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Gender analysis: the role of religiosity for mental health in the work environment during Covid-19

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ABSTRACT

Individual quality of life is influenced by health, both physical and psychological health. Individual psychological health is related to mental health. The COVID-19 pandemic has had a significant impact on public health, especially in the world of work. Based on this, the researchers conducted research on the mental health condition of the community in the work environment in terms of gender and length of work. This study uses a comparative descriptive research method. The research sample amounted to 38 people, namely 11 male and 27 female. The research sample came from Sumatra and Java. The instrument used in this study is a mental health instrument. Data collection is done through google form. Data analysis using descriptive statistics and inferential statistics using the program JASP (Jeffrey's Amazing Statistics Program) version 0.12 and the Statistical Package for the Social Science (SPSS) program. The results showed that men's mental health was better in the work environment than women and there were differences in mental health in terms of length of work. Therefore, to improve the mental health of workers, it is possible to apply religiosity in the work environment.



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Introduction

The quality of a person's life is greatly influenced by health, if there are no health problems, both physical and mental, the quality of life will be better. Health is a state of physical, mental and social health, not merely a state without disease or weakness, which means that a person is said to be healthy if all aspects of himself are in an undisturbed state, both physically, psychologically and socially (Mulyanti; Yasipin, Rianti, & Hidayat, 2020).

Mental health has become a hotly discussed issue in the world of education today (Mennuti & Christner, 2009; Yunanto, 2019) reported that more than 50% of adolescents have emotional, behavioral, and learning problems that significantly affect their learning process at school, because school is a place where adolescents at school show that they spend a lot of time. In Indonesia, mental health has become part of the healthy concept (Indonesia, 2009). The World Health Organization or WHO in 2001 has formulated mental health. According to WHO, mental health is a state of well-being that is realized by individuals in which there is the ability to manage stress in normal life, to work productively, and to be able to participate in their social community (Lubis, Sati, Adhinda, Yulianirta, & Hidayat, 2019).

In theory, mental health is defined as a person's ability to adapt normally, the ability to maximize his potential, achieve psychological harmony, and the ability to form beneficial and happy personal relationships with others (Affandi & Diah, 2011; Hawari, 2005; Sundari, 2005; Yusuf, 2004). Furthermore, Kartini revealed that people who have a healthy mentality have distinctive characteristics, including having the ability to act efficiently, have clear life goals, have a healthy self-concept, have coordination between all potential and their efforts, have self-regulation and self-regulation. personality integration and have a calm mind (Susanti, 2018; Winurini, 2019; Yusak, 1998). Thus, mental health is the ability to adapt to a person (adolescent), adapt to oneself, society or the environment, and act effectively so that there is a harmony of mental function and the ability to solve daily problems based on faith and obedience which aims to achieve a meaningful life. and happy. In his time, adolescents will experience physical and mental changes to achieve mental health. Adolescent mental health is an important aspect to determine the quality of the nation. Adolescents who grow up in a supportive environment are human resources that can become invaluable national assets (Indarjo, 2009).

In Indonesia, based on the 2013 Basic Health Research, it was found that the prevalence of mental emotional disorders in Indonesians aged over 15 years was 6.0% (Ervina, 2015). Data from the National Health and Nutrition Examination Survey (NHANES) states that 13.1% of children and adolescents aged 8 to 15 years have one symptom that matches a psychiatric problem (other than drug abuse) when using the DSM IV criteria by showing at least one symptom. additional other psychiatric disorder (conduct, anxiety, eating disorder or mood disorder) (Hutasuhut, 2016). The various problems above show that adolescents as individuals experience various obstacles to mental health and need a way out or the right solution to overcome these obstacles. One of the factors that determine the mental health of adolescents is religiosity. Religion has a very important role for human survival (Hawari, 2005). (Affandi & Diah, 2011; Jalaluddin, 2008) argues that the religiosity that exists in the individual will encourage him to behave in everyday life according to the level of obedience to religion.

Furthermore (Nashori, Mucharam, & Ru'iya, 2002) revealed that religiosity is the extent of knowledge, how strong the belief is, how much worship and rules are implemented, how deep is the appreciation of the religion adopted. Research reveals that religiosity has a relationship with mental health. The higher the religiosity, the higher the mental health (Fauzah, 2020). The explanation above shows that religiosity has a role in individual mental health. This is so important, especially the mental health of the community in the work environment during the COVID-19 pandemic. Based on the description above, the purpose of this study is to reveal the role of religiosity on adolescent mental health.

Method

The study used a comparative descriptive method. A total of 38 respondents (32.35% men, $\bar{x}_{age} = 67.55$; 79,41% women, $\bar{x}_{age} = 59.52$;) completing 24 written questionnaire items to measure mental health. Data collection is done on the willingness of samples as respondents. Administering the questionnaire was conducted by researchers collaborating with work places is like schools, agency, instance and institute for two months. Description of mental health is obtained based on data analysis using descriptive statistical formulas. Mental health levels are based on the normal distribution model. Analysis of differences in mental health based on gender and time of work was carried out using the formula of independent samples test (t-test).

This research uses a comparative descriptive method. The sample in this study used a simple random sampling of 38 workers in the Sumatera and Java. As for the terms of gender (men = 11 people; women = 27). The sample of this study comprised various demographics including gender, province, agency and time of work. The instrument used in this study is the instrument of mental health. The instrument administration was carried out by researchers for 2 (two) months in collaboration with any work places. The analysis technique uses descriptive and inferential statistics using the Bayesian Method. Data were analyzed using JASP (Jeffrey's Amazing Statistics Program) version 0.12 and the Statistical Package for the Social Science (SPSS) program. This study was conducted to reveal the role of religiosity on individual mental health in the work environment, especially during the covid-19 pandemic.

Results and Discussions

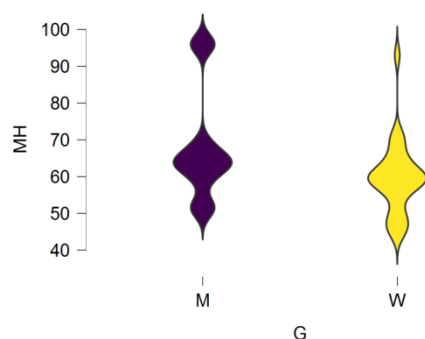
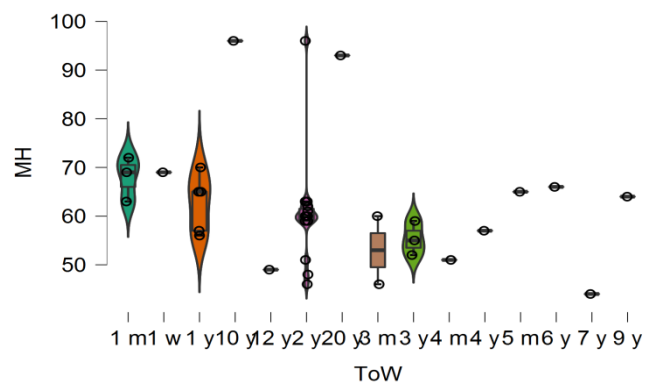
The measurement of mental health based on the estimated size of the population standard deviation unit (σ), theoretical mean (μ_t), minimum score (x_{min}) and maximum score (x_{max}). A description of the level of mental health based on its categorization is presented in Table 1 and Table 2 below.

Table 1. Descriptive Statistics of Mental Health Responden Based on Gender

	MH	
	M	W
Valid	11	27
Missing	0	0
Mean	67.545	59.519
Std. Deviation	15.102	9.874
Minimum	51.000	44.000
Maximum	96.000	93.000

Table 2. Descriptive Statistics of Mental Health Responden Based on Time of Work

	MH															
	1 month	1 week	1 year	1 years	10 years	12 years	2 years	20 years	3 month	3 years	4 month	4 years	5 month	6 years	7 years	9 years
Valid	3	1	1	4	1	1	15	1	2	3	1	1	1	1	1	1
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mean	68.000	69.000	65.000	62.000	96.000	49.000	60.467	93.000	53.000	55.333	51.000	57.000	65.000	66.000	44.000	64.000
Std. Deviation	4.583	NaN	NaN	6.683	NaN	NaN	11.147	NaN	9.899	3.512	NaN	NaN	NaN	NaN	NaN	NaN
Minimum	63.000	69.000	65.000	56.000	96.000	49.000	46.000	93.000	46.000	52.000	51.000	57.000	65.000	66.000	44.000	64.000
Maximum	72.000	69.000	65.000	70.000	96.000	49.000	96.000	93.000	60.000	59.000	51.000	57.000	65.000	66.000	44.000	64.000

**Figure 1.** Mental Health Based on Gender**Figure 2.** Mental Health Based on Time of Work

Information:

M : men
W : womenG : gender
ToW : time of worky : year
w : week

m : month

Based on table 1 it was found that the study sample in terms of gender, mean men scores were higher than average women scores. Furthermore, when viewed from time of work, it shows that the average mental health from time of work 10 years score is higher than the average score of other time of work. The distribution of research samples can be seen in Figure 1 and Figure 2.

In table 3 the group statistics display on mental health based on gender and time of work. The mean score of men's mental health score is higher than that women (96>93) which means that the mental health of men is higher than that of women. The standard deviation values indicate that the data distribution of men is greater than that of women (15.1 > 9.9). The standard error value is small for both genders, reflecting the high level of accuracy of sample data with the population. When viewed mental health from time of work it was found that men from time of work 10 years had a average score higher than other time of work. As for mental health the female sex from time of work 20 years is higher than other time of work in the female gender.

Tabel 3. Descriptives of Mental Health Based on Gender and Time of Work

G	ToW	Mean	SD	N	95% Credible Interval	
					Lower	Upper
M	1 m	63.000		1		
	1 w	69.000		1		
	10 y	96.000		1		
	2 y	70.250	17.270	4	42.770	97.730
	3 y	52.000		1		
	4 m	51.000		1		
	5 m	65.000		1		
	6 y	66.000		1		
W	1 m	70.500	2.121	2	51.441	89.559
	1 y	62.600	5.941	5	55.223	69.977
	12 y	49.000		1		
	2 y	56.909	5.683	11	53.092	60.727
	20 y	93.000		1		
	3 m	53.000	9.899	2	-35.943	141.943
	3 y	57.000	2.828	2	31.588	82.412
	4 y	57.000		1		
	7 y	44.000		1		
	9 y	64.000		1		

Note. Some combinations of factors are not observed and hence omitted (12 out of 30 combinations are unobserved).

Testing differences in mental health based on gender using independent samples test (t-test) using the Statistical Package for the Social Science (SPSS) program. An overview of group statistical data and differences in the test results is presented in table 4. The next test examines the significance level of mental health differences by gender. In table 4 it presents the following data on the results of testing differences in mental health by gender using an independent sample test (t-test).

Table 4. Data Testing the Difference of Mental Health using t-Tests

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Mental Health	Equal variances assumed	1,953	,171	1,940	36	,060	8,027	4,137	-,363	16,417
	Equal variances not assumed			1,627	13,627	,127	8,027	4,934	-2,583	18,637

Table 4 presents Levene's test data (homogeneity test) and t test. The Levene's test shows the value of F is 1.95 with a significance of 0.17 (> 0.05) which indicates that the data variant is different so that the interpretation of the value of t test refers to the line of equal variances not assumed. It is known that the value of t is 1,94 with a significance of 0.06 ($> 0,05$) which means that there is not a significant difference between mental health based on gender. Final conclusion, there are differences in mental health where the mental health of men and women are not differences.

Table 5. Model Comparison

Models	P(M)	P(M data)	BF _M	BF ₁₀	error %
G + ToW + G * ToW	0.200	0.307	1.770	1.000	
G + ToW	0.200	0.208	1.051	0.678	1.129
G	0.200	0.201	1.003	0.654	0.893
Null model	0.200	0.145	0.681	0.474	0.893
ToW	0.200	0.139	0.647	0.454	0.893

Table 5 results are obtained through a comparison of models in the Bayesian Method. The BF10 value obtained is H1 per H0. Bayesian Factor calculation results use Jeffrey's Scale to see how strong the calculation results obtained. The Bayesian calculation used is H1, several times greater or more likely than H0. Based on the Bayesian Factor values for the Gender model 1 was obtained which showed anecdotal evidence for H1 (supporting table 3). The Gender + Ethnic model has a bayesian factor 0.22 which indicates a range of 0.1–0.3 (moderate evidence for H0. Furthermore, the interaction of G + ToW + G * ToW shows a bayesian factor value of 1 meaning that low evidence. Based on Table 5 and Table 6, it shows that in terms of gender, mental health where there are no significant differences between men and women (figure 3 and figure 4), then in terms from time of work there is have difference where the interaction results show low evidence for H0 (figure 3 and figure 4) It can be concluded that in mental health based on time of work have differences.

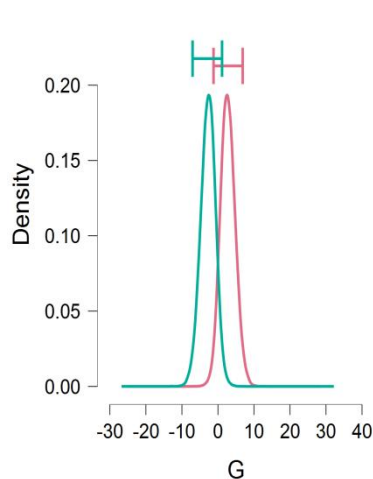


Figure 3. Gender

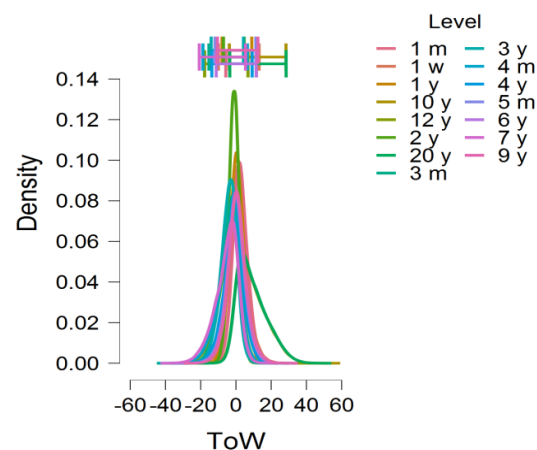


Figure 4. Time of Work

To make your message clear, the discussion should be kept as short as possible while clearly and fully stating, supporting, explaining, and defending your answers and discussing other important and directly relevant issues. Care must be taken to provide commentary and not a reiteration of the results. Side issues should not be included, as these tend to obscure the message. The human mindset that tends to be oriented towards materialistic physical needs and leaves the spiritual aspect causes mental health (Affandi & Diah, 2011). Religiosity can instill positive values in humans so that there is self-control and can overcome the stress experienced (Magfiroh, 2020).

Other studies also found that the higher the level of religiosity, the higher the psychological health of the individual (Winurini, 2019). Individuals who have high religiosity also have good hardness. So that any conditions that occur in his life tend to be judged as something positive and challenging (Amalia, 2019). Religiosity is one of the personal characteristics of individuals who describe personality as the internalization of religious values throughout their lives (Yanuarti, 2018). This is because with good religiosity, individuals can control themselves regarding various pressures or things that are beyond their control. The dimensions of religiosity consist of: religious belief, religious practice, religious feeling, religious knowledge, religious effect (Firmansyah & Masud, 2010). Religiosity can help individuals to control themselves and give peace to the individual (Nurmardiyah & Yuwono, 2018). Research findings find that the level of religiosity has an influence on the mental health of individuals (Magfiroh, 2020). Research findings indicate that the mental health of individuals, especially in the work environment, still needs to be improved. So that religiosity has a role in this.

Conclusions

Men's mental health is better in the work environment than women. As for mental health, men who have worked for 10 years have good mental health compared to other ages. Then there are differences in mental

health in terms of length of work. Therefore, to improve the mental health of workers, it is possible to apply religiosity in the work environment.

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