ORIGINAL ARTICLE

Islam, Iman, and *Ihsan*: The Role of Religiosity on Quality of Life and Mental Health of Muslim Undergraduate Students

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ABSTRACT

INTRODUCTION: The current study examines the relationships between religiosity, quality of life, and positive mental health among Muslim students in an Islamic university in Malaysia. This study uses the operational definition of religiosity based on *Hadith Jibril,* which defined Islam into three elements: *Islam*, *Iman*, and *Ihsan.* **MATERIALS AND METHODS:** One hundred and seventy-nine students participated in this cross-sectional study. Three measures were used to measure religiosity (IIUM Religiosity Scale), quality of life (WHO Quality of Life-BREF Scale), and positive mental health (Positive Mental Health Scale). **RESULTS:** Significant relationships between religiosity, quality of life, and positive mental health were found. Further analysis found that i) *Ihsan* highly predicts the physical and psychological domains of quality of life and mental health; ii) *Islam* shows the highest prediction on social-based quality of life, and iii) *Iman* highly predicts the environmental-based quality of life. **CONCLUSION:** Religiosity plays a vital role in predicting an individual's quality of life and mental health. These findings provide hope for future research and utilisation of Islamic elements as an intervention for psychological wellbeing among students.

Keywords
Islam, Mental Health, Quality of Life, Spirituality

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Quality of life is defined as an individual's view towards him/herself regarding their expectations, goals, and standards in the society and culture they lived in.[1] A person with a high quality of life indicates greater life satisfaction. These satisfactions are categorised into physical health, mental and psychological wellbeing, social and environmental support. Being mentally healthy is one of the pivotal needs of every individual. It also encompasses a person's spirituality, religion, and personal belief of an individual.[2] WHO described mental health as a "...state of wellbeing in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her or his community".[2]

Hence, the negative associations between quality of life and mental health issues are documented in a systematic literature review by Ribeiro et al. (2018).[3] The study results found that young adults who reported a low quality of life had an increased risk of experiencing mental distress and burnout than young adults with good quality of life.[3]

This is in line with the trend that young adults (16 to 29 years old) are at risk of developing mental health problems such as depression and suicide. Statistics show that Suicide is the second-highest cause of death among young adults.[4] In Malaysia, mental health problems among this population increased from 10.7% in 1996 to 29.2% in 2015.[5] These alarming trends indicate that satisfactions toward life and mental health among youth are an essential concern that should be tackled globally.

Malaysia is estimated to hold about 32.68 million people that come from different races and religions. The *Bumiputera* population (including Malays and other indigenous ethnicities) constitutes up to 61.8% of the Malaysian population, followed by other major ethnic

groups, Chinese (21.4%), Indian (6.4%), others (0.9%), and non-residents (9.6%).[6] Due to the diversity of culture in Malaysia, Malaysians perceive mental health issues differently from their Western counterparts.[7] Psychiatric illness may be perceived as a punishment by Allah due to a spiritual weakness among Malaysian Muslims.[8] This perception then facilitated a fear of being stigmatised by society, which caused some Muslim patients to suppress their mental problems and hinder them from seeking the appropriate treatments.[7] Despite this finding, Islam as a religion may also positively influence (e.g., positive religious/spiritual coping) a person's mental health.[9] This is supported by integrating Islamic tenets, and the framework of modern psychotherapeutic practice can promote positive wellbeing.[10]

Islam is the predominant religion in Malaysia in line with the declaration of Islam as the official federal religion as per the Malaysian Constitution.[11] *Al-Quran* and *Al-Hadith* are regarded as the primary sources of Islam, which comprise the words of God and His Prophet's sayings and deeds. According to Sahih Bukhari, the Muslim faith can be categorised into three levels, namely *Islam, Iman,* and *Ihsan.* The latter is regarded as the most excellent level of faith that a Muslim can achieve.[12] Mohd Mahudin and colleagues (2018) develop IIUM Religiosity Scale[13] and defined a person's level of religiosity based on their behaviours or actions (*Islam*), understanding or beliefs in God (*Iman*), and the level of devotion and actualisation of virtues to Allah (*Ihsan).* The spiritual element of *Ihsan* can be obtained by being sincere in and excellently completing tasks and duties.[14] Besides that, they worship Allah (the one and only God), which is also regarded as the central purpose in life. Lastly, a person's level of religiosity can also be measured by being obedient towards God's rule by speaking kindly and engaging in good deeds to please Allah.[15] Furthermore, in contrast to the prevailing notion in the Western world, there is no dichotomy between religion and spirituality in Islam.[16]

In line with the United Nations Sustainable Development Goal number 3 (i.e., ensuring healthy lives and promoting wellbeing for all ages),[4] many studies have studied the role of religiosity in quality of life and mental health problems among young adults. For example, some studies found that religiosity helps in increasing one's quality of life and mental health status.[17] In another clinical study, believing in a higher power (i.e., God) is found to mediate and improve the outcome of psychological interventions for patients diagnosed with depression.[18]

From an Islamic perspective, Baasher (2001) concluded that focusing on Islamic guidance, following Islamic practices such as fasting and pilgrimage helped restrain oneself from committing negative behaviours and improve one's psychological wellbeing.[19] Desmukh and Ismail (2012) also explained that people with high levels of religiosity are more submissive to God's will and can peacefully confront world-related problems, which positively affects their wellbeing.[20] Furthermore, another study conducted among Malaysian college students found that higher religiosity helps people cope with their life challenges.[21] This evidence shows that engaging in religious thoughts and behaviours may help Muslim believers increase life satisfaction and wellbeing.

Despite the studies mentioned above on the positive association between psychological wellbeing and one's religiosity, there is no sufficient body of research to explain this phenomenon clearly. Abdel-Khalek (2010) found that very minimal study was conducted to understand the role of religiosity among Muslims compared to the Western counterpart.[22] Due to this, religiosity may be left underutilised from being a potential resource for Muslim undergraduates. Therefore, this current study examines the relationship between religiosity, quality of life, and mental health status among Muslim undergraduate students in an Islamic university. It is hoped the study results may assist in further understanding Islam and how it is related to the quality of life and mental health status among young Muslim adults.

MATERIALS AND METHODS

Participants

Using a sample size calculator for regression analysis[23] and literature review to determine appropriate sample size in survey research[24], 119 is the minimum sample size for this study. Considering 15%-20% outliers, the minimum

sample size for the survey should not be less than 143. The inclusion criteria for the study participants were i) Muslim, ii) undergraduate students, iii) students from the selected Islamic university in Klang Valley of Malaysia, and iv) Malaysian.

Measures

IIUM Religiosity Scale (IIUMRelS)

IIUMRelS consists of 10 self-administered items to measure religiosity among Muslims.[13] It is a unique scale designed within the framework of Islam and covers the religious and spiritual aspects of Islam, e.g., "bodily action or human activity (*Islam*), the mind or understanding of God (*Iman*), and the spirit or actualisation of virtue and goodness (*Ihsan*)." A higher score indicates a high agreement on a particular item. It has an excellent internal consistency (α=0.98) and good convergent validity. The current study reported a Cronbach alpha of 0.83.

WHO Quality of Life-BREF Scale (WHOQoL-BREF)

WHOQoL-BREF Scale consists of 26 self-reported items with four domains; physical health, psychological, social relationships, and environment.[25] A higher score indicates a higher quality of life. This instrument has good test-retest reliability, content validity, and discriminant validity. The scale shows a high internal consistency of 0.89 in the current study.

Positive Mental Health Scale (PMH-Scale)

PMH-Scale was developed to measure the positive mental health of an individual.[26] It is a self-administered instrument that consists of nine items. A higher score indicates higher positive mental health status. PMH-Scale demonstrates good convergent and discriminant validity.[26] The current study shows a good internal consistency of the scale (α = .89).

Procedure

The participants were recruited using an online survey distributed using the university's social media platforms. Their informed consent was also requested before answering the questionnaire. The collected data were statistically analysed through IBM SPSS version 25.

RESULTS

Socio-demographic information

A total of 179 Muslim undergraduate students were recruited. Their age ranged from 20 to 27 years old (M = 22.51 SD = 1.24). The majority of the participants were female students 62% (n = 111). In terms of marital status, around 98% reported that they are single. They were recruited from seven different faculties in one of the university's campuses. The majority of students came from Islamic Studies and Human Sciences schools (30.7%). This is relevant because the school has the highest number of students in the university. In addition, 33 (18.4%) students reported mental health consultations with psychiatrists, psychologists, general medical doctors, counselors, religious practitioners, traditional healers *(bomoh),* and other individuals or organisations. Based on the results, counselor (n=17) and religious practitioner (n=7) were the most preferred individual consulted by the participants. The socio-demographic profile of the participants is presented in Table I.

Level of religiosity, quality of life, and positive mental health and its gender differences

Table II shows the mean score for the student's level of religiosity, quality of life, and positive mental health status. The study sample presents a higher mean score in IIUMRelS, WHOQoL-Bref, and PMH-Scale, which indicated that the students have high levels of religiosity, quality of life, and positive mental health status.

There was no significant difference between male (M=33.34, SD=3.97) and female students (M=34.08, SD=3.85, t (177)=-1.239, p= 217, two-tailed) in their level of religiosity. For quality of life, there was also no significant difference between male (M=94.04, SD= 12.16) and female students (M= 94.06, SD=11.68, t (177) = -.01, p = .992, two-tailed). Similarly, in terms of positive

Table I: Descriptive statistic for socio-demographic profile

Socio-demographic information	*N*	Range	Minimum	Maximum	Mean
Age	179	7	20	27	22.51
			Frequency		**Percentage**
Gender	Male		68		38.0
	Female		111		62.0
Marital status	Single		175		97.8
	Married		4		2.2
Nationality	Malaysian		179		100.0
Faculty	ISHS		55		30.7
	Education		23		12.8
	ICT		17		9.5
	Laws		20		11.2
	Architecture		16		8.9
	Economics		21		11.7
	Engineering		27		15.1
Experience in mental health consultation	No		146		81.6
	Yes		33		18.4
Consulted with psychologist	No		176		98.3
	Yes		3		1.7
Consulted with psychiatrist	No		175		97.8
	Yes		4		2.2
Consulted with counsellor	No		162		90.5
	Yes		17		9.5
Consulted with the general medical doctor	No		177		98.9
	Yes		2		1.1
Consulted with the religious practitioner	No		172		96.1
	Yes		7		3.9
Consulted with the traditional healer (*bomoh*)	No		178		99.4
	Yes		1		.6
Others	No		173		96.6
	Befrienders		3		1.7
	Their peers		3		1.7

Notes: ISHS = Islamic Studies and Human Sciences; ICT = Information and Computer Technology; Befrienders = a registered non-profit organisation in Malaysia providing emotional support 24/7 to people who are lonely, in distress, in despair, and having suicidal thoughts without charge.

mental health, there is no significant difference between male (*M*=27.6, *SD*=4.53) and female students (*M*=27.34, *SD*=4.53, *t*(177)=.374, *p*=.709, two-tailed). Table III, the table shows the results of each domain of religiosity and quality of life. There was also no significant difference between the domains of religiosity (*Islam*, *Iman,* and *Ihsan)* and quality of life (physical, psychological, social, and environment) for male and female students. The non-significant result on the gender differences indicates that male and female students in the present study are similar in their religiosity level, quality of life, and positive mental health.

Table II Descriptive statistics on IIUMRelS domains (*Islam*, *Iman,* and *Ihsan*), WHOQoL-Bref domains (physical, psychological, social, and environment), and PMH-Scale

	All Partcipants (*N*=179)		Male (*n* = 68)		Female (*n* = 111)	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
IIUMRelS	33.15	4.57	33.34	3.97	34.08	3.85
Islam IIUM-RelS	6.30	1.24	6.19	1.32	6.37	1.20
Iman IIUM-RelS	17.26	2.02	17.11	2.03	17.36	2.022
Ihsan IIUM-RelS	10.23	1.31	10.04	1.21	10.35	1.36
WHOQoL-BREF	92.33	14.28	94.04	12.16	94.06	11.68
Physical QOL	14.09	2.31	14.13	2.27	14.07	2.34
Psychological QOL	14.16	2.14	14.18	2.22	14.14	2.11
Social QOL	14.38	2.90	14.10	3.42	14.55	2.54
Environment QOL	14.87	2.04	14.88	2.06	14.87	2.04
PMH-Scale	26.61	5.48	27.60	4.53	27.34	4.53

Notes: IIUMRelS = IIUM Religiosity Scale; WHOQoL-BREF = WHO Quality of Life – Brief version; PMH-Scale = Positive Mental Health Scale.

Relationship between Religiosity, Quality of Life, and Positive Mental Health

Table III shows a significant positive medium correlation between religiosity with quality of life (r =.36, p<.01) and positive mental health (r =.33, p< .01). Further analysis on the components of religiosity and quality of life portrayed significant positive relationships; quality of life and *Islam* (r =.25), *Iman* (r = .32), and *Ihsan* (r =.34). Similar results could be seen between positive mental health and *Islam* (r =.26), *Iman* (r =.27), and *Ihsan* (r =.32). Based on the current results, the higher the level of religiosity, the higher the quality of life and positive mental health among the sample.

Religiosity Predicts Quality of Life and Positive Mental Health

Table IV displays the variation of religiosity domains, namely *Islam, Iman, and Ihsan,* in predicting the quality of life and positive mental health. In general, a person's quality of life can be explained via a 13.6% variance in level of religiosity (F (3, 175) = 9.22, p < .001) followed by 11.7% variance in positive mental health (F (3, 175) = 7.76, p < .001). The contribution of *Islam, Iman,* and *Ihsan* in predicting quality of life and positive mental health is

Table III Relationship between the domain of religiosity with the domain in quality of life and positive mental health

	Islam IIUMRelS	*Iman* IIUMRelS	*Ihsan* IIUMRelS	Physical QOL	Psychological QOL	Social QOL	Environment QOL	PMH-Scale
Islam IIUMRelS								
Iman IIUMRelS	.59**							
Ihsan IIUMRelS	.52**	.60**						
Physical QOL	.12	.16*	.19*					
Psychological QOL	.28**	.32**	.34**	.64**				
Social QOL	.27**	.18*	.24**	.40**	.45**			
Environment QOL	.17*	.32**	.31**	.53**	.62**	.60**		
PMH-Scale	.26**	.27**	.32**	.69**	.71**	.40**	.56**	

Notes: IIUMRelS = IIUM Religiosity Scale; WHOQoL-BREF = WHO Quality of Life – Brief version; PMH-Scale = Positive Mental Health Scale.

*. Correlation is significant at the 0.05 level (2-tailed).

also presented in the same table. The results indicate that the domain of *Ihsan* shows the highest prediction in physical and psychological domains of quality of life and positive mental health. Items that represent *Ihsan* in the scale are; 1) *I feel bad doing something forbidden even if I know others are also doing it*, 2) *I am pleased with what I have,* and 3) *For fear of Allah, I will always tell the truth*. Whereas, the element of *Islam* predicted the most in the social aspect of quality of life (e.g., *I teach my family members the greatness of Allah*), and *Iman* highly predicted the environment quality of life aspect (e.g., *I strive to follow my aql (rationality) more than my nafs (lust).*) This shows that *Ihsan* accounted for the strongest unique contribution in explaining two domains in quality of life and positive mental health compared to *Islam* and *Iman*.

Table IV Religiosity in predicting domain in quality of life and positive mental health

		Variance (%)		
Measure/Domain	Religiosity	*Islam*	*Iman*	*Ihsan*
Quality of life	13.6	6.2	10.3	11.4
Positive mental health	11.7	6.7	7.2	10.3
Measure	Domain		*Beta*	*Sig.*
Quality of Life	Physical	*Islam*	.005	.96
		Iman	.080	.43
		Ihsan	.13	.17
	Psychological	*Islam*	.08	.35
		Iman	.16	.10
		Ihsan	.20	.03
	Social	*Islam*	.21	.02
		Iman	-.03	.78
		Ihsan	.14	.13
	Environment	*Islam*	-.07	.41
		Iman	.24	.01
		Ihsan	.20	.03
Positive Mental Health	-	*Islam*	.10	.30
		Iman	.08	.42
		Ihsan	.22	.02

CONCLUSION

The present study examines the level of religiosity (*Islam, Iman,* and *Ihsan)*, quality of life (physical, psychological, social, and environment), and positive mental health among Muslim undergraduate students in an Islamic university in Malaysia. At the same time, the relationship between the variables and the role of religiosity in predicting quality of life and positive mental health were also examined.

Students' involvements in mental health consultations were descriptively examined in this study. The current sample reported less than 20% of students had reported to undergoes mental health consultations. This is in line with the study conducted by Oswalt and colleagues, whereby mental health services utilisation on campus was 18.75%.[27] Most of the students in the current study were seeking treatment with their counselors. Counselor plays a role in helping clients to overcome their problems and assist them in making appropriate changes in their lives. Therefore, it is assumed that the students were less likely to be involved in major or serious mental health problems that require them to consult with psychiatrists or clinical psychologists. This is also in line with the high mean score for quality of life and positive mental health in this study.

There is no significant difference between male and female students in their level of religiosity (*Islam, Iman,* and *Ihsan*), quality of life (physical, psychological, social, and environment) status, and level of positive mental health. The results were inconsistent with previous studies, indicating higher mean scores for males in religiosity, quality of life, and subjective wellbeing.[22] This may be due to the similar demographic environment, and Islamic values inculcated to all the students, regardless of their gender. Therefore, this acted as an advantage where the values of maintaining the quality of life and mental health could be easily generalised to the population of students in the university, regardless of their genders.

Echoing the scientific evidence provided by past researchers, it is now possible to state that there are significant positive relationships between religiosity, quality of life, and positive mental health.[22,21,28,29] Statistical analysis of religiosity's correlation and prediction of its domains toward quality of life and positive mental health resulted in an important finding. Religiosity was found to be positively correlated with the domains in quality of life and positive mental health. It might be further stated that the increased religiosity level indicated higher quality of life and positive mental health level among Muslim university students. In addition, the study also found that the domain of *Ihsan* has significantly predicted the physical and psychological domain of quality of life and positive mental health compared to *Islam* and *Iman,* which mostly predicted the social and environmental elements in the quality of life, respectively.

According to the narration of *Hadith Jibril*, *Islam, Iman,* and *Ihsan* are regarded as the three levels of Islam that comprehensively cover all Islamic aspects.[12] In the present research, *Iman* acted as the root of religion as *Iman* in Arabic term means faith or belief, which denotes the metaphysical aspect of Islam. This study found that *Iman* highly predicted the environmental part of the quality of life, such as living place, financial status, and health services. Having a firm trust and reliance toward the Oneness of God, His Angels, the Holy Books, the Prophets, the Hereafter, and the Fates and Destiny will help a person be more positive and patient in his/her life.
On the other hand, the next domain, *Islam*, significantly predicts the social domain of the WHOQoL-BEF scale compared to *Iman* and *Ihsan*. This result has taken a critical insight as the domain of *Islam* is highly associated with the social wellbeing of a Muslim. The benefit of these obligatory and recommended acts has been taught in the Holy Book of Islam, the Quran, and the Prophet Muhammad (SAW) himself. The element of *Islam* is regarded as the medium that connects an individual with his/her God.[30] It is the incorporation of the profession of faith ("there is no God except Allah, and Prophet Muhammad (SAW) is the Messenger of Allah") and observations on the other four Islamic obligations (*'ibadah*) such as praying five times daily, fasting during the month of Ramadhan, giving alms (*Zakat*) to the needy, and performing pilgrimage (*Hajj*). Having a good relationship with Allah is very important in purifying the inner dimension of a person. This can also be enabled by improving social relationships with other people.

The following significant result is the third level of Islam which is *Ihsan*. Our present research demonstrated that *Ihsan* highly predicted the physical and psychological components in quality of life and the positive mental health status of the sample. *Ihsan* represented the highest predictor for the current sample's quality of life and positive mental health status compared to *Islam* and *Iman*. This finding was in line with the principle of Islam, which places *Ihsan* as the highest level of submission to Allah, and *Iman* and *Islam,* which serve as the foundation of faith. According to Qadir (2018), *Ihsan* incorporates the highest consciousness development, which elevates oneself from animal instincts and becomes Divine consciousness.[14] It can be seen as the perfection of Islamic religiosity.[31] Being highly conscious of a believer's position will elevate one's positive mental health.[32] *Ihsan* is spiritual excellence that every Muslim should strive to by purifying the heart from blameworthy qualities (envy, anger, excessive pride, and showing off) and integrating oneself with praiseworthy qualities such as doing righteous deeds and respecting others.[33]

Given the positive impact *Islam*, *Iman*, and *Ihsan* pose on wellbeing; these can be integrated into psychological intervention and therapy. For example, accepting weakness, awareness of neediness, absorbing compassion

and applying reflective thoughts serve as the Quranic guiding principles to promote overall wellbeing.[34] Stemming from this, further inculcation of positive actions, i.e., acceptance (*rida*), positive thoughts (*husn al-zann*), remembrance of God (*dhikr*), patience (*sabr*), gratitude (*shukr*), detachment (*zuhd*), prayer and supplication (*dua*), and psychosocial support (*takaful*), will nurture psycho-spiritual wellbeing.[34]

However, the present study encountered several reservations and limitations throughout the research. While the study showed a positive correlation between religiosity and positive mental health, it is beyond the scope of this study to suggest that mental illness is directly contributed by irreligiosity. Despite the general understanding that religion and spirituality help patients to overcome depression and anxiety, it must be admitted that specific vulnerable populations (e.g., people with family problems, psychiatric patients with substance abuse; do develop more depression as a result of religious guilt and discouragement especially when one could not cope with the high expectation of one's religious-spiritual standard.[35] This is further demonstrated in a systematic review of 152 prospective studies in which 10% of the studies reported the association between measures of religiosity/spirituality with more depression.[36] Thus, the application or integration of religion and spirituality in managing stress or mental illness must be considered individually and judiciously.

The variables used in this study, the quality of life and positive mental health, were almost similar definitions and characteristics. This has affected the study results as the correlation between religiosity and quality of life versus positive mental health were similar. As the study in the role of *Ihsan* in the psychological field is limited, further research can explore this element of Islam with other significant dependent variables for the more prominent outcome. Besides that, the limitation in sample generalisation should also be addressed. This study focused on Islamic university students who were conveniently sampled. Hence generalising it to the population of university students are debatable. Future study should expand their areas of study to several universities in Malaysia to investigate and explore the importance of *Ihsan* at a national level.

In conclusion, the present study has shown that religiosity plays a vital role in psychological assessment. In this current study, religiosity, quality of life, and positive mental health were statistically analysed. The survey of the level of Islam (*Iman, Islam, Ihsan*) has discovered beneficial information applicable in the Muslim belief system and practical application to the body of knowledge. The element of *Ihsan* is found to strongly contribute to predicting one's quality of life and positive mental health. These findings provide hope for future research and utilisation of Islamic elements, e.g., *Ihsan*, as an intervention for psychological wellbeing among students.

DECLARATION OF INTEREST

All the authors declare that they have no conflict of interest.

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