

SPIRITUAL BEHAVIOR AND STRESS IN ADOLESCENTS: AN INITIAL STUDY

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Abstract

Spirituality is often associated with mental health, including stress. Older people tend to have high rates of involvement in spirituality rather than young people. This study aimed to identify the relationship between spiritual behavior and the stress levels of 152 high school students, using a descriptive correlation research design. The data collection techniques involved a spiritual dimension scale questionnaire and the Depression Anxiety Stress Scale 42 (DASS 42). The data were analyzed using Spearman's rho correlation test. The results show that the spiritual behavior distribution was mostly in the moderate category (53.3%), and stress level distribution was primarily in the normal category (63.8%). The finding also revealed that there was no correlation between spiritual behavior and stress levels in high school students. These results may differ from the previous studies. Although stress in this group showed a normal category, their mental health needs to be considered given the amount of stressors adolescents may face.

Keywords: adolescents, spiritual behavior, stress

Abstrak

Perilaku Spiritual dan Stres pada Remaja: Studi Awal. Spirituaitas seringkali dikaitkan dengan kesehatan mental, termasuk stres. Kelompok usia tua cenderung banyak terlibat dalam kegiatan spiritual dibanding kelompok usia muda. Penelitian ini bertujuan untuk mengidentifikasi hubungan antara perilaku spiritual dengan tingkat stres pada 152 siswa sekolah menengah atas, dengan menggunakan desain penelitian deskriptif korelasi. Teknik pengumpulan data menggunakan kuesioner skala dimensi spiritual dan Depression Anxiety Stress Scale 42 (DASS 42). Analisis data menggunakan uji korelasi Spearman's rho. Hasil penelitian menunjukkan bahwa perilaku spiritual mereka sebagian besar dalam kategori sedang (53,3%), dan distribusi tingkat stres terutama dalam kategori normal (63,8%). Penelitian ini mengungkapkan tidak ada hubungan antara perilaku spiritual dengan tingkat stres pada remaja. Hasil ini mungkin berbeda dengan banyak penelitian sebelumnya. Meskipun stres pada kelompok ini menunjukkan kategori normal, tetapi kesehatan mental mereka perlu diperhatikan mengingat banyaknya stresor yang mungkin dihadapi remaja.

Kata Kunci: perilaku spiritual, remaja, stres

Introduction

Adolescents experience a developmental phase characterized by the emergence of secondary sexual signs, psychological development, and socio-economic independence. Adolescence is considered to be a period of "storm and stress" with many changes experienced due to physical, psychological, and socio-cultural developments. These developments can result in frustration for adolescents due to changes in the con-

ditions they experience (Jörns-Presentati et al., 2021). The World Health Organization (WHO) (2018) classifies adolescence into three stages, namely early adolescence (age 11–14 years), middle adolescence (age 14–17 years), and late adolescence (age 17–20 years). Basic health research data from 2013 showed that the prevalence of mental-emotional disorders in those aged 15 years or adolescents in Yogyakarta was 8.1% (Ministry of Health Republic of Indonesia, 2013). This shows the magnitude of the

incidence of stress in adolescents around Indonesia, including in the Yogyakarta area.

Stress in adolescents is generally caused by problems at school and outside schools, such as bullying, academic barriers, problems with teachers, and conflicts with peers, siblings, and parents. The sources of stress faced by adolescent girls and boys are generally the same, but the consequences will generally be different (Masdar et al., 2017). In the low-middle countries, the adolescent may face more problems. A review study concluded that in Sub Sahara, risk adolescents with mental problems including adolescents affected by HIV and AIDS, exposure to violence and trauma, poverty, orphanhood, being 'out of school', socioeconomic disadvantages, and high levels of deprivation (Jörns-Presentati, et al., 2021).

Stress can be defined as a state of mental-emotional disorder that should not be taken lightly and treated immediately. If stress is not addressed immediately, the negative effects include disturbed sleep patterns, dizziness, irritability, high blood pressure, difficulty in concentrating, decreased appetite, and mood disorders. Further impacts of stress that are not always immediately addressed are an increased risk of smoking behavior in adolescents and low self-esteem (Asnita et al., 2015).

The previous study indicated that religious and spiritual involvement have benefits in health outcomes (Zimmer et al., 2016). Religion associates with specific foundational principles that are organized around distinct systems of beliefs, practices, and rituals that take place within communities of participants (Koenig et al., 2012). According to Amir and Indriyani (2013), spiritual behavior is the application of one's relationship with or belief in God in the hope of receiving honor and hope from something that is not limited. Spiritual behavior can be described by a person's activeness in participating in religion-related activities such as recitation, congregational prayers, fasting, zakat, dhikr, and the habit of reading the Qur'an for Muslims.

Faith or belief in spiritual behavior begins to grow at the adolescent stage. Palupi et al. (2013) reported that the spiritual level had a negative relationship with aggressive behavior in adolescents; the higher their religiosity, the lower their level of aggressiveness, and vice versa. Similarly, Leung and Pong (2021) reported that all domains of spiritual wellbeing were negatively associated with psychological distress. The personal and communal domain of spiritual wellbeing was the strongest predictor of psychological distress.

The practice of spiritual behavior among Indonesian Muslim adolescents remains a matter of concern, as can be seen from the type of people who congregate around mosques, which are mostly filled by young children, adults, and the elderly, rather than adolescents. They rarely congregate and worship, partly due to disobedience regarding worship, which harms the socialization of adolescents within the environment (Wiguna, 2017). Based on these problems, the study examined the relationship between spiritual behavior and the level of stress experienced by adolescents.

Methods

This cross-sectional study involved 152 high school students around Yogyakarta, who were selected using a stratified random sampling technique as the population consisted of various ages, classes, extracurricular activities, and genders.

Spiritual behavior was measured using a spiritual dimension scale questionnaire, that consisted of 14 closed questions. It was adopted from a study by Purwaningrum and Widaryati (2013). The result was classified into three categories, namely good spiritual behavior (if score 43–56), moderate spiritual behavior (34–42), and poor spiritual behavior (< 33). The answers to each question item were analyzed on a scale of 4 = always, 3 = often, 2 = sometimes, and 1 = never. The dependent variable in the study was the level of stress in adolescents measured by

the DASS 42 questionnaire devised by Lovinbon (1995), with a total of 14 questions. The measurement results were classified into five groups according to the scores obtained from all the questions, namely normal (0–14), mild stress (15–18), moderate stress (19–25), severe stress (26–33), and very severe stress (> 34). Measurement was made on a rating scale, with scores of 0 = never, 1 = sometimes, 2 = often, and 3 = always.

This study was approved by The Research Ethics Committee of FKIK UMY, number 522/

EP-FKIK-UMY/X/2018. We followed the research protocol for adolescent respondents by allowing the teacher during completing the questionnaires in the classroom.

Results

Respondent Characteristics. The characteristics of the participants were based on age, gender, study year number of extracurricular activities, and disease history. As shown in Table 1, 50 respondents were 17 years old (32.9%). The main gender was female, with a total of 83 res-

Table 1. The Respondent Characteristics

Variable	Frequency (n)	Percentage (%)
Age		
15	27	17.8
16	38	25
17	50	32.9
18	37	24.3
Gender		
Male	69	45.4
Female	83	54.6
Study year		
1 st year	59	38.8
2 nd year	42	27.6
3 rd year	51	33.6
Number of extracurricular activities		
0	77	50.7
1	45	29.6
2	21	13.8
3	8	5.3
6	1	0.6
Disease history		
Yes	33	21.7
No	119	78.3

Table 2. Stress Levels and Spiritual Behavior of the Adolescents

Variable	Frequency (n)	Percentage (%)
Stress		
Normal	97	63.8
Mild stress	30	19.7
Moderate stress	19	12.5
Severe stress	5	3.3
Very severe stress	1	0.7
Spiritual Behavior		
Poor	47	30.9
Moderate	81	53.3
Good	24	15.8

Table 3. Correlation between Spiritual Behavior and Stress Levels in Adolescents

Variable	Spiritual Behavior				r	p
	Poor	Moderate	Good	Total		
Normal	29	53	15	97	-0.070	0.392
Mild stress	10	16	4	30		
Moderate stress	7	8	4	7		
Severe stress	1	3	1	5		
Very severe stress	0	1	0	1		

pondents (54.6%). Students of the 1st study year dominated, with 59 respondents (38.8%). A small majority of participants, 77 (50.7%), did not take part in extracurricular activities. Finally, a total of 119 respondents stated that they had no history of the diseases (78.3%).

Table 2 shows the distribution of respondent stress levels, dominated by the normal category (no experience of stress), with a total of 97 respondents (63.8%). The data in Table 3 shows that most of the respondents, 81 (53.3%) displayed moderate spiritual behavior.

There was a significance value of 0.392 or $p > 0.05$, which means that there is no significant correlation between spiritual behavior and the level of stress experienced by adolescents. In addition, the results of the analysis of the data on the correlation between spiritual behavior and stress levels in the moderate category show that 53 (34.9%) of the adolescents were in the normal category, or did not experience stress (Table 3).

Discussion

Stress Levels in Adolescents. The details shown in Table 3 regarding the distribution of the research results on stress levels in adolescents indicate that most of the respondents, 97 (63.8%) were in the normal category. The stress level is fluctuating depending on the situation when filling out the questionnaire. This is supported by the notion that the stress response is divided into three stages, namely the alarm reaction stage, the resistance stage, and the stage of exhaustion, which is influenced by the mental endu-

rance of each individual, so not everyone will experience it when facing stressors (Tombokan et al., 2017).

In this study, most of the adolescents were under normal stress conditions, but some experienced severe to very severe stress under the influence of the same school environment. This is following the claim that stress is a condition that is not balanced between one's ability and physical or psychological demands, failing to fulfill it (Shahsavarani et al., 2015). Stress experienced by individuals can be perceived differently; for example, stress that can increase the body's ability to overcome obstacles; sources of stress which are commonly referred to as eustress; and stress conditions that can burden the body, causing physical and psychological problems, commonly referred to as distress (Afryan et al., 2019).

Stress experienced in life can be manifested by the symptoms, both physical and psychological, felt by the individual (Sukadiyanto, 2010). If not treated, these can cause serious health problems, so stress in adolescents must be addressed as soon as possible (Asnita et al., 2015). In this study, the problems experienced by the respondents did not cause symptoms that led to stress. Those who experienced stress had strong defense mechanisms for overcoming any stressors they experienced.

One way to handle stress in adolescents is with problem-centered and emotion-centered coping strategies (Sitepu & Nasution, 2017). A good and directed coping strategy in solving the stressful conditions experienced by adolescents can de-

velop stress management skills. Stress management can be achieved in three stages, namely by recognizing stress and its sources; training oneself directly on how to solve stress or to cope with it, and applying stress management to the events encountered and then evaluating the effectiveness of how they were handled (Hakim et al., 2017). Stress management can be performed by adolescents to cope with stressors experienced both in the school environment and at home.

Spiritual Behavior. The results of the analysis of spiritual behavior showed that 81 respondents (53.3%) were categorized as having a moderate spiritual level. This level can be influenced by various factors; for example, parenting, the intensity of religious activities, and the development of adolescents (Hidayat, 2006). Parenting patterns can affect the spirituality of adolescents; if they receive democratic parenting, they tend to have a high level of spirituality compared to those who receive authoritarian parenting. Parenting factors are considered to be the most dominant influence on the spiritual level of adolescents because the family is seen as the basis for the formation of their personality (Khodijah, 2018).

Spiritual behavior in Muslim adolescents is a form of piety, which characterizes humility (*tawadhu*); belief in one's abilities (*yakin*); always being grateful for what has been obtained or been given (*qanaah*); and vigilance over behavior that is unlawful or doubtful (*warak*). Adolescents who display spiritual behavior consistently in actions that are under religious provisions, and stay away from behavior that is prohibited by religion, are considered to be sincere individuals who practice sharia *muamalah* and worship (Rahman & Makmur, 2015).

The spiritual behavior of adolescents is also believed to play an important role in dissuading them from deviant behavior, as spirituality is a form of activity that represents piety and strong faith as the basis for spiritual intelligence (As-tutik et al., 2017; Sabiq & Djalali, 2012).

Correlation of Spiritual Behavior with Stress Levels. The results of the analysis show that there is no correlation between spiritual behavior and the level of stress experienced by the respondents. Suciani and Nuraini (2017) explain that a person's spiritual condition must always be maintained and improved by remembering God and doing good to others. Someone's spiritual ability by getting closer to God will make that person always think positively and continue to improve their worship, both in the special sense related to their relationship with God and in the broad sense regarding their relationship with fellow human beings. In addition, it has also been explained that a person's spiritual ability is higher under normal stress levels compared to other levels (Ciptomulyono et al., 2017). Everyone's stress management is different because of environmental factors and psychological conditions, which affect the ability to manage and prevent stress. A person's ability to manage stress will make them more resistant to the sources of stress and the pressure they face (Ciptomulyono et al., 2017). In addition, mid-age adolescents (15-18 years old) experience an increase in cognitive and awareness to deal with stress and emotional fluctuations. If adolescents are unable to deal with their emotions effectively, this will make them vulnerable to depression, anger, and the inability to control their anger, which can cause problems (Wiryada et al., 2017).

Indicators of spiritual behavior are based on consistency in obeying Islamic law, maintaining personal morals, and understanding faith well. In individuals, it is influenced by age, with increasing age being directly proportional to the value of spiritual behavior (Rahman & Makmur, 2015). Hidayat (2006) suggests that everyone's spiritual needs will differ according to factors such as family, race or ethnicity, age development, religion, and religious activities. Spiritual characteristics consist of five types, namely the ability to believe in the existence of a higher power; individual involvement in conditions of material value to be idealistic conditions; the ability to judge oneself; and the desire to reach

truth or success; and belief in transcending self-limits (Ardian, 2016). Spirituality refers to a person's desire for meaning and purpose in life, such as a transcendent attachment or personal mission. It is a person who feels called by destiny or fate and switches from material to idealistic ideas.

The results of this study show that there is no correlation between spiritual behavior and stress. This could be caused by internal factors that were not investigated, such as family education. The family is the first place for a child to receive an education from their parents, and to follow the behavior exemplified by them (Li & Qiu, 2018). Education in the family is the basis for the formation of the character or personality of adolescents.

This study was limited only to Muslim adolescents, although that was not set as a criterion of sample recruitment. Other limitations are related to concerning control of the presence of confounding variables that affect the results. The first confounding variable is the family, especially parents, who play an important role in the spiritual behavior of adolescents. The study did not include the characteristics of the family's role in spiritual fulfillment, as data collection was only made for adolescents. Research conducted by Syaifudin and Sumarno (2018) demonstrates that parents play a very important role in the spiritual behavior of adolescents by making aspects of faith, Islam, knowledge, and good deeds (*ihsan*) benchmarks in the application of Islamic religious values in the family. From the perspective of adolescents, the family can be interpreted as the most comfortable place for sharing, telling stories, and growing up to be someone they dream of (Hasiolan & Sutejo, 2015). The second confounding variable is the perception held by adolescent students. Research conducted by Muharomi (2010) explains that a person's stress level is influenced by the perception they have of stressors in their environment. Adolescents with good perceptions will judge the problems they face easily, so the stress level they feel will tend to be below, and vice versa.

Another aspect that is a weakness of this research is the influence of the life experiences of adolescents. Past experiences allow adolescents to assess the problems they face as a matter of course, as they have deep impressions imprinted on their psychological emotions, which can ultimately form a positive attitude to life, thus affecting the stress levels experienced by adolescents (Perwitasari et al., 2016).

Based on the results, there was just one respondent who experienced a very severe level of stress, even though their spiritual behavior was in the moderate category. This could have occurred due to several influencing factors as described. Factors that are considered able to influence spiritual behavior are parenting patterns, religious activities, age development, race or ethnicity, and beliefs embedded in the individual. Stressors faced by adolescents are also considered to be factors that influence the differences in stress levels of each adolescent. Factors that are believed to cause stress include genetics, medical history, experience in dealing with stress, immunity to diseases that can reduce the risk of stress, body posture, current illness, adolescents' perception of the stressors they face, emotional intelligence, psychological situations, life experience, and environmental factors.

Conclusion

Based on the findings, it can be concluded that the respondents were mostly 17 years old, female, 1st study year, did not participate in extracurricular activities, and did not have a history of the disease. The spiritual behavior of the adolescents was moderate and most of the stress levels of adolescents were in the normal category. However, there was no correlation between spiritual behavior and stress levels.

This initial study is part of a larger study that investigates of mental health of the adolescent. Several factors that may influence the stress of adolescents, especially in Yogyakarta will be examined to identify the appropriate solutions.

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