7-10= moderate, 11-13= severe and 14-28= extremely severe). The data analysis yielded presented in table 2.

**Table 2.** Frequency and percentage of Depression

		Frequency	%
Valid	Normal	30	15.0
	Mild	10	5.0
	Moderate	38	19.0
	Severe	17	8.5
	Extremely Severe	105	52.5
	Total	200	100.0

Based on the Depression scoring criteria, indicated that 15.0% ( $f=30$ ) participants reported normal depression, 5.0% ( $f=10$ ) reported mild depression, 19.0% ( $f=38$ ) reported moderate

depression, 8.5% ( $f=17$ ) reported severe depression, and 52.5% ( $f=105$ ) reported extremely severe depression.

### Relationship between Religiosity and Depression

This section consists of the findings of the relationship between religiosity and depression among students from various universities. The data illustrated for 200 students in the research. The data analysis yielded the results as a present in the table 3 below:

**Table 3.** Relationship between sum of religiosity and depression among students from various students

	Religiosity	Depression
Pearson Correlation	1	-.242**
Sig. (2-tailed)		.001
N	200	200

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table 3 is a Pearson  $r$  correlation between religiosity and depression among students from various university was conducted. The Pearson correlation  $r$  is  $-.242$ , it means that there is significant correlation was found between religiosity and depression. The correlation result showed negative and very weak relationship. In brief, the high level of religiosity will drive the low level of depression ( $r=-.242^{**}$ ,  $n=200$ ,  $p<.05$ ).

### Discussion

#### Level of religiosity among Muslim university students

According to religiosity scoring criteria scores indicated that majority held moderate level of religiosity which include 72.0% ( $f=144$ ) participants, followed by 15.5% ( $f=31$ ) in high level of religiosity and the lowest 12.5% ( $f=25$ ) participants had a low level of religiosity.

According to Smith et al., (2003), the greater religiosity was mildly associated with fewer symptoms. The results of the study are consistent with previous findings and support the hypothesis that religion plays a protective role against depressions among university students. The study by Bonelli (2012) mentioned from 444 studies, 178 (40%) were rated 7 or higher on the 1-to-10 scale. Of these methodologically more rigorous studies, 119 (67%) found less depression, faster recovery, or greater responsiveness to religiosity interventions, whereas 13 studies (7%) reported the opposite. Thus, overall, 61% of studies find less depression among the more religiosity, and as the quality of the study increases, this proportion remains the same or increases slightly (67%). These findings are similar to those of a meta-analysis (Smith, 2003). Stated by other study proved by therefore provide evidence that religiosity inclination (at least in a Muslim community) can have a net positive effect on reducing the level of depression and anxiety among students. Believing in God as a source of power and hope can be the main reason for the low level of depression and anxiety among more religiosity students (Amrai, 2011).

Similar to Ahles (2016) suggests that although positive religiosity coping did not buffer against the effects of stress; it may still serve as a protective factor for depressive symptoms. Religiosity commitment did not moderate the effect of positive religiosity coping on the stress–depression relationship. Different to KJ (2004) stated that it cannot be concluded that religiosity itself is protective of depression or anxiety. Rather, many factors associated with social and personality characteristics and their integration must be considered as well.

### **Level of Depression among Muslim university students**

The depression scoring criteria, indicated that 15.0% of the participants reported normal depression, 5.0% reported mild depression, 19.0% reported moderate depression, 8.5% reported severe depression, and 52.5% reported extremely severe depression.

According to Dorcas (2017) stated different result when the level of depression among sample Kenyans was reported minimal depression. It indicates the scores 31.7% participants reported minimal depression and 1.6% reported severe depression. This is because, sometimes even though when students have moderate level of religiosity, they probability had high level of severe depression based on the result of the researcher. In addition, as a university student they bear double responsibility since pandemic so they had been through obstacle during online class. Through this issue, the level of depression on university students becomes high.

At the same time, Hasan, Mohammad (2017) in their study stated that, the higher the level of depression among students. This is proved mental health students depend on their beliefs, their sleep quality and their emotional cognitive configurations. Besides, students have lower level of depression because they totally understand and really practise their religion.

### **Relation between Religiosity and Depression**

In this study, there was significant correlation was found between the religiosity and depression among 200 Muslim university students. That can be proved when 72.0% ( $f=144$ ) of participants scored moderate level of religiosity scale and majority of participants indicated that they had extremely severe depression which scored 52.5% ( $f=105$ ) reported. In addition, the result shows that religiosity and depression have a negative significant relationship.

This is similar result which is had significant negative correlation in the Muslim practice subscale with depression may indicate that Muslim cancer patient who manifests his beliefs through righteous works may have a greater tendency to have low depression levels. More than 8 in 10 people identify with a religiosity group worldwide (PewForum, 2012). This can be support when sixty-five% of Americans say religion plays an important part in their daily lives, and a majority of Americans claim religion could address most or all of today's problems (Crabtree, 2010; Newport, 2014).

On the other hand, the relationship between religion and depression has been debated and remains controversial (Park et al., 2012). According to Leurent and colleagues (2013), the relationship between religion and depression is complex. Compared to the results discussed in the review of literature, results found in this study were not surprising. They added to the complexity of the relationship between religion and depression (Leurent et al., 2013). This is contradicted when the study found no significant collation between religiosity and depression, and therefore as Park et al (2012) stated, the relationship between religion and depression remains controversial and debatable (Park et al., 2012).

### **Conclusion**

This study was conducted to investigate the relationship between the two variables which are religiosity and depression among Muslim university student. This study involved various university students who are in Muslim religion which want identified their levels of religiosity and levels of depression. As a result of the study, Muslim students who come from various university had moderate level of religiosity and high level of depression. The result of the study, there is negative relationship between religiosity and depression. This study employed a quantitative approach, and 200 students have been selected from Muslim students comes from various university. The two inventories used are Muslim Daily Religiosity Assessment Scale (MUDRAS) and Depression, Anxiety and Stress Scale (DASS). This study is important in acknowledging the level of religiosity and how it affects student depression. Previous research reported that students with moderate level of religiosity have higher level of student depression. As an outcome of this study, the importance of understanding the level of religiosity and the level of student depression need to be highlighted.



## Conflict of interests

The authors have no conflict of interest.

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