



The Influence of Religiosity, Attachment to God and Education Level on Mental Health of Youth in Gereja Kristen Jawi Wetan (GKJW) Rungkut Surabaya in Indonesia

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ABSTRACT

The purpose of this study was to assess the mental health conditions influenced by religiosity, education level and attachment to God on the mental health of youth in GKJW Rungkut, Surabaya. Data were collected using a questionnaire administered to youth in GKJW Rungkut, Surabaya, aged between 16 and 35 years. The sample comprised 120 respondents. The questionnaire used a Likert scale (1-5), and statistical analysis was conducted using Warp-PLS. The results indicate that the levels of religiosity and mental health among the youth in GKJW Rungkut, Surabaya, are significant. However, aspects such as anxiety and low self-esteem are still at a moderate level. This suggests that a significant level of religiosity alone has not been able to fully address anxiety and low self-esteem. Statistical testing revealed that religiosity, education level, and attachment to God have a simultaneous influence on the mental health of the youth in GKJW Rungkut. The research model demonstrated adequate predictive relevance ($Q^2 > 0$), indicating that it can be used for further research.

Keywords: anxiety, attachment to God, level education low, self-esteem, mental health, religiosity, youth

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INTRODUCTION

The COVID-19 pandemic has severely impacted the mental health and well-being of people worldwide. According to the World Mental Health Report, nearly one billion individuals globally experienced some form of mental health disorder prior to the pandemic. Since the onset of the pandemic, mental health issues have increased by 25-27%. Consequently, following COVID-19, there is concern that a "mental health pandemic" may emerge (Ornell et al., 2021). The Indonesia National Adolescent Mental Health Survey (I-NAMHS) reports that 15.5 million (34.9%) adolescents in Indonesia experience mental health problems, with 2.45 million (5.5%) suffering from mental health disorders. The Ministry of Health of the Republic of Indonesia (Infodatin, 2018) notes that the prevalence of mental health disorders is 6.2% among Indonesians aged 15-24 and 5.4% among those aged 25-34. In East Java, the prevalence rate is 4.5%. This high prevalence suggests that church youth may also be affected by mental health issues. Therefore, it is crucial to examine the mental health conditions of local church youth, specifically at Gereja Kristen Jawi Wetan (GKJW) Rungkut,

a congregation in Surabaya. Most of the congregation members are Javanese who have migrated to Surabaya from various regions in East Java. Consequently, this church is significantly influenced by Javanese culture, which impacts the families and youth in their daily lives.

The Bible distinctly states that sin can lead to physical and emotional illness, which in turn can disrupt mental health (Psalms 38:1-5, 9, 17-18). Mental health disorders impact daily life and can affect one's ability to relate to others. Such conditions may also influence effectiveness in ministry and evangelism (Whitaker, 2022). Therefore, the fulfillment of the Great Commission, as outlined in Matthew 28:19-20, could be compromised if believers, particularly young individuals who are becoming increasingly influential in the world, are struggling with mental health issues. All aspects of mental health must be well-developed to ensure that individuals are aware of their own abilities, can address the problems they face, work productively to achieve a high quality of life, and contribute to their community. Mental health encompasses several individual development components, including religious coping (Pargament et al., 1990), quality of life (Michalos, 2017), and social integration (Barstad, 2008). It is influenced by factors such as religiosity (Carpenter et al., 2012), education level (Khlomov et al., 2020), and attachment to God (Ellison et al., 2014).

Religiosity affects the mental health of youth and can improve it significantly (Carpenter et al., 2012). It influences the ability to overcome negative experiences and promotes positive outcomes, such as enhanced social skills and reduced tendencies to demean or harass others (Cohen & Koenig, n.d.). Various studies have found that religiosity positively impacts both physical and mental well-being, contributing to personal improvement (Alves et al., 2010). It fosters more positive attitudes, such as increased self-esteem and protection against negativity and depression (Stolz et al., 2013). Additionally, religious individuals often report greater life satisfaction (Nur Choirina et al., 2021). Religiosity also enhances overall well-being or quality of life (Borges et al., 2021) and improves social integration.

Higher educational attainment is strongly associated with better mental health, while lower levels of education are linked to poorer mental health. Researchers often describe this relationship causally: higher levels of education are believed to enhance individuals' skills, provide important structural advantages, and empower better coping mechanisms, all of which contribute to improved mental health. Education positively affects quality of life, both education level and age influence social integration.

Attachment to God is a strong predictor of mental health. Both theological and empirical evidence support the idea that Christians view Christ as a figure of attachment to God. Believers who trust in Christ are considered children of God (John 1:12) and have a close relationship with God (Rom. 8:15; Gal. 4:6). They live by relying on God (Prov. 3:5-6). Kirkpatrick and Shaver (1992) report that reliance on God is associated with greater life satisfaction and lower levels of anxiety and depression. Furthermore, reliance on God is positively related to social integration. Specifically, individuals who rely on God tend to have more trusting relationships and are more willing to open up and share information with others (Mikulincer & Nachshon, 1991).

The aim of this research is to determine whether there is a combined influence of religiosity, education level, and attachment to God on the mental health of the youth in GKJW Rungkut. Additionally, the study seeks to assess the extent to which these variables impact the mental health of the youth in GKJW Rungkut.

RESEARCH METHOD

An initial survey of 16 GKJW Rungkut youths in Surabaya revealed that 25% of them frequently experienced anxiety, 68.8% had low self-esteem, and 43.8% were sensitive to rejection. They reported feelings of rejection due to

conflicts with friends, family, and at work, as well as concerns about health, the future, financial incompetence, and family death. This research was conducted based on these identified issues.

Mental health (Y) is the dependent variable used to assess the condition of youth in GKJW Rungkut. Indicators of mental health issues align with the results of the initial survey. The indicator for social integration is based on M. Keyes (n.d.), while indicators for religious coping and quality of life are derived from the benefits of religion as described by Pargament et al. (1990). Religiosity (X_1) is an independent variable with dimensions and indicators taken from Huber and Huber (2012). Education Level (X_2) is based on Act No. 18/2009, and Attachment to God (X_3) is based on Beck and McDonald (2004).

The population of this study consisted of youth from Greja Kristen Jawi Wetan (GKJW) Rungkut Surabaya who are members of the congregation and have professed their faith, aged between 16 and 35 years. Questionnaires were sent via WhatsApp (Google Forms) to 150 individuals, of whom 120 responded. Measurements were based on a Likert scale with five response options: 1. Strongly disagree; 2. Disagree; 3. Neutral; 4. Agree; and 5. Strongly agree. Data analysis was performed using: (a) descriptive statistical analysis and (b) inferential statistical analysis to examine the effects between the variables being studied. The influence of religiosity on mental health was assessed using WarpPLS 7.0.

RESULTS AND DISCUSSION

Demographics of Youth in GKJW Rungkut Surabaya

The results of the study reveal the following demographic information: 63.3% of respondents are employed, 25% are married, 45.8% are male, and 54.2% are female. Most respondents are highly educated, with 60.8% holding bachelor's or master's degrees, 27.5% being undergraduate students, and 11.7% having completed high school. Regarding age distribution, 46.6% are between 16 and 24 years old, while 53.4% are older than 24 years.

Mental Health of Youth in GKJW Rungkut Surabaya

Religious Coping: The results of the study, as shown in Table 1, indicate that the mental health of the youth is moderate, with a religious coping ability score of 3.23. This suggests that there is a need for further training to help respondents better manage anxiety in their lives. The proportion of respondents who experienced anxiety was 49.2%, which is slightly lower than the 50.2% reported by de Azevedo Barros et al. (2020) during the COVID-19 pandemic. Despite the pandemic being declared over, reports indicate that anxiety levels have not significantly decreased (Li et al., 2022). God's Word advises against worrying about anything, recommending instead that concerns be expressed through prayer and thanksgiving (Phil. 4:6-7). Additionally, Matthew 6:34 counsels not to worry about tomorrow, as each day has its own troubles.

Tabel 1 Mental Health of Youth in GKJW Rungkut Surabaya

| No | Description | Average Value | Level |
|-----------|--------------------------------------|---------------|----------|
| <i>I</i> | <i>Dimension of Religious Coping</i> | 3.23 | Moderate |
| 1 | Coping Anxiety | 2.66 | Moderate |
| 2 | Coping Low self-esteem | 3.20 | Moderate |
| 3 | Coping Individual Rejection | 3,84 | High |
| <i>II</i> | <i>Dimension of Quality of Life</i> | 4,05 | High |

| | | | |
|---|-----------------------------------|-------------|-------------|
| 1 | Joy | 3.93 | High |
| 2 | Hope | 4.39 | Very High |
| 3 | Peace | 3.83 | High |
| <i>III Dimension Social Integration</i> | | 3.70 | High |
| 1 | Part of the society/community | 3,48 | High |
| 2 | Contribution to society/community | 3.72 | High |
| 3 | Convenience in society/community | 3.89 | High |
| Respondents Mental Health | | 3.66 | High |

Respondents' ability to overcome low self-esteem is at a moderate level, with 29.2% still feeling uncertain compared to others. The Bible teaches youth that no one should look down on them because they are young. Instead, they should be an example to others in speech, conduct, love, faith, and purity (1 Tim. 4:12). When people learn to love themselves, they are inspired to take care of themselves and present themselves well without effort. They do this not to please others but because they feel good about themselves (Paano, 2014).

Quality of Life: The joy indicator shows a high level (3.93), indicating that respondents have experienced the blessings that God has given in their lives. However, many people often seek happiness through various efforts apart from God and His will (Jambrek et al., n.d.). The Bible teaches that true joy and peace come from God, as He is the source of all joy (Rom. 15:13; Ps. 43:4). "But whoso looketh into the perfect law of liberty, and continueth therein, he being not a forgetful hearer, but a doer of the work, this man shall be blessed in his deed" (James 1:25). Therefore, believers can truly enjoy God's blessings only if they know Him through His Word and live according to His will.

Compared to their very high belief in the Trinity (99.2%), it is reasonable for respondents to have confidence in their future with God. This belief aligns with biblical teachings: "For surely there is an end; and thine expectation shall not be cut off" (Prov. 23:18). Respondents also report feeling peace in their lives, which can only occur in those who have hope for the future. They trust that their hope in God will not disappoint. It is necessary to reinforce respondents' confidence in God's promises through various programs, helping them understand that anxiety, low self-esteem, and various trials are tests meant to purify their hope (Rom. 5:3-5).

Social Integration: The average score for social integration is high (3.70), indicating that respondents integrate well with society. Most respondents participate in various activities outside of Christian contexts, interacting with people in a pluralistic society in Indonesia, including neighbors, colleagues, and in other social settings. If respondents believe the Bible is the Word of God, it is fitting to incorporate Biblical principles into everyday conversations whenever possible. Failing to do so is akin to leaving a believer's weapon at home (Grudem, 2000), missing the opportunity to witness for the gospel of Christ.

Religiosity of youth in GKJW Rungkut

The condition of youth in relation to religiosity is detailed in Table 2. **The Religious Knowledge Dimension:** Respondents show adequate knowledge and a keen interest in furthering their religious studies. They utilize various sources, including digital media, newspapers, and books, to enhance their understanding.

Religious Beliefs Dimension: Belief in God is the primary aspect of all dimensions of religiosity. Individuals who believe but do not practice religion can still be considered religious. Conversely, those who practice religion without believing in God may be described as "psychotic" (Stark & Glock, 1968). While the indicator of belief in supernatural

powers shows a high value, about 30% of respondents remain neutral, 2% disagree, and 1% strongly disagree. This suggests that the term "supernatural" in the statement may still be confusing. For instance, some respondents doubt the concept of the Trinity and do not believe in supernatural power. Additionally, in the context of Javanese culture, the supernatural is often associated with mysticism.

Public Practice Dimension: In general, respondents participate in church services and activities, support and assist with church ministry needs, and share and testify to others within the church. They recognize the importance of prayer and practice it daily. Prayer not only enhances personal holiness but also brings God's power into the work of believers (Isa. 40:31). It is a privilege for every believer to experience God's power in their ministry, which is described as "waiting on the Lord" (Manikal, 2000).

Individual Practice Dimensions: Respondents generally have a designated time for quiet time (50%), during which they pray and read God's Word. They recognize the need for quiet time, especially when their schedules are busy. Quiet time provides an opportunity to "disconnect" from the world and rest in Jesus. When the Bible becomes a regular part of a believer's life through quiet time, it helps the believer become more similar to Christ (Manikal, 2000). However, about 30% of respondents who do not currently have a designated time for prayer and Bible reading remain uncertain about establishing such a routine. Therefore, it is important to enhance their motivation through sermons and teaching at church. A relationship with God is central to a believer's religious experience (Stark & Glock, 1968). The Bible confirms that God is a personal God who desires a relationship with His people and will not forget them (Isa. 49:15). God's people are called to love Him (Matt. 22:37-39).

Tabel 2 Religiosity of Youth in GKJW Rungkut Surabaya

| No | Description | Value | Level |
|------------|---|-------|-----------|
| <i>I</i> | <i>Religious Knowledge</i> | 3.96 | High |
| 1 | Thoughts about Religion | 3.76 | High |
| 2 | Interest in studying Religion | 3.97 | High |
| 3 | Obtaining information about Religion | 4.14 | High |
| <i>II</i> | <i>Religious Beliefs</i> | 4.30 | Very High |
| 1 | Belief in God | 4.80 | Very High |
| 2 | Belief in resurrection of the dead and life after death | 4.35 | Very High |
| 3 | Belief in supernatural powers | 3.75 | High |
| <i>III</i> | <i>Public Practice</i> | 3.95 | High |
| 1 | Active in Religious Activities | 4.15 | High |
| 2 | Support and help meet ministry needs | 3.94 | High |
| 3 | Share blessings and testify | 3.77 | High |
| <i>IV</i> | <i>Private Practice</i> | 3.75 | High |
| 1 | Pray | 4.05 | High |
| 2 | Quiet time | 3.45 | High |
| <i>V</i> | <i>Religious Experience</i> | 4.57 | Very High |
| 1 | Divine Intervention | 4.68 | Very High |
| 2 | Presence of God | 4.46 | Very High |

Religiosity Average Value
4.1**High**

Religious Experience Dimension: This adequate religious experience needs to be maintained. With a strong religious experience, respondents should be able to fulfill their functions as believers, including testifying (Matt. 28:19-20), engaging in ministry (Gal. 5:13), and being a blessing to others (Gen. 12:2).

Education Level

In this study, the age of respondents was grouped based on the research of Kaligis et al. (2021) for "transitional youth" which refers to those who are in late adolescence but still cannot be categorized as adults. This term describes those whose ages range from 16-24 years, moving from adolescence to adulthood. WHO groups the ages of 15-24 years as adolescents. GKJW groups young people aged 16 to 35 years. Therefore, the age group was made into 16-24 years and 25-35 years. The education level of respondents was divided into 4 (four) groups, namely: students, university students, undergraduates and masters.

There are 46.7% of respondents aged 16-24 years and 53.5% aged 25-35 years who are included in the young adult group. Most of the young people have completed their university education, which is 60.8% and the rest are still completing their education as high school students and college students. In general, most respondents are highly educated, live in good communities, economically healthy, and have good health.

Attachment to God

Pray spontaneously. There are 91.7% who agree that they pray spontaneously when facing problems, which shows that almost all respondents believe in God's help. The Bible teaches that God is indeed the helper and supporter of humans in times of trouble (Psalm 54.4). This attitude also shows that respondents are attached to God in their daily lives. Respondents who are still hesitant and disagree as many as 8.3% still need guidance, so that they can also experience growth in knowing God, so that they can also rely on God in their daily lives.

Intimate relationship with God. The number who have an intimate relationship with God is 69.1%. This number is quite high. This shows that the respondent already has an intimate relationship with God. A life tied to God/attachment to God brings prosperity to a person's life (Osaki, 2010). An intimate relationship with God shows a person's dependence on God. For believers, God can function as a safe foundation for behavior that always wants to seek God, as well as safety protection in times of trouble or threat. So, God is a place of support for believers.

Statistical Test using Warp-PLS.

Outer Model Test: Convergent validity was assessed by examining the output of the normalized structure loadings. The results indicate that all factor loading indicators are valid, with values > 0.6 . The Average Variance Extracted (AVE), Composite Reliability, Cronbach's Alpha, and Variance Inflation Factor (VIF) are detailed in Table 3. The AVE for the Religiosity variable is 0.377 and for the Mental Health variable is 0.445. According to Fornell and Larcker (1981), if AVE is < 0.5 but composite reliability is > 0.6 , the construct value is considered adequate (Lam, 2012). All variables meet the reliability requirements, as they satisfy the predetermined criteria. There is no evidence of multicollinearity, as the VIF values for all variables are less than 10. After confirming the absence of multicollinearity, structural measurements (Inner Model) were conducted.

Inner Model Test. The R-Square value of 0.338 indicates a moderate relationship between exogenous and endogenous variables (>0.33). The R-square value means that Religiosity, Education Level and Attachment to God

variables contributing in Mental Health is 33.8%. The Q-square value on the dependent (MH) variable is 0.341, indicating that this study has acceptable predictive relevance, as the Q-square value is > 0 (zero). The results of the simultaneous test for each variable X on Y are summarized in Table 4. The path coefficient for Attachment to God ($\beta= 0.339$, Significant), followed by Religiosity ($\beta= 0.304$, Significant) and the lowest is Education Level ($\beta= 0.304$, Not Significant).

Table 3 Results of Outer Test Model

| Variable | AVE | Composite Reliability | Cronbach Alpha | VIF |
|--------------------------------|-------|-----------------------|----------------|-------|
| <i>Religiosity (RG)</i> | 0.377 | 0.875 | 0.843 | 2.715 |
| <i>Education Level (EL)</i> | 0.813 | 0.897 | 0.770 | 1.016 |
| <i>Attachment to God (ATG)</i> | 0.741 | 0.851 | 0.650 | 2.386 |
| <i>Mental Health (MH)</i> | 0.445 | 0.878 | 0.842 | 1.353 |

Table 4 Path coefficient (β)

| Path | Path coefficient (β) | P-Value | Ideal | Result |
|-----------------|------------------------------|---------|---------|-----------------|
| <i>RG → MH</i> | 0.304 | 0.010 | <0.05 | Significant |
| <i>EL → MH</i> | 0.071 | 0.236 | <0.05 | Not Significant |
| <i>ATG → MH</i> | 0.339 | 0.010 | <0.05 | Significant |

The Influences of Religiosity, Education Level and Attachment to God on Mental Health

The Influences of Religiosity on Mental Health

Religiosity is considered a key coping factor in difficult or stressful situations (Agorastos et al., 2014). Several studies have investigated the impact of religious coping abilities (Pargament et al., 1990; Skalski-Bednarski et al., 2022). The research has found that religiosity generally has a positive effect on mental health, though it can have negative effects under high levels of stress. The results of this study indicate that religiosity significantly positively impacts the mental health of youth in GKJW Rungkut Surabaya. Religiosity affects mental health, particularly when individuals apply it in their daily lives (Ellison et al., 2001). Higher levels of religiosity are associated with better mental health, influencing problem-solving abilities, social integration, and the development of quality of life. Religious knowledge is crucial for believers, as continuous learning about religion ensures that knowledge not only remains in the mind but also reaches the heart, making it applicable in everyday life (Stark & Glock, 1968). An increase in the use of this religious knowledge is likely to improve youth mental health. Respondents have demonstrated a high level of interest in studying religion, and the church should facilitate this development, as the youth represented by the respondents have shown a keen interest in religious learning.

Religious belief instills confidence in respondents to rely on God, even though they must continue to fight and hold on to their beliefs in practice. When their faith is firm, believing that God can help them with any problem in their life, their mental health remains robust, and they can experience joy, peace, and hope. Pargament et al. (1988) noted that religion plays a crucial role in helping people understand and cope with life events by providing guidance, support, and hope. This finding aligns with this study, which shows that religiosity, including religious beliefs, positively impacts the mental health of respondents. The respondents' belief in resurrection and life after death is very high, indicating that their hope extends beyond this world to the afterlife. This hope contributes positively to the mental health of the respondents.

Being present with other believers in worship and fellowship helps remind people that they are not alone in this world. This is why the Bible emphasizes the importance of fellowship and encourages believers to participate in it (Heb. 10:25). Fellowship allows believers to build lasting relationships, ensuring they are never alone. Developing good habits in building relationships within the church helps shape a person's character, influencing all aspects of their life. Research by Dunbar (2021) found that attending religious events positively affects feelings of sympathy and attachment to the local community, as well as connections with other members of the congregation.

Religious individuals are generally more satisfied with their lives because they regularly attend sermons and build social networks within their congregations (Lim & Putnam, 2010). Both personal and subjective aspects of religiosity impact life satisfaction, regardless of attendance and friendships within the congregation (Lim & Putnam, 2010). The more firm a person's beliefs and the more comfortable they feel in their religious practices, the better their ability to integrate socially in everyday life (Nezlek, 2021). This indicates that attending church sermons and participating in activities are crucial for the mental health of youth. Youth who are reluctant to engage in public church practices (27.4% of respondents) need guidance to understand that church fellowship and activities can be beneficial for their mental health.

In this study, private practice is measured by prayer and quiet time, which are conducted privately to foster a personal relationship or communication with God. Private practice is a key aspect of religiosity because it relates to the personal meaning of religion. This highlights the need to improve private practices in believers' lives, as true religiosity involves more than merely identifying with a religion. Ellison et al. (2014) noted that the relationship between prayer frequency and mental health is significantly inconsistent and depends on daily conditions. They found that prayer can be negatively affected by anxiety, which is related to depression, life satisfaction, and other mental health outcomes. Therefore, it is essential to maintain mental health so that individuals can effectively relate to or communicate with God. This forms a continuous cycle where, in difficult times, individuals can seek help from a trusted church administrator or fellow congregation members while continuing to communicate with God to maintain their mental health. For this reason, the church should provide a forum for youth to consult about their problems. This is crucial to ensure that youth do not seek help from unaccountable sources that are disconnected from their spiritual formation. Initially, youth may be hesitant to use this forum, but with a well-executed campaign, it can be highly beneficial for their mental health and, consequently, for the church.

The religious experience in this study was measured by Divine Intervention and Presence of God in the respondents' daily lives, which resulted in a very significant level. This indicates that respondents rely on God in their daily lives. This condition will facilitate the Church's efforts to mobilize young people to contribute or share with others. The survey results on public practice show that respondents also wish to support and meet the needs of Church ministry. The study results demonstrate that respondents have integrated well with their communities. This attitude needs to be nurtured and developed to extend beyond the immediate community. It can start with social activities, which will naturally provide opportunities to share their beliefs with others, in line with the duties and calling of believers as outlined in Matt. 28:19-20. The experience of sharing with people outside the community will enhance self-confidence, joy and other positive outcomes.

Religiosity is not only multidimensional but also fluid and dynamic, particularly for youth as they learn about themselves and how they perceive the world around them. Religious experience refers to supernatural contact that has an emotional impact. This aligns with Javanese culture, which believes in the supernatural. The supernatural is personified as spirits that interfere in everyday events such as marriage, rice planting fertility, illness, accidents, and success and

happiness (Suseno, 1984). This cultural belief influences the Javanese to remain aware of supernatural powers in daily life. Javanese people who are already Christians become accustomed to perceiving the presence of the supernatural, namely the Trinity, in every aspect of their lives. This awareness is also experienced by the youth who have received religious education from their parents since childhood.

Realizing and feeling the Presence of God while facing the challenges and struggles of youth is crucial. Increasing the frequency of youth fellowships is one way to support this. Jesus provides strength to overcome anxiety, low self-esteem, and feelings of rejection. This positive influence demonstrates that awareness of the Presence of God and belief in Divine Intervention in everyday life enhance the development of quality of life. Similar findings were reported by other researchers (Royston et al., 2021), who found that religious experience improves quality of life. The Bible states that God is omnipresent (Psalm 139:7-10), and the presence of the Holy Spirit, sent by God in the name of the Lord Jesus, brings joy and peace to believers (Gal. 5:22-23). Awareness of the Presence of God gives believers hope due to God's promise of victory (Isa. 41:10).

The Influences of Educational Level on Mental Health

The research results indicate that the level of education has no significant effect on mental health, with only a very small positive effect. Education level was measured using two indicators: age classification and educational level. These indicators were chosen because the educational level is related to age and both theoretically influence mental health. Several studies have demonstrated a strong and positive relationship between education level and mental health (Castriota, 2006). Similarly, age affects the ability to control emotions, which in turn indirectly influences mental health (Carstensen et al., 2000).

A person will encounter various events throughout the stages of life. Different ages bring different challenges, and according to their developmental stage, individuals progress through a series of psychosocial stages, resolving the primary socio-emotional conflicts at each stage. Based on accumulated life experiences, older adults may be better able to avoid situations that could cause emotional distress (Carstensen et al., 2000; Chen et al., 2017). Carstensen et al. (2000) found that individuals aged 18-34 years exhibited negative emotions more frequently, with this tendency decreasing after the age of 35. From ages 35-64, a person's emotions become more stable and slightly improve until the age of 94. Respondents in this study were aged between 16 and 35 years. Applying Carstensen et al.'s findings, it is possible that the anxiety and feelings of low self-esteem faced by the respondents are due to their emotional instability. Young adults are particularly prone to overreacting when faced with life disturbances (Farrer et al., 2008). Contextual interpretation suggests that age differences in coping mechanisms result from changes in what individuals must handle as they grow older. Therefore, it can be concluded that generally, as a person matures, their ability to overcome problems increases. This enhanced problem-solving ability improves their quality of life, which, in turn, positively affects their mental health.

A person's educational background significantly influences their ability to overcome problems. The type and environment of education affect problem-solving strategies (KhloMOV et al., 2020). In certain educational settings, individuals typically employ strategies such as planning solutions, maintaining a positive outlook, taking responsibility, and self-regulation. Conversely, other educational environments may foster different strategies, such as confrontation, which is often more common among younger individuals. Educational environments contribute to the development of various adaptive skills. Higher levels of education are generally associated with better mental health. This relationship is likely influenced by age, as individuals with higher education levels are often older, and thus their problem-solving abilities are also expected to be more developed.

Although both age and education theoretically influence mental health, this study found that neither age nor education level had a significant impact on mental health when considered together. Research by Glaeser and Sacerdote (2002) suggests that secular education may negatively affect religious beliefs due to its emphasis on secular values that conflict with traditional religious views. Additionally, less educated individuals are more likely to believe in miracles, heaven, demons, and the literal truth of the Bible. In the context of youth in GKJW Rungkut, where the majority of youth are highly educated and only 11% are at the secondary school level, it is possible that the uniformly high education levels have minimal impact on mental health. This finding aligns with Halpern-Manners et al. (2016), who argue that the primary influences on mental health occur early in an individual's life, well before they reach adulthood or complete their formal education.

Education affects well-being both directly and indirectly. Direct effects include positive impacts on self-confidence, self-esteem, and satisfaction from acquiring knowledge. Indirect effects encompass a higher likelihood of employment, improved job quality, increased expected salary, and better health. Although empirical evidence regarding the relationship between education and life satisfaction is not entirely conclusive, most studies indicate a positive effect of education on happiness, even when controlling for income level (Castriota, 2006).

The Influences of Attachment to God on Mental Health

Attachment to God with the dimension of relying on God in young GKJW Rungkut responses was high (4.1). The results indicate that Attachment to God positively influences mental health, with a β value of 47.7%. This finding is consistent with Pirutinsky's (2019) research, which also identified a relationship between attachment to God and mental health. Youth in GKJW Rungkut exhibit a very high level of spontaneous prayer (4.24) and a strong intimate relationship with God (3.78). However, further improvements are needed to enhance the influence of this attachment on mental health. This high level of attachment to God is supported by Javanese cultural practices that incorporate God into significant life events, such as the "slametan" (thanksgiving) tradition. Slametan celebrated on occasions such as pregnancy, birth, circumcision, marriage, funerals, before the rice harvest, long journeys, and promotions. Although slametan is not aligned with biblical teachings because it involves elements of supernatural belief beyond God, the GKJW congregation has adapted this practice to focus on the Lord Jesus.

Attachment to God leads individuals to rely on God and direct their hearts toward His Word. This attachment is more about spiritual leadership than physical presence, contributing spiritually to mental health. The Bible emphasizes the importance of the heart in controlling human behavior. Jesus stated that the things a person speaks come from the heart (Luke 6:45). Similarly, David emphasized the need for believers to guard their hearts by keeping God's Word within them. Individuals whose hearts are filled with God's Word are better able to discern His will for their lives. They feel a close connection to God, enabling them to face challenges with calmness and without anxiety or worry (Psalm 62:2). In times of trouble, believers seek refuge in God and trust in His support (Psalm 9:10).

Attachment to God is significant among GKJW youth, but overcoming anxiety and low self-esteem remains moderate. This discrepancy may arise because the questions used to assess anxiety and self-esteem do not fully capture their intensity, or because the attachment to God has not yet been deeply internalized. To address this, it may be beneficial to implement Bible study programs or workshops focused on prayer and God's Word, aimed at enhancing practical skills for utilizing these resources. The significant level of attachment to God observed among GKJW Rungkut youth positively influences the development of a high quality of life, as evidenced by their high levels of joy, hope for the future, and peace. This finding aligns with research by Mikulince (1998). To further enhance quality of life, it is crucial to continue

strengthening attachment to God. Additionally, significant attachment to God is associated with high social integration among GKJW Rungkut youth, consistent with the findings of Bradshaw et al. (year). Believers may experience anxiety during crises or feel empty when distanced from God (Haverkamp, 2014).

CONCLUSION

The levels of religiosity, education, and attachment to God among the youth in GKJW Rungkut are high. This indicates that they have a substantial understanding of and meaning assigned to their religion. However, the levels of anxiety and low self-esteem remain moderate. This suggests that mere knowledge of religion is insufficient for effectively overcoming problems. It is crucial to not only believe in and internalize these religious principles but also to integrate them into daily practices. The effect of religiosity, education level, and attachment to God on mental health is positive. Therefore, enhancing religiosity and attachment to God is important, as these improvements are associated with better mental health. The Church plays a vital role in the development of youth, as the future of the Church relies on the younger generation.

Based on the statistical analysis of the effect of religiosity on the mental health of youth in GKJW Rungkut Surabaya, the results indicate a moderate relationship, with $R\text{-square} = 0.338$ and $Q\text{-square} = 0.341$. The relationship between religiosity, education level, and attachment to God and mental health demonstrates good predictive relevance, because the Q square value > 0 (zero).

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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