CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

A correlated descriptive study was employed to describe the levels of religiosity, the levels of health status, and also to examine the relationship between those variables. The population of the study was middle aged male Muslims in Jakarta, with a sample of 126 men. The subjects were recruited in difference places through nine mosques around Jakarta. Data collection using self-repot questionnaires was made during May to June 2007. The subjects were asked to complete a set of questionnaires which comprised of three parts: Demographic Data and Health Information, The Islamic Involvement Questionnaire (IIQ), and Health Status Questionnaire (HSQ). The instruments were evaluated for its content validity by three Nursing lecturers. Pre-test studies were conducted and the desired alpha coefficients of 0.78 (religious attitude), 0.71 (religious behavior), and 0.71 (health status) were reached. Gathered data were analyzed using descriptive and correlation statistics.

Summary of the Study Findings

The median score of age of the subjects was 50 years old. Over one third of them (39.7%) were in 40 - 45 year age group. Their level of education was mainly senior high school (46.0%), and an occupation described as private employee by 30.2% of the subjects. Around one third (34.9%) of the subjects had a family income about Rp 1.000.001 – Rp.2.000.000 which was considered as not enough by 38.9% of them. The majority of the subjects (85.7%) reported that they do not have any chronic disease and

no risk of genetic sickness reported by 92.1% of the subjects. Regarding the environment surrounding the home, 53.2% of respondents reported cleanliness as fair, room ventilation was fair (62.7%), air pollution was moderate (54.8%), and water pollution as none to little (54%).

With regard to subjects' level of religiosity, more than fifty percent (57.9%) of the subjects had low intrinsic orientation and also low religious behavior dimension (55.6%). The overall level of religiosity indicated that nearly one third (27%) of the subjects were in high religious, about 15% of the subjects were in the level of behavior only, 17.5% of the subjects were in attitude only level, and around 40% had low religious.

The subjects' level of health status indicated that general health perception sub scale contained 69.1% of the subjects who reported having "Good Health". Physical functioning was scored as moderate by most of the subjects (73%) (Mean = 69.71, SD = 21.74). The role physical with a mean score of 69.04 (SD = 29.50) was reported as moderate by 39.7% of the subjects. Furthermore, in the role mental sub scale 42.9% respondents scored moderate (Mean = 74.16, SD = 24.76). Mental health by most of the subjects (68.3%) also reported as moderate (Mean = 61.15, SD = 14.89). A moderate level was also reported by 42.9% of the subjects in the social function sub scale (Mean = 76.09, SD = 21.27). Finally, spiritual health was still not different, with majority of the subjects (61.9%) scoring moderate (Mean = 76.87, SD = 17.42).

Findings indicated the intrinsic orientation was significantly low correlated only with spiritual health ($r = 0.26$, $p < 0.01$). Religious behavior was significantly little correlated with health perception ($r = 0.24$, $p < 0.01$) and low correlated with spiritual health ($r = 0.37$, $p < 0.01$).

Limitations of the Study

There were some limitations to this study:

1. Our homogeneous subjects were recruited through the Mosques, particularly those who attended congregation prayer so it cannot be generalized to other men at home or other population (e.g. female population).
2. The instruments used in this study had been modified from the Western views of the religion and health status, it may be lack of culture sensitivity to measure appropriately, thus, failed to reflect the Muslim way of life and how Islam links religiosity and health, especially in Asia and Indonesian population.

Recommendations

Nursing Practice

The findings provide evidence that to certain degree religion or religiosity has a significant role on the health of individuals, particularly on spiritual health. Even though this study could not strongly confirm the relationship between those two variables; however, theories and other studies support this association. From the findings it can be assumed that the participants did not pay much attention to their health. They may practice religious teachings mainly in the narrow context of religious rituals only without concern for the broad horizon of health benefits from the practice that can be gained. It may because they failed in translating the teachings into daily life practices. Considering the potential power of religion toward Muslims, the nurse practitioners can employ religious approach in maintaining and promoting the health of Muslim patients. By helping Muslims in translating the health related Islamic teachings this can be used

as one strategy to get through to patients and their family in order to achieve the desired results.

Nursing Research

1. Further study should be conducted among across populations to examine the similarities and differences to gain more reliable picture of the phenomena.
2. Study design may be better employ not only cross sectional but longitudinal study to provide a better approach to the multidimensional construct of religiosity and health, and supported by qualitative data to help interpret the quantitative results in order to get clearer picture.
3. Further study in different circumstances is needed to get precious findings in enriching nursing science and practice. Religiosity may be best situated in studies of chronic illness, pain, stress, aging, and end-of-life care as an explanatory factor or predictor of subjective health status or quality of life.