

## **CHAPTER 4**

### **RESULTS AND DISCUSSION**

#### **Results**

This chapter presents the results from the study and a discussion of the results. The findings are presented as follow: demographic characteristics, the level of religiosity, the level of health status, and the relationship between religiosity and health status of the subjects.

#### **Demographic Characteristics of the Subject**

The subject consisted of 126 of middle aged male Muslims. One third of the subjects were in the range 40 - 45 year age group (39.7%) with a median of 50. Nearly fifty percent (46.0%) of the subjects had senior high school education and private employee was the occupation of 30.2% of them. Around one third (34.9%) had family income about Rp 1.000.001 – Rp.2.000.000, which was considered insufficient by 38.9% of the subjects. (Table 4)

With regard to the subjects' health characteristics, the majority (85.7%) of the subjects revealed they do not have any chronic disease and 14.3% of them reported experiencing chronic diseases of Diabetes Mellitus (3.2%) and other diseases (5.6%). Most subjects (92.1%) reported that they do not have any risk of genetic sickness and only 7.9% reported having the risk of genetic sickness with Diabetes Mellitus as the highest number (4.0%). Regarding the environment surrounding home, majority of the subjects reported cleanliness was fair (53.2%), room ventilation was fair (62.7%), air pollution was moderate (54.8%), and water pollution reported as none to little by 54% of the subjects. (Table 5)

Table 4

## Demographic Characteristics of the Sample (N = 126)

| Characteristics                      | Frequency | Percentage |
|--------------------------------------|-----------|------------|
| <b>Age (years)</b>                   |           |            |
| 40 – 45                              | 50        | 39.7       |
| 46 – 50                              | 25        | 19.8       |
| 51 – 55                              | 22        | 17.5       |
| 56 – 60                              | 29        | 23.0       |
| <i>(Median = 50)</i>                 |           |            |
| <b>Level of education</b>            |           |            |
| Elementary school                    | 17        | 13.5       |
| Junior high school                   | 23        | 18.3       |
| Senior high school                   | 58        | 46.0       |
| College or above                     | 28        | 22.2       |
| <b>Occupation</b>                    |           |            |
| Private employee                     | 38        | 30.2       |
| Government employee                  | 24        | 19.0       |
| Business person                      | 30        | 23.8       |
| Others                               | 31        | 24.6       |
| Jobless                              | 3         | 2.4        |
| <b>Family income</b>                 |           |            |
| < Rp. 500.000 – 1.000.000            | 62        | 49.2       |
| Rp 1.000.001 – Rp. 2.000.000         | 44        | 34.9       |
| Rp 2.000.001 – > Rp 3.000.000        | 20        | 15.8       |
| <b>Considering the family income</b> |           |            |
| Satisfy                              | 2         | 1.6        |
| Enough                               | 45        | 35.7       |
| Fair                                 | 30        | 23.8       |
| Not enough                           | 49        | 38.9       |

Table 5

Frequency and Percentage of Subjects' Health Characteristics (N = 126)

| Characteristics          | Frequency | Percentage |
|--------------------------|-----------|------------|
| Having chronic disease   |           |            |
| No                       | 108       | 85.7       |
| Yes                      | 18        | 14.3       |
| Hypertension             | 3         | 2.4        |
| Heart disease            | 2         | 1.6        |
| Diabetes Mellitus        | 4         | 3.2        |
| Asthma                   | 2         | 1.6        |
| Others                   | 7         | 5.6        |
| Risk of genetic sickness |           |            |
| No                       | 116       | 92.1       |
| Yes                      | 10        | 7.9        |
| Hypertension             | 2         | 1.6        |
| Diabetes Mellitus        | 5         | 4.0        |
| Asthma                   | 1         | .8         |
| Others                   | 2         | 1.6        |

Table 5 (continued)

| Characteristics              | Frequency | Percentage |
|------------------------------|-----------|------------|
| Environment Surrounding Home |           |            |
| Cleanliness                  |           |            |
| Good                         | 57        | 45.2       |
| Fair                         | 67        | 53.2       |
| Poor                         | 2         | 1.6        |
| Room ventilation             |           |            |
| Good                         | 33        | 26.2       |
| Fair                         | 79        | 62.7       |
| Poor                         | 14        | 11.1       |
| Air pollution                |           |            |
| None – little                | 53        | 42.1       |
| Moderate                     | 69        | 54.8       |
| Severe                       | 4         | 3.2        |
| Water pollution              |           |            |
| None – little                | 68        | 54.0       |
| Moderate                     | 56        | 44.4       |
| Severe                       | 2         | 1.6        |

### **The Level of Religiosity of the Subjects**

The majority of the subjects (57.9%) had a low intrinsic orientation. In the religious behavior dimension most subjects (55.6%) also had a low score. Meanwhile, for the overall level of religiosity, nearly one third of the subjects (27%) were in the high religious category, about 15% of the subjects were at the level of behavior only, 17.5% of the subjects were in the attitude only level and around 40% were low religious (Table 6).

### **The Level of Health Status of the Subjects**

The health status covered seven sub scales: general health perception, physical functioning, role physical, role mental, mental health, social function, and spiritual health. In the general health perception sub scale majority of the subjects (69.1%) were in good health with: excellent (2.4%), very good (11.1%), and good (55.6%). In physical functioning sub scale 73% of subjects scored moderate (Mean = 69.71, SD = 21.74). The mean score for the role physical was 69.04 (SD = 29.50), with slightly over one-third (39.7%) of the subjects ranking at a high level. Furthermore, a mean score of 74.16 (SD = 24.76) was found in the role mental sub scale with 42.9% of the subjects scored moderate. In the mental health sub scale, the majority of the subjects (68.3%) also reported a moderate level (Mean = 61.15, SD = 14.89). In addition, social function had a mean score of 76.09 (SD = 21.27) with nearly half of the subjects (42.9%) reported a moderate level. The last category was spiritual health sub scale had 61.9% of the subjects scoring moderate, with the mean at 76.87 (SD = 17.42). (Table 7)

### **The Relationship between Religiosity and Health Status of the Subjects**

The relationship between religiosity and health status is presented in Table 8. Findings suggested that significant correlations were found among component of

religiosity and components of health status. The intrinsic orientation was low correlated but significantly 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 ( $r = 0.37, p < 0.01$ ).

Table 6

Frequency and Percentage of Subjects Based on the Level of Religiosity (N = 126)

| Level of Religiosity                       | Frequency | Percentage |
|--|-----------|------------|
| Attitude Dimension – Intrinsic orientation |           |            |
| Low  | 73        | 57.9       |
| High                                       | 53        | 42.1       |
| Behavior Dimension                         |           |            |
| Low  | 70        | 55.6       |
| High                                       | 56        | 44.4       |
| Overall Religiosity                        |           |            |
| Low  | 51        | 40.5       |
| Attitude Only                              | 22        | 17.5       |
| Behavior Only                              | 19        | 15.1       |
| High                                       | 34        | 27.0       |

Table 7

Frequency and Percentage of Subjects Based on the Level of Health Status (N = 126)

| Level of Health Status            | Score of the Level of Health Status | Frequency | Percentage |
|-----------------------------------|-------------------------------------|-----------|------------|
| <b>General Health Perception</b>  |                                     |           |            |
| Fair                              |                                     | 39        | 31.0       |
| Good                              |                                     | 70        | 55.6       |
| Very Good                         |                                     | 14        | 11.1       |
| Excellent                         |                                     | 3         | 2.4        |
| <b>Physical Functioning</b>       |                                     |           |            |
| Low                               | 16 – 47                             | 16        | 12.7       |
| Moderate                          | 48 – 89                             | 92        | 73.0       |
| High                              | 90 – 100                            | 18        | 14.3       |
| <i>(Mean = 69.71, SD = 21.74)</i> |                                     |           |            |
| <b>Role Physical</b>              |                                     |           |            |
| Low                               | 25 – 39                             | 31        | 24.6       |
| Moderate                          | 40 – 97                             | 45        | 35.7       |
| High                              | 98 – 100                            | 50        | 39.7       |
| <i>(Mean = 69.04, SD = 29.5)</i>  |                                     |           |            |
| <b>Role Mental</b>                |                                     |           |            |
| Low                               | 0 – 49                              | 21        | 16.7       |
| Moderate                          | 50 – 97                             | 54        | 42.9       |
| High                              | 98 – 100                            | 51        | 40.5       |
| <i>(Mean = 74.16, SD = 24.76)</i> |                                     |           |            |

Table 7 (continued)

| Level of Health Status            | Score of the Level of Health Status | Frequency | Percentage |
|-----------------------------------|-------------------------------------|-----------|------------|
| <b>Mental Health</b>              |                                     |           |            |
| Low                               | 35 – 45                             | 25        | 19.8       |
| Moderate                          | 46 – 75                             | 86        | 68.3       |
| High                              | 76 – 100                            | 15        | 11.9       |
| <i>(Mean = 61.15, SD = 14.89)</i> |                                     |           |            |
| <b>Social Functioning</b>         |                                     |           |            |
| Low                               | 12.5 - 54                           | 30        | 23.8       |
| Moderate                          | 55 – 95                             | 54        | 42.9       |
| High                              | 96 – 100                            | 42        | 33.3       |
| <i>(Mean = 76.09, SD = 21.27)</i> |                                     |           |            |
| <b>Spiritual Health</b>           |                                     |           |            |
| Low                               | 33.33 – 58                          | 15        | 11.9       |
| Moderate                          | 59 – 92                             | 78        | 61.9       |
| High                              | 93 – 100                            | 33        | 26.2       |
| <i>(Mean = 76.87, SD = 17.42)</i> |                                     |           |            |



Table 8

Correlations between Religiosity and Health Status of the Subjects (N = 126)

| Variables                 | Religiosity                       |                    |
|---------------------------|-----------------------------------|--------------------|
|                           | Attitude intrinsic<br>orientation | Religious Behavior |
| General Health Perception | .15                               | .24**              |
| Physical Functioning      | .00                               | .06                |
| Role Physical             | .01                               | .10                |
| Role Mental               | .01                               | .16                |
| Mental Health             | .01                               | .10                |
| Social Function           | -.08                              | .16                |
| Spiritual Health          | .26**                             | .37**              |

\*\*p &lt; .01

## Discussion

This study aimed to determine the level of religiosity and the level of the health status among middle aged male Muslims in Jakarta and also to examine the relationship between those variables. Subjects were recruited through nine mosques in different locations around the Jakarta area, where they usually performed daily congregational prayers.

### The Level of Religiosity of the Subjects

The findings showed that 40.5% of the subjects were in the low religiosity category. This represented in the level of attitude intrinsic orientation that over fifty percent of the subjects (57.9%) had a low level. Intrinsic orientation, as identified by Cohen *et al.* (2005) has the core concept of living one's religion intentionally or purposefully and with sincerity. From the Islamic perspective intrinsic orientation is the soul of the Islamic spirit and means that Muslims have total compliance toward Allah, *i.e.* Allah centred. This is the highest level of being a Muslim, and according to Islamic teachings this life on earth is a process to achieve that level. From the research findings it can be assumed that most of the subjects were likely to be found in the lower level, which is more individual centered. This assertion is also supported by the proportion of participants who performed obligation deeds (IIQ 2 – items 1 & 2). Praying five times a day was performed by 69% of participants and 81% of them fasted during *Ramadhan*. While for *sunnah* (meritorious) deeds, which are done to express advanced Islamic engagement (IIQ 2 – items 5 & 6) there were only 8.7% of the subjects who performed *sunnah* fasting and 18.3 % subjects did *sunnah* prayer.

Referring to the concepts of Islam this phenomenon happens because of the influence of their level of *iman* (faith) and knowledge with regard to Islam. The findings

show that regarding Muslim's enthusiasm to study their religion only 22.2% of subjects always study the Holy Qur'an or read literature about Islam (IIQ 2 – item 4), while about 40% of the subjects report often doing these activities. Socioeconomic condition may be one factor that can explain why this happens and is supported by studies which have found that socioeconomic factors influence peoples' religiosity (Gaede, 1977; Glen, *n.d.*; Taylor & Lockery, 1995; Wikipedia, 2006). This study found that regarding the family income, more than one third of subjects (38.9%) claimed this was insufficient. Moreover, the recent economic situation in Indonesia, following the economic crisis of 1998, is still unstable. People are suffering hardship in their everyday life because of financial problems. This situation may limit their sources of gaining deeper religious knowledge and recharging the religious spirit, leading them to have more concern for the fulfillment of basic physical needs rather than, more importantly, their spiritual needs.

The present study has also found that the majority of the subjects (55.6%) were in the low religious behavior category. This might be because they had a low attitude intrinsic orientation. This is in line with a study of Christians which found that those who are more intrinsically inclined attend church more frequently, read the Bible more, and give a higher annual offering (Paek, 2006). Dezutter *et al.* (2006) also argued that those who have a deeper intrinsic religious orientation are expected to be more involved in religious practice.

Some subjects were in the levels of attitude only (17.5%) and behavior only (15.1%). Those who were in the attitude only level may have had enough knowledge of Islam and knew what is expected from being a Muslim, however, they did not realise it through every aspect of their life. As already mentioned in the previous part, the Islamic

way of life is a system of divine principles and code of ethics to be practiced in the daily life of Muslims. They may practice religious teachings with more concern for the ritual practices such as the obligations to pray and fast (*Ramadan*) but ignore other daily life activities such as maintain health as parts of the involvement of a Muslim toward Islam. For those who were found in the level of behavior only category, this may be so because they have only practiced religious teachings for certain purposes because as has already been explained earlier, an individual practices religious teaching for different purposes and motives. Those who do it to worship God are motivated by intrinsic orientation while on the other hand a person may do so for their own purposes such as self comfort or to gain social support in which case those subjects may practice religious teachings for extrinsic orientation.

The present study found there was only a little over a quarter (27%) of the subjects who were in the high religious group, even though the subjects were recruited through mosques. The factors analysis above apparently links with each other and can explain why this phenomenon has emerged. As Islam emphasises; the religious maturation of an individual is much affected by their knowledge with regard to the Islamic concepts and principles, which is why Islam encourages Muslims to continue learning and to never stop exploring and mastering their knowledge of Islam throughout the life of an individual. Based on the life experience of the investigator, some Muslims do have a narrow view when applied to understanding religion as ritual activities and related matters only. They forget, or do not know, that Islam covers every aspects of life. Islam also values sciences and technology as a means to facilitate an understanding of Allah and His religion, meaning that optimizing both brain work and thought is essential. Unfortunately, some Muslims ignore this important point and rely more on

faith to comprehend religion which seems to be taken for granted or as a gift since they were born of Muslim parents. This situation is aggravated by other significant factors such as socioeconomic factor that limit their chances and abilities to access resources to gain more knowledge of Islam.

### **The Level of Health Status of the Subjects**

The majority of respondents in the study revealed that they were in good health. This is consistent with Christensen and Kockrow (2003) who have proposed that most individuals during middle-aged enjoy a healthy body. Moreover, with rapid physical and intellectual growth complete and health beliefs ingrained, they enjoy productive and satisfying years (Craven & Hirnle, 2003). Apparently, though considering this concept it may also lead to neglecting to examine the state of health of males during the middle-age in empirical areas. There is little related study regarding the health status of middle-aged men. However, Daaleman, Perera, and Studenski (2004) found elders who had greater religiosity were less likely to report good health status. Another study based on middle-aged males shows that the proportion of respondents who recognised their physical conditions as good decreased with age (Case, Fertig, & Paxson, 2003; Naoshima, Fukunaga, Takeda, Kitamado, & Jitsunari, 2001).

This study found that regarding economic status, family income was considered as “not enough” by over one third of subjects. Craven and Hirnle (2000) suggest that socioeconomic status has a significant role in health maintenance and access to health care. A study by Borrell, Muntaner, Benach, and Artazcoz (2004) has shown inequalities in self-reported health in men between social classes, the prevalence of poor reported health was higher among small employers, semi-skilled, and unskilled workers. Furthermore, this finding suggests that poor health among men can be accounted for by

psychosocial and physical working conditions and job insecurity. Molarius, Berglund, Eriksson, Lambe, Nordstrom, Eriksson, and Feldma (2007) also found that among men poor self-rated health was most common among those individuals who had experienced economic hardship and who had retired early. This study found that private employee was the occupation of around 30% of the subjects and there was nearly a quarter (24.6%) who were retired but less than 3% were unemployed.

The findings of this study could not strongly confirm those phenomena since the majority of respondents revealed they were in good health compared with the socioeconomic and financial problems that they were facing. A possible explanation that can answer this phenomenon may be, as Craven and Hirnle (2003) proposed, that personal health is a value in which the basis of the value resides in people's value of themselves. This is culturally or socially defined, such as a culture may view good health as an indicator of a balanced life or being a good person. With regard to this study, which examines the relationship between religiosity and health, it is logical that the participants may assume that being healthy is part of having good religiosity since they know that Islam emphasises health as important and the belief about the nature health in Islamic perspective is seen as a blessing that Allah has bestowed on humans (Maulana, 2002).

The moderate level found in almost all other sub scales of health status may represent the tendency of socioeconomic factor to influence health status. In this study economic and social factors were not extensively examined so it could not be clearly defined whether religiosity has a more powerful affect on an individuals' health compared to these factors. Middle adulthood, however, are the years when they begin to slow down and physical changes gradually occur so a person may confront their

physical vulnerability (Craven & Hirnle, 2003). Support for this can be seen in the health characteristics of the subjects that revealed 14.3% of them had chronic disease with hypertension; heart disease; diabetes mellitus and asthma. Craven and Hirnle further suggest that some aspects of functioning may be interfered with by a reduction in speed of problem solving or motor skills. These factors contribute in determining the health status of male middle adults.

A major factor determining health is human behavior (Lindeman & McAthie, 1999). Findings from this study regarding healthy behavior seemed to be in line with the health status reported by the subjects. With regard to eating or diet (IIQ 2 – item 9) around 50% of the participants reported “always” and thirty percent were “often” following Islamic teaching. As presented in the literature review the Islamic teaching regarding a healthy diet is in agreement with modern teaching, including: a balanced diet; moderation in eating; suggestion to eat only clean and good food and the prohibition of certain harmful foods and drink. Smoking was found to be common among participants (IIQ 2 – item 7) but nearly half of them reported they had never smoked; the rest of the participants were split with reports of rarely (16.7%) to always (14.3%). Smoking is a common habit in Indonesia, even among Muslims. With regard to smoking, Islamic scholars have historically had mixed views about tobacco, this arose because cigarettes are a more recent invention and it is not stated explicitly in the Holy Qur’an and Sunnah. The proof of the dangers of tobacco use, however, are beyond any doubt and Islamic scholars have recently become more unanimous in stating and pronouncing that tobacco use is clearly forbidden (*haram*) to believers (al-Jibaly, 1996; Huda, 2007; Syed, 2003). Many smokers feel that to quit smoking is not easy, apparently that is why some Muslim smokers, including the subjects in this study could

not stop this habit and interestingly they site the argument of the unclear law on smoking in Islam in their defence.

Doing exercise and spending time for recreation or doing hobbies were the activities which had the least attention from the subjects. There was only 11% who did any exercise (IIQ 2 – item 13) and 6% spent time on hobbies or recreation (IIQ 2 – item 12), most of them indicated sometimes (about 35%). Consistent with modern health teachings, Islamic teachings also encourage these activities for Muslims, the Prophet practiced it. Giving little attention to these activities may be because the subjects did not consider it essential as there seemed to be no direct adverse effect on them if they did not follow anything as it is only a suggestion and support activity. Another possible explanation is the socioeconomic factor where the medium or low socioeconomic status of most participants may give a higher priority to making money and for rest. Moreover, people who live in Jakarta face crowded traffic everyday and it takes time to go to and from work; therefore, most people complain of being tired and do not have time for additional activities, which may influence the health status of the subjects.

### **The Relationship between Religiosity and Health Status**

The study found a significant positive correlation between intrinsic orientation and spiritual health. This is consistent with other studies which have found that intrinsic orientation has a consistent correlation with spiritual well being (Fehring, Miller, & Shaw, 1997; Rippentrop, Altmaier, & Burns, 2006). Paek (2006) found that intrinsic religious orientation has been positively correlated with self motivation and emotional sensitivity. Moreover, intrinsic orientation leads to a sense of meaning and purpose in life (Ardelt, 2006).