

Strengthening Religiosity during COVID-19: The Key to Human Well-being

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Abstract: The COVID-19 pandemic affects various aspects of human life including physical and mental health. The current scenario shows that it has a significant impact on human well-being, therefore an empirical study is essential to comprehend the scenario and further prevent the multiplying impacts that would arise pertaining to the well-being of the people. This study explores how people maintain positive attitudes by performing religious practices throughout the COVID-19 Movement Control Order (MCO). It also identifies religious practices before and amid the pandemic, and whether income influences the motivation to perform religious activity during MCO. The cross-sectional study was conducted via Google Forms during the Movement Control Order (MCO) in March 2020 which involves 195 respondents from various states in Malaysia. The study was conducted using an instrument specifically developed in focussing on human practices in daily life. Data was

analysed using the Statistical Package for the Social Sciences software (SPSS 23.0). The findings demonstrated that religious practices had a significant mean score between before and during the pandemic [df=195, t=-13.92, p<0.05]. The findings also showed that religious practices had increased significantly amid the COVID-19 MCO [6.19±0.97] as compared to before the COVID-19 MCO [5.48±1.04]. It also reveals that people who have a higher income could do better religious practices in daily life as compared to those who possessed a lower income. The COVID-19 pandemic MCO inspires the Malaysian Muslims to heap on their religious practices even more in daily life, and this motivates them to have a good well-being even though they face with a hard situation.

Keywords: Religious practice, Pandemic, Mental health, Well-being, COVID-19.

INTRODUCTION

The Corona virus (COVID-19) was initially detected in Wuhan, China in December 2019 and it started to spread throughout the world. This unprecedented strain changed human daily lives such as economic recession as well as socio-economic and society aspects. In fact, young people have a higher possibility to be unemployed than people who are between the age of 25-64 (OECD, 2020). This phenomenon also brings about the worries of the mental impact of this pandemic towards society, such as depression and

anxiety. This phenomenon leads to the adaption of a new norm of daily life which can be traumatic and stressful, however it educates people to handle new challenges with grace. This implication also makes people realise how the coronavirus affected community life (Egunjobi, 2020).

A study has been conducted on learning patterns within the new norms, and the results show that there was a change of educational assessments and the teachers are able to develop their knowledge and skills to contribute to the advancing of education quality (Zamira, 2020). Another study shows the positive outcomes from the coronavirus pandemic which are virtual education and virtual social interaction (Azzeddine, 2020). However, there are some cases where about 20 per cent of children and adolescents suffer from mental disorders, and this issue is worsening due to COVID-19. It is important to have good health because it is closely related with well-being and this contributes to a profitable social relationship. Additionally, performing religious services also contributes to overall life satisfaction and they are also able to solve health problems (Yanxiao, 2020).

Research related to how people with different levels of education, attitudes, and practices react towards the COVID-19 pandemic shows that most Malaysians are able to handle the disease. They are able to take precautions such as practising proper hygiene, avoiding crowds, and wearing masks. It also suggests that Malaysians should obtain more knowledge to face with the trying situation (Arina, 2020). It is also encouraged to keep cleanliness as it is an effective way of dealing with COVID -19 and connected with health significance (Kawachi, 2019). Nevertheless, it is important to maintain the inner aspect as well, such as performing good religious practice because it affects an individual's well-being. This study attempts to analyse the impact of religious behaviour towards people's well-being during COVID-19.

Mental health is very important in order to gain happiness and well-being in life. A previous study mentions that happy people obtain higher immune systems and they know the meaning of life. During this crisis, people need to see the positive aspect of it; the reason why God created the virus. This might be because God wants to see how society unites and be concerned about each other (Dana, 2020). Another element related to a positive attitude is having balanced emotional health. It shows that families spent more time together and people can do a number of things such as home entertainment, conversing with family members, and dine together among others. Stress management is essential because it could enhance an individual's well-being (Awasthi et al., 2018). Whereas spiritual activity is also important because humans will reflect on themselves in previous acts. This time is the right time to change behaviour into a good one and improve the quality of spiritual practice. This also assists people to handle hard situations and become more optimistic and ultimately gaining a positive life (Marques et al., 2013). Hence, this form of practice can be ritualised at home to ensure spiritual well-being is maintained and improved throughout the pandemic.

It is also stated that most people try to protect themselves through spiritual practice and it produces calmness, and yet the aspect of spirituality has not been deeply considered in clinics (Fischer et al., 2019). It is mentioned that Muslims are able to perform daily religious activities at home in order to combat the pandemic. In the Malaysian scenario, there were several changes made to the procedures of formal religious activities, for example in fulfilling the five pillars and other supplementary (*sunnah*) practices. Prior to the pandemic, Muslims would perform the compulsory and supplementary prayer,

Friday and tarawih (supplementary prayer during Ramadhan) prayers at the mosque. However, COVID-19 caused the leader to impose other rules to combat the virus. Hence, mosques are restricted to only a certain number of people, and people are encouraged to perform religious activities at home.

This crisis affects mental health and well-being because the virus gives an immediate impact towards an individual's health and economic turmoil. Moreover, the youth also feel uncertain about their future, for example in terms of employment and education, and this crisis brings about emotional development (United Nations, 2020). The element of religiosity is necessary because it influences motivation and spirit (Wesley, 2020). It comforts humankind in today's world (Fardin, 2020). Some people initiate themselves to improve their spiritual well-being at home through performing prayer and reciting *do'a*. It is agreed that the spiritual aspect is also the main element to educate mental and emotional well-being, so people could have peacefulness in handling this crisis.

It is emphasised that the way to preserve oneself from being a plague victim is through self-quarantine, avoid from escaping a certain country, and others that relate to the pandemic issue (Ibn Hajar, 1991). People should perform prayer and take precaution when facing with the contagion, be patient and accept fate, be optimistic (*husnuzhonn*) of what has happened towards society, and ultimately, they will gain God's mercy. The uniqueness of Islam is that death which is caused by a pandemic will be categorised as martyr (*shahid*) for the sake of Allah. The test is a way to purify people from past sins and it is one of the actions to improve Muslim well-being. It is encouraged to have patience and perform prayer when handling pressure (Ibn Kathir, 2003). Other than that, it is essential to have a good optimistic character to ensure that they will not become depressed in what they have to face and that ultimately they will get rewards from Allah.

Prayers could heal mental health as well as treat diseases and increase the quality of life (Yousofi, 2011). Another study states that the practices of *do'a*, giving *sadaqah* (charity) and recitation of the Quran will be able to reduce depression and anxiety that is the result of life pressure (Hamid et al., 2012, Radzi et al., 2014). Other than reducing anxiety, God remembrance is able to increase immunity (Very & Subandi, 2015). Meanwhile, the aspect of social relationships is essential to ensure that people avoid depression and anxiety. In particular, individuals with a high positive impact and life satisfaction are more likely to be involved in social activities, and this includes more time spent talking to others, making more friends, and getting closer to their acquaintances (Mehl et al., 2010). Instead of simply having a broad social network, the quality of social relationships can contribute to one's well-being in major aspects. In particular, social support refers to the sense of being taken care of, listened to, respected, and valued (Kansky, 2018).

Material and Methods

The current study aims to identify whether the religious practice is relevant in handling the situation during the COVID-19 pandemic. It also reveals on how people maintain positive attitudes during COVID-19. This cross-sectional study was conducted during the beginning of the pandemic on March 2020 in Malaysia. It was distributed to respondents aged between 18-65 years. Since this study was organised during the MCO, it was conducted via Google Forms. All 195 respondents reside in several areas in Malaysia, such as Kelantan, Selangor, and Sabah. The questionnaire consists of

sociodemographic information and it also has three constructs to measure the level of practices during COVID-19.

The current study uses several items to measure religious practices and the aspect of social relationships, including the prayer, faith, patience, as well as several items related to social relationships, especially within the family and society. The score for subscale was then calculated by comparing each mean and standard deviation for practices before and during the pandemic. Sociodemographic aspects (Gender, Nationality, Living Area, State, Religion, Age, Education, Status, Job Sector, and Income) were assessed for their association with religious practices and social relationships.

Whereas the other construct is a social relationship, in which it has a strong connection with individual well-being and leads to positive physical and psychological health (Kansky, 2018; Eva & Oliver, 2010). The items included on the measurement of how well people manage their families before and during the pandemic. The items were also designed based on the capability of a human being to conduct social relationships within their family.

For a descriptive profile analysis on the sample, it was evaluated through mean, standard deviation, frequency, and percentage. The relationship between sociodemographic information and religious practice is measured using a t-test and ANOVA to compare different groups where required. It was then analysed using the Statistical Package for the Social Sciences software version 23.

The implication of this study is to improve the public health education concept, particularly in social science in order to produce a decent indicator for the impact of health, rather than being threatened merely by the medical system (Rajesh, 2020). Meanwhile, it is suggested that the government of every state needs to identify the appropriate technique to evaluate the impacts of the pandemic on the well-being of the people (Marc, 2020).

Results

The analysis highlights the demographic profile and participants answered the questionnaire related to religious practices and social relationships. It includes the activity of prayer, God remembrance, and others that contribute to spiritual well-being.

Table 1: Summary of demographic profile

Demographic Variable	n	%
Gender		
Male	66	33.7
Female	130	66.3
Nationality		
Malaysian	195	99.5
Non-Malaysian	1	0.5
State		
Johor	30	15.3
Kedah	8	4.1
Kelantan	66	33.7

Negeri Sembilan	2	1.0
Other	2	1.0
Pahang	10	5.1
Perak	18	9.2
Perlis	3	1.5
Pulau Pinang	1	0.5
Sabah	7	3.6
Sarawak	6	3.1
Selangor	24	12.2
Terengganu	19	9.7
Living area		
Urban	94	48.0
Non-Urban	102	52.0
Religion		
Muslim	195	99.5
Buddhist	1	0.5
Age		
18-20	2	1.0
21-25	29	14.8
26-30	29	14.8
31-35	52	26.5
36-40	24	12.2
41-45	20	10.2
46-50	17	8.7
51-55	11	5.6
56-60	9	4.6
60 and above	3	1.5
Education		
None	20	10.2
Primary	1	0.5
Secondary	10	5.1
Pre University	9	4.6
College	10	5.1
University	146	74.5
Status		
Single	32	16.3
Married	156	79.6
Divorce	2	1.0
Single Parents	4	2.0
Widow	2	1.0
Orphan		
Yes	47	24.0
No	149	76.0
Job sector		
Accountant	27	13.8
Admin	114	58.2
Assistant legal officer	31	15.8

Bank officer	8	4.1
Businessman	16	8.2
Current Job		
Government (Kerajaan)	114	58.2
None (Tiada)	27	13.8
Part-time Job (KerjaSementara/Sambilan)	8	4.1
Private (Swasta)	31	15.8
Self-employed (BekerjaSendiri)	16	8.2
Income	22	11.2
Less than RM1000	17	8.7
RM1000-RM3000	45	23.0
RM3000-RM5000	64	32.7
RM5000-RM7000	32	16.3
Over RM7000	16	8.2

Among the 196 participants, 66.3 per cent were female, and the rest were male (33.7 per cent). While the percentage of respondents aged between 31-35 years old is 26.5 per cent, whereas 14.8 per cent is between 21-25 years old. Participants who are between 36-40 years of age is 12.2 per cent, while 10.2 per cent is among people aged 41-45 years old. The rest of the percentage consists of people aged 46 years old and above. Most of the respondents consist of government servants and work in the administrative area. It also reveals that the number of women is twice the number of men. In terms of state of residence, most respondents were from Kelantan 66 (33.7per cent), Johor 30 (15.3per cent), and Selangor 24 (12.2per cent) and the rest are from the other states in Malaysia.

Table 2: Items for the Construct of Religious Practices

Religious Practice	PRE		DURING	
	MEAN	SD	MEAN	SD
RP1 ....manage to recite the Quran every day.	4.73	1.671	5.87	1.42
RP2 ....perform my prayers (<i>solat</i>) early.	4.99	1.317	5.97	1.20
RP3 ....perform supplementary prayers (<i>solatsunat</i>) consistently.	4.04	1.596	5.36	1.50
RP4 ....pray for safety and well-being.	5.67	1.315	6.42	1.06
RP5 ....have positive impressions with things that Allah has pre-determined.	6.14	1.190	6.54	0.97
RP6 ....have faith that there is a reason/lesson for every hardship/test.	6.23	1.178	6.51	1.01
RP7 ....am always patient in facing challenges.	5.99	1.190	6.42	0.99
RP8 ....accept every hardship/test wholeheartedly and sincerely.	6.03	1.196	6.40	1.01
RP9 Overall, I am satisfied with my religious practices.	5.23	1.534	5.97	1.32

Table 2 illustrates religious practices that had been performed before and during the pandemic. This analysis identifies that most of the participants agree with the statements and it shows different levels of practice between the period of prior and during COVID-19.

Table 3: Items for the Construct of Social Relationship

No.	Social Relationship	PRE		POST	
		MEAN	SD	MEAN	SD
SR1	....show good example to the children.	5.39	1.447	5.96	1.38
SR2	....conduct activities related to religious knowledge for the children.	5.13	1.588	5.86	1.45
SR3	give advices to the children.	5.46	1.503	5.95	1.44
SR4	....make sure of a close relationship among family members.	5.79	1.241	6.27	1.01
SR5	....practice good communication with family members.	5.77	1.178	6.21	1.13
SR6	....do activities with family members well.	5.69	1.168	6.24	1.00
SR7	....practice managing family finance well.	5.52	1.183	6.17	1.08
SR8	....assist my family with daily chores.	5.79	1.093	6.30	0.98
SR9	help/assist the people who are weaker/in need.	5.36	1.171	5.95	1.14
SR10	....give financial aid/donation to the people in need.	5.18	1.276	5.90	1.19
SR11	Overall, I am grateful for everything that happens.	5.96	1.132	6.35	1.04

Table 3 depicts several social relationship aspects and it reveals that there is an increasing level of social relationships amid pandemic. This shows that people used the incubation period to strengthen their relationship with their spouse and also their children.

Table 4: Relationship between Demographic Profile and Religious Practices.

Religious Practice	Income	N	Mean	SD	F	Sig.
None	Less than RM 1000	17	5.79	1.13	5.110	0.000
	RM 1000-RM3000	45	5.82	1.22		
	RM 3000-RM 5000	64	6.37	0.75		
	RM 5000-RM 7000	32	6.53	0.74		
	Over RM7000	16	6.71	0.30		
	Total	196	6.19	0.97		
Age	18-30	60	5.74	1.10	10.162	0.000
	31-50	113	6.39	0.73		
	Above 50	23	6.36	1.29		
	Total	196	6.19	0.97		
Status	Single	32	5.94	0.96	1.192	0.316
	Married	156	6.21	0.99		
	Divorce	2	6.75	0.35		
	Single Parents	4	6.59	0.30		
	Widow	2	6.94	0.09		
	Total	196	6.19	0.97		

Table 4 shows that there are several aspects of demographic factors that influence the activity of religiosity among respondents. It reveals that most participants are married and the others are either single, divorced, single parents, or widows. Most of the respondents are between 31-50 years of age and possessing an income of about RM 3000-5000.

Discussion

Table 2 proves that most participants agree with the statements. From Item 1, respondents are prone to practice Quranic recitation more when facing the pandemic. It is mentioned that contemplating verses of the Quran creates relaxation and peacefulness, as well as reducing stress levels (Nayef and Wahab, 2018). For Item 2, most of the respondents performed prayer earlier during the pandemic. Prayer is a state of submission to God, and a study from healthcare mentions that motivation to perform prayer especially during uncertainty and anxiety is deeply rooted within the human soul to obtain a connection with God (Neil, 2020). While Item 3 refers to respondents performing supplementary prayer regularly. Consistency is very important in religious practice because it assists human beings to avoid sin and they will be more prone to do good things (Jaka & Ismail, 2020).

For Item 4, respondents also chose to pray more for their safety and well-being. A recent report about Israeli residents who claimed that if they abide by religious belief by praying and studying, they could defeat the virus (Halbfinger, 2020). They also believe that the pandemic is a penalty because they neglected God's rule (Simon et al., 2020). Meanwhile, Item 5 shows that most respondents have positive impressions with things that Allah has pre-determined. Positive inner feelings are essential in dealing with the crisis, just as much as a human requires a healthy body, mental and spiritual state to invite peacefulness (Ab Rahman et al., 2020). For Item 6 which refers to a person who has faith that there is a lesson for every hardship. It will lead to a person to have self-reflection when encountering with misfortune, and it encourages the people to perform repentance (Elvina, 2020).

Item 7 relates to the aspect of patience, in which the pandemic educates the people to become more patient and accept God's test. During the movement control order (MCO) also, people will learn how to become more resilient in enduring the ongoing pandemic. For Item 8, it explains that people are able to accept every hardship wholeheartedly and sincerely during the pandemic. It is proven that in the act of God's remembrance will increase humans' faith as well as their well-being. A recent study who interviewed COVID-19 patients stated that the victims continued to remember God, consequently allowing them to be able to accept their predicament (Ab Rahman, 2020). While Item 9 shows that most of the samples feel more satisfied with their religious practice amid the pandemic. This might be because people could spend more time due to the MCO, so they made sure that they could balance their life-style by fulfilling the necessity of spiritual, physical, and emotional well-being.

For the construct of social relationships, the current study reveals that parents could show a better example to their children. The element of portraying good behaviour to others is very important since it is a moral value that has been taught by the Prophet p.b.u.h. The Prophet has always been a role model (*qudwahhasanah*) and helped his family in need (Jasmi, 2016). Item number 2 relates to the organisation of religious activity among family members, especially for the children. This is in line with the research of Strelhow (2017) who mentions that in the scientific community and among practitioners caring for children and adolescents, greater dissemination is needed of the value of having spirituality and religiosity in a view that understands human beings in their contentment. While Item 3 discusses the aspect of preaching to a child, which is advising towards being a better person. According to Khairul (2017), giving advice to children should be instilled and it is recorded with the story of *Luqman al-Hakim* in the Quran. Item 4 is about maintaining a close relationship with family members.

The trying situation of the pandemic motivates family members to take care of their family and make sure that they are in a safe environment. Close relationships are necessary because many children were recorded to have problems with behavioural and mental health (Stephen et al., 2020). While Item 5 emphasises good communication with the family. This is in line with research related to children with disabilities mentioning that in order to improve communication and social-emotional skills, many children with disabilities receive therapeutic help to better deal with school and home occurrences (OECD, 2020). Item 6 shows that during the MCO, people were able to do more activities with their family, and this is agreed by Shira (2013) who reveals that spending time with family by doing activities together contributes to positive emotional well-being. While Item 7 relates to financial management and it is proven that people are becoming more aware of money control since some premises has been locked down due to the pandemic. Thus, it is important to spend money wisely during the crisis. Item 8 connects to the empathy of people in need. It would appear that many people feel motivated to help poor people or any individual who suffered from lost jobs (Netta&Tehila, 2020) especially those who open hawker stalls. This closely links with Item 8 in which they give more financial aid during a pandemic.

The findings demonstrated that income influences religious practice [DF5,190=5.110,P<0.05]. Based on post-hoc comparison, those who earn an income of between RM1000-RM3000 [5.82±1.22] is found to have lower religious practices as compared to those with RM3000-RM5000 [6.37±6.75], RM5000-RM7000 [6.53±0.74], and over RM7000 [6.71±0.30]. The result also depicts that people who acquire a higher income would initiate more in religious activities and this is evidence of a grateful person in which they could survive economically and spiritually during a pandemic. This would appear that Muslims could practice the concept of gratefulness in which it assists the individual to achieve good well-being. Joshua et al., (2011) mention that the aspects of gratitude include behavioural expression, gratitude listing and grateful contemplation. They also reveal that respondents who are in a grateful condition achieved higher self-esteem and life satisfaction. In contrast with respondents who have lower-incomes, they tend to overthink about the trying situation because the pandemic affects all sorts of lives, and this also leads to the demotivation to perform religious practices. This is in line with the findings of Elliott (2016) who mentions that those who have a lower income are prone to develop mental health issues, and this has a relationship with losing hope of doing religious practice in human daily-life. It is also mentioned that people who attain a higher level of religiosity tend to get higher overall life satisfaction and social support (Jisung et al., 2012). Meanwhile the findings of the current study contradict with previous research who mentions that wealthier people tend to be more secular (Ozgur, 2017). This might be because Malaysian Muslims are receptive to the hard situation faced by several people who have lost their job due to this crisis. Thus, this scenario motivates the people who have a higher level of income to heap on religious practices in their lives.

In terms of age, the results show that age significantly influences religious practices [DF_{2,193}=10.162,p<0.05]. Based on post hoc comparison, religious practices among respondents at the age of 18-30 [5.74±1.10] were significantly lower than the respondents at the age of 31-50 [6.39±0.73] and above 50 [6.36±1.29]. This would appear that most of the people who are between 31-50 years of age are stronger physically and emotionally because they have encountered many challenges at this stage of

life. It is also stated that there is an upward drift in religious passion during adulthood, and it tends to decrease in later life (Vern et al., 2015). It is also proposed that the aspect of religiosity should be included in positive ageing literature so that they will have a balanced life especially in religious practice on dealing with challenges in later life (Joanna and Anna, 2018). This is important because the more participation in spirituality, the more attainment of quality of life, life satisfaction, good cognitive function, as well as the elderly being able to avoid depression and other diseases (Gina et al., 2015). Overall, the aspect of religiosity and age is usually influenced by certain cultures and common religious practice among communities, and this relates to the extent to which practices are commonly accepted within certain societies. Religious practice also correlates with how a certain age group is socialised, especially for emerging adults (McNamara et al., 2010).

Based on the status, it shows that the level of religious practices is not influenced by marital status [DF4, 191=1.192, $P>0.05$]. This is in contrast with previous research who mentions that marriage is positively correlated with psychological well-being, and it has a positive effect of religious relationships between the spouse (Demaris et al., 2010). While religious activity also contributes to marital satisfaction (Nicholas & Bradford, 2008). This contradicting find might be because every individual tends to initiate themselves to perform religious practices in their daily life during the pandemic. This is due to the fact that the virus is able to spread to all people regardless of status and age. Thus, this factor could be motivation for every person to be a committed servant.

Conclusion

Even though it is claimed that there is no increase of religious faith during a pandemic (Diego, 2020), it is agreed within all religions that people tend to do more religious practice especially during a pandemic and it shows that they rely more on religious practice in dealing with the hardship. It shows that the consistency of faith contributes to human well-being since they gain peacefulness from the spiritual habit. This is in line with Jeanet (2020) who proves the increasing of prayer during the pandemic across 95 countries. This also reduces depression among people as they need to spend time at home, and several people whose lives have been affected especially losing their jobs. This will create another problem because they need money to survive. Thus, enhancing the quality of religious practice and strengthening social relationships will assist humans to obtain good well-being. This is also in line with the finding of Jong et al., (2017) who mention that fear motivates a person to heap religious activities more.

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REFERENCES

1. Ab Rahman, Z., Kashim, M.I., Mohd Noor, A.Y., Che Zarrina, S., Ahmad Zaki, H., Abdul Rahim, R., Ashaari, M. F, Sayyid Buhar, M. K., Norhayati Rafida, A. R, (2020). Critical Review of Religion in Coping Against the COVID-19 Pandemic by Former COVID-19 Muslim Patients in Malaysia, *Journal of Critical Reviews* ISSN- 2394-5125, 7(5): 1145-1154.

2. Arina, A. A. (2020). Public knowledge, attitudes and practices towards COVID-19: A cross-sectional study in Malaysia. *Plos One*, 1-15. doi:<https://doi.org/10.1371/journal.pone.0233668>.
3. Awasthi, P., Mishra, R.C., Singh, S.K. Health-promoting Lifestyle, Illness Control Beliefs and Well-being of the Obese Diabetic Women. *Psychology and Developing Societies*.30(2):175-198.
4. Azzeddine, M., Saad, E. B., Christopher, R. B. (2020). Impact of the COVID-19 Pandemic on Attitudes Towards the Lifting of Confinement through the Algerians People. *International Journal of Environmental Research and Public Health*,17, 3604; doi:10.3390/ijerph17103604 1-13.
5. Elliott, I. (2016) Poverty and Mental Health: A Review to Inform the Joseph Rowntree Foundation's Anti-Poverty Strategy. London: Mental Health Foundation.
6. Eva, M.M., Oliver, H. (2010). Wellbeing Depends on Social Relationship Characteristics: Comparing Different Types and Providers of Support to Older Adults, *Ageing & Society*, 30(5): 843-857.
7. Joshua, A. R., Canada, M. K., Kenneth, M. P. (2011). Gratitude and Well-Being: Who Benefits the Most from a Gratitude Intervention? *Applied Psychology: Health And Well-Being*, 3 (3): 350-369 Doi:10.1111/J.1758-0854.2011.01058.X
8. Marc, F. (2020). Assessing the Wellbeing Impact of the COVID-19 Pandemic and of Three Policy Types: Suppression, Control, and Uncontrolled Spread, 1-12. <https://www.researchgate.net/publication/342277618>,
9. Mehl, M. R., Cazire, S., Holleran, S. E., & Clark, C. S. (2010). Eavesdropping on Happiness: Well-being is Related to Having Less Small Talk and More Substantive Conversations, *Psychological Science*, 21, 539-541.
10. Nayef, E. G., & Wahab, M. N. A. (2018). The Effect of Recitation Quran on the Human Emotions, *International Journal of Academic Research in Business and Social Sciences*, 8(2), 50-70.
11. Rajesh, K. (2020). Redefining and Redesigning Public Health for the Future, *Indian Journal of Public Health*, 64(2): 97-98.
12. Sector, I. H. (2020). *COVID-19 and the Irish Hospitality Sector*. London: Price Waterhouse and Coopers.
13. Shira, O. (2013). Family Time Activities and Adolescents' Emotional Well-being. *Journal of Marriage and Family* · *Journal of Marriage and Family* 75: 26-41, DOI:10.1111/j.1741-3737.2012.01025.x
14. Simon, D., (2020). Mental Health, Religion & Culture. *COVID-19, Mental Health and Religion: An Agenda for Future Research*, 1-9.
15. United Nations. (May, 2020). Policy Brief: COVID-19 and the Need for Action on Mental Health.
16. Very, J., &Subandi. (2015). Membaca Al-FatihahReflektifIntuitifuntukMenurunkanDepresi dan MeningkatkanImunitas,*Jurnal Psikologi*,42(1): 34-46.

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17. Yanxiao, W. (2020). The Relationship between Parental Religiosity and School Age Children's Dietary Behavior in Ningxia Province, China: A Cross-Sectional Study. *Indian Journal of Public Health*, 64(2), 154-160.
 18. Yousofi, H. (2011). Human Health and Religious Practices in Quran. *Procedia-Social and Behavioral Sciences*, 30: 2487-2490.
 19. OECD, (2020). *Youth And Covid-19: Response, Recovery And Resilience*. USA: The Organisation for Economic Cooperation and Development (OECD).
 20. Zamira, H. D., Linda, H. (2020). The Impact of COVID-19 on Education and on the Well-being Challenges Related to Remote (online) Learning and Opportunities for Advancing the Quality of Education. <https://www.researchgate.net/publication/341297812>, 1-28.